Health Survey for England

2010

Volume 2

Methods and documentation

A survey carried out on behalf of The NHS Information Centre

Edited by Rachel Craig and Jennifer Mindell

Joint Health Surveys Unit

NatCen
National Centre for Social Research

Department of Epidemiology and Public Health,
UCL Medical School
A survey carried out on behalf of The NHS Information Centre

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THE NHS INFORMATION CENTRE
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I am delighted to introduce the findings of the 20th annual Health Survey for England, which provides a crucial insight into the health and behaviour of people in England.

The survey is conducted annually on behalf of The NHS Information Centre for health and social care (The NHS IC), and collects information from a representative sample of the general population. Combining information gathered through interviewing the sampled respondents (including a wealth of socio-demographic variables) with objective measures of health such as height, weight and blood pressure measurements, its findings play a vital role in aiding better understanding of health issues and helping decision-makers manage policies to improve services.

The main focus of this year’s survey is respiratory health and lung function in both adults and children and it looks at respiratory symptoms, diagnosed diseases and their treatment, as well as measurement of lung function (spirometry).

Respiratory symptoms, such as wheezing, coughing, and shortness of breath, are very common among adults in England. The two most common respiratory diseases are asthma, particularly among younger adults, and chronic obstructive pulmonary disease (COPD), which is more common in older people; distinguishing between these can be difficult clinically, as well as in surveys.

The survey also examines the impact of respiratory symptoms and asthma on adults’ and children’s day to day life; according to the World Health Organization, more than half of those affected by asthma are suffering from allergic asthma (caused by an allergic reaction). Asthma is now one of the most common chronic diseases affecting an estimated 235 million people worldwide, and it is the most common chronic condition among children.

As well as the focus topics, in 2010 there are chapters covering contraception and sexual health, adult and child obesity, mental health and well-being, kidney disease, and dental health. However there is much more to the survey than can be covered in this volume; the trend tables published at the same time focus upon key changes in core topics and measurements, including estimates of the number, as well as the proportion, of people with a range of health related problems and lifestyle behaviours. In addition, the full dataset will be placed on the UK Data Archive at the University of Essex in 2012 to allow secondary analysis.

This is a large and complex survey only made possible by the hard work and dedication of a skilled team, along with the co-operation of all the respondents across England who took part. For this reason, I would like to pay tribute to all those who worked on this survey in the Joint Health Surveys Unit of the National Centre for Social Research (NatCen) and the Department of Epidemiology and Public Health at University College London (UCL) Medical School, as well as my colleagues within The NHS Information Centre. I would also like to thank the team of skilled interviewers and nurses whose commitment and hard work were crucial in the delivery of the survey, as well as the respondents who gave up their time to take part.

I am sure those reading the results of the 2010 Health Survey for England will find much to interest and inform them about the health and well-being of people in this country.

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

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

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

- The authors of all the chapters: Maria Aresu, Gary Boodhna, Alex Bryson, Sally Bridges, Moushumi Chaudhury, Elizabeth Fuller, Francis Green, Julia Hall, Vasant Hirani, Deborah Jarvis, Anne Johnson, Catherine Mercer, Jennifer Mindell, Anthony Nardone, Chloe Robinson, Paul Roderick, Marilyn Roth, Janet Stocks, Joanne Thompson.
- Emily Diment and Susan Nunn, whose hard work and support have been crucial in preparing and managing the survey data.
- Other research colleagues, especially Julia Hall, Kevin Pickering, Sarah Tipping, Deanna Exeter, Natalie Gunning, Nicola Shelton and Wissam Gharib.
- Operations staff, especially Lesley Mullender, Sue Roche and the Area Managers at NatCen and Barbara Carter-Szatynska at UCL.
- The programmers, Jo Periam, Sandra Beeson, Sven Sjodin, Colin Miceli and Minesh Patel.
- Those who helped with training and guidance for introducing the new spirometry equipment and protocol: Sue Hill, Brendan Cooper, Kevin Holt, Anamika Jithoo, Livio Gagliardi and staff at NDD; with over-reading results: Martyn Bucknall, Stephanie Rees, Jane Kirkby; and with reviewing the spirometry chapters: Ramyani Gupta, Peter Burney.

We should also like to express our thanks to Ian Gibb and Linda Wilson and the staff at the Department of Clinical Biochemistry at the Royal Victoria Infirmary in Newcastle upon Tyne, and to Colin Feyerabend and his staff at ABS Laboratories, Welwyn Garden City, for their helpfulness and efficiency.

Last, but certainly not least, we wish to express our appreciation of the work of the staff at The NHS Information Centre at all stages of the project, and in particular the contributions made by Vicky Cooper, Paul Eastwood, Paul Glossop, Victoria Jones, Alison Neave, Sharif Salah, Jesmond Smith, Bethan Thomas and Steve Webster.

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

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

3. Six different non-response weights have been used: for the interview stage, for the nurse visit, for each of the blood, urine and cotinine samples, and for the spirometry sample.

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

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

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

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

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

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

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

1.1 The Health Survey for England series

The Health Survey for England (HSE) comprises a series of annual surveys, of which the 2010 survey is the twentieth. All surveys have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also covered children aged 2-15 living in households selected for the survey. Since 2001 infants aged under two have been included as well as older children.

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

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

Each survey in the series includes core questions and measurements such as blood pressure, anthropometric measurements and analysis of blood and saliva samples, as well as modules of questions on specific issues that vary from year to year. In recent years, the core sample has also been augmented by an additional boosted sample from a specific population subgroup, such as minority ethnic groups, older people or, as in 2010, children.

The Health Survey for England has been designed and carried out since 1994 by the Joint Health Surveys Unit of the National Centre for Social Research (NatCen) and the Department of Epidemiology and Public Health at the University College London (UCL) Medical School.
1.2 The 2010 survey

1.2.1 Topics

The main focus of the HSE in 2010 was respiratory health and lung function. Additional modules of questions were also included, covering contraception and sexual health, well-being, kidney disease and dental health.

Respiratory symptoms, such as wheezing, coughing, and shortness of breath, are very common among adults in England. In the HSE 2001, around one in three adults had a history of wheezing, while one in five had wheezed in the previous 12 months.1 The two most common respiratory diseases are asthma, particularly among younger adults, and chronic obstructive pulmonary disease (COPD) which is more common in older people.

Asthma is an inflammatory disease of the airways leading to short term and sometimes very marked variations in airflow. Symptoms of wheezing, cough, and shortness of breath occur. The prevalence of asthma has changed over the last century, and is now more common in children and young adults than in older adults. The prevalence of asthma in England and the UK is among the highest in the world with about 6% being recorded as having asthma by their GP.2 Direct healthcare costs associated with asthma are estimated as £1 billion per year; GP prescriptions alone were estimated at £600 million per year in 2002. Asthma causes around 1,000 deaths and at least 12.7 million lost working days per year.2

The consultation document on chronic obstructive lung disease, published in February 2010 by the then government, included a chapter on asthma, in which the Department of Health expressed its intention to produce a good practice guide for the management of asthma in adults.2 Self-management education, advice, and support including a personal asthma action plan, are important for all adults with asthma.

Chronic obstructive pulmonary disease (COPD) is defined by the World Health Organization (WHO) as ‘a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible.3 It is associated with symptoms and clinical signs that in the past have been called ‘chronic bronchitis’ and ‘emphysema’. It is a progressive systemic disease that results in debility over time. Around three million people in the UK are estimated to have COPD, of whom less than one-third (about 900,000) have been diagnosed.4 COPD is the fifth most common cause of death in England, killing more than 25,000 people annually.5 It is predicted to become the third most common cause of death worldwide by 2010.6 COPD most commonly develops after the age of 35 years but is seldom diagnosed before the age of 50. It is the second most common cause of emergency hospital admission in the UK.7 COPD accounts for 24 million working days in sick leave and £3.8 billion in direct costs from lost productivity in England per year.7

New national guidance4 and a COPD Outcomes Strategy7 aim to reduce mortality and morbidity from COPD by earlier detection and earlier and better treatment.

1.2.2 Summary of survey design

As with all previous years, the 2010 Health Survey for England involved a stratified random probability sample of households. The core sample comprised 8,736 addresses selected at random in 672 postcode sectors. Adults and children were interviewed at households identified at the selected addresses. The general household sampling method does not yield sufficient numbers of children for the detailed analyses required, and in 2010 a boost sample of children aged 2-15 was included to supplement the numbers of children recruited through core households. The boost sample of children was attained by randomly selecting 17,136 addresses, some in the same postcode sectors as the core sample and some in an additional 168 postcode sectors to supplement the sample obtained in the core sectors. For both the core and boost samples, where there were three or more children in a household, two of the children were selected at random to limit the respondent burden for parents. Core and boost addresses were issued over 12 months from January to December 2010. For further details on sampling see Section 2.
A total of 8,420 adults and 5,692 children were interviewed, with 2,074 children from the core sample and 3,618 from the boost. A household response rate of 66% was achieved for the core sample, and 70% for the boost sample. Among the general population sample, 5,587 adults and 1,327 children had a nurse visit.

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

1.3 Reports on the Health Survey for England 2010

This volume reports on the methods used in the HSE 2010, and is one of two volumes based on the survey, published as a set as ‘The Health Survey for England 2010’:
1. Respiratory health
2. Methods and documentation

1.4 Availability of further data

As with surveys from previous years, a copy of the HSE 2010 data will be deposited at the Data Archive at the University of Essex. Copies of anonymised data files can be made available for specific research projects through the Archive.

In addition, trend tables showing data for variables collected every year (‘core’ modules) for adults and children are available on The NHS Information Centre’s website.

2 Sample design

2.1 Overview of the sample design

The core sample of the Health Survey for England 2010 was designed to be representative of the population living in private households in England. Those living in institutions were outside the scope of the survey. This should be borne in mind when considering survey findings since the institutional population is likely to be older and, on average, less healthy than those living in private households.

Like previous surveys in the Health Survey series, the 2010 survey adopted a multi-stage stratified probability sampling design. The sampling frame was the small user Postcode Address File (PAF). The very small proportion of households living at addresses not on PAF (less than 1%) was not covered.

The sample for HSE 2010 comprised two main components: the core (general population) sample and a boost sample of children aged 2-15.

2.2 Selection of primary sampling units

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

Postcode sectors with fewer than 500 PAF addresses were combined with neighbouring sectors to form the PSUs. This was done to prevent the addresses being too clustered within a PSU. To maximise the precision of the sample, it was selected using a method...
called stratified sampling. The list of PSUs in England was ordered by local authority and, within each local authority, by the percentage of households in the 2001 Census with a head of household in a non-manual occupation (NS-SEC\textsuperscript{12} groups 1-3). The sample of PSUs was then selected by sampling from the list at fixed intervals from a random starting point.

PSUs in smaller Strategic Health Authorities (North East, East Midlands, South East Coast and South Central) were over-sampled to provide a minimum sample size (of approximately 700 adults) in each Strategic Health Authority for regional analyses.

840 PSUs were selected with probability proportional to the total number of addresses within them. Selecting PSUs with probability proportional to number of addresses and sampling a fixed number of addresses in each ensures that an efficient (equal probability) sample of addresses is obtained. Once selected the 840 PSUs were randomly allocated to one of two sample groups: 672 PSUs were allocated to a group with core and boost sample; and 168 were allocated to a group with boost only sample.

Once selected, the PSUs in each group were randomly allocated to the 12 months of the year (i.e. 56 per month with core and child boost sample and 14 per month with boost only sample) so that each quarter provided a nationally representative sample.

### 2.3 Sampling addresses, dwelling units and households

Within each of the 672 core PSUs, a sample of 29 addresses was selected. The selected addresses were randomly allocated to either the core or child boost sample: 13 addresses to the core sample and 16 to the child boost sample. In total therefore, there were 13 core addresses allocated within each PSU, giving a total sample of 8,736 (672 x 13) core addresses, and 10,752 child boost addresses (672 x 16).

For the 168 additional child boost PSUs, a random sample of 38 addresses was selected in each PSU, giving a total sample of 6,384 addresses (168 x 38) for the additional child boost sample. The total child boost sample was thus 17,136 addresses (10,752 from the child boost sample in core points and 6,384 from the additional child boost sample).

When visited by interviewers, 9.2% of the selected addresses in the core sample were found not to contain private households (Table 1, ineligible addresses type a). Examples include businesses and institutions, vacant properties, demolished properties and those still being built. These addresses were thus ineligible and were excluded from the survey sample.

Most addresses selected from the PAF contain a single dwelling unit and/or household. However, a small proportion of addresses (about 1%) are multi-occupied. At addresses with more than one dwelling unit (with a separate entrance), one is selected at random by the interviewer to be included in the survey. For dwelling units with more than one household, again, one is selected at random.\textsuperscript{13}

### 2.4 Sampling individuals within households

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

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

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

3 Topic coverage

3.1 Documentation

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

3.2 The Stage 1 interview

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

Adults were asked core modules of questions on general health, alcohol consumption, smoking and fruit and vegetable consumption, and were also asked about respiratory health, kidney disease and dental health.

Children aged 13-15 were interviewed themselves, and parents of children aged 0-12 were asked about their children, with the interview including questions on respiratory health, general health and fruit and vegetable consumption.

Participants aged eight and over were asked to fill in a self-completion booklet during the interview. There were seven booklets for different age groups as specified below. The booklets for young adults aged 16-17 asked about smoking and drinking behaviour as well as other questions, and interviewers also had the option of using this booklet for those aged 18-24 if they felt that it would be difficult for anyone in this age group to give honest answers to the questions face-to-face with other household members present. For adults aged under 70 there were different versions of the booklets for men and women as questions about contraception and sexual health were different. The EQ-5D questions were included for adults as in some previous years, and the Visual Analogue Scale (VAS) part of this measure was included for the first time.

<table>
<thead>
<tr>
<th>Booklet for adults aged 70 and over</th>
<th>General health over the last few weeks (GHQ12), EQ-5D, Warwick-Edinburgh mental well-being scale (WEMWBS), happiness question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booklet for men/women aged 18-69</td>
<td>General health over the last few weeks (GHQ12), EQ-5D, WEMWBS, happiness question, contraception and sexual health.</td>
</tr>
<tr>
<td>Booklet for young men/women aged 16-17</td>
<td>Smoking, drinking, general health over the last few weeks (GHQ12), EQ-5D, WEMWBS, happiness question, contraception and sexual health.</td>
</tr>
<tr>
<td>Booklet for children aged 13-15</td>
<td>Smoking, drinking, perception of weight, general health over the last few weeks (GHQ12).</td>
</tr>
<tr>
<td>Booklet for children aged 8-12</td>
<td>Smoking, drinking, perception of weight, cycling safety.</td>
</tr>
</tbody>
</table>
# Health Survey for England 2010: Contents

## Household data
- Household size, composition and relationships
- Accommodation tenure and number of bedrooms
- Mould and damp, cooking appliances, pets
- Economic status/occupation of Household Reference Person
- Household income
- Type of dwelling and area
- Smoking in household
- Car ownership

## Individual level information

<table>
<thead>
<tr>
<th>Age</th>
<th>0-1</th>
<th>2-3</th>
<th>4</th>
<th>5-7</th>
<th>8-10</th>
<th>11-12</th>
<th>13-15</th>
<th>16+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interviewer visit</strong></td>
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<tr>
<td>General health, longstanding illness, limiting longstanding illness, acute sickness</td>
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<td>●</td>
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<td>●</td>
<td>●</td>
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<tr>
<td>Personal care plans</td>
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<td>Respiratory health</td>
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<td>Doctor-diagnosed hypertension and diabetes</td>
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<tr>
<td>Kidney disease</td>
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<td>Dental health</td>
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<td>Fruit and vegetable consumption</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Drinking (seven day period)</td>
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<tr>
<td>Economic status/occupation, educational achievement</td>
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<td>Ethnic origin</td>
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<tr>
<td>Height measurement</td>
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<td>Weight measurement</td>
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<td>Reported birth weight</td>
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<tr>
<td>Consent to linkage to NHS Central Register/Hospital Episodes Statistics</td>
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</table>

## Self completion
- Warwick-Edinburgh mental well-being scale | ● |
- GHQ12 | ● | ● |
- EQ-5D | ● |
- Contraception, sexual health | ● |
- Perception of weight | ● |
- Strengths and difficulties | ● |

## Nurse visit
- Immunisations | ● |
- Prescribed medicines and vitamin supplements | ● | ● | ● | ● | ● | ● | ● | ● |
- Nicotine replacements | ● |
- Waist and hip circumference | ● | ● | ● |
- Blood pressure | ● | ● | ● |
- Lung function | ● | ● | ● |
- Saliva sample (cotinine) | ● | ● | ● | ● | ● |
- Blood sample | ● |
- Urine sample | ● |

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* This module was administered by self-completion.
* This module was administered by self-completion for those aged 16-17 and some aged 18-24.
* This module was administered to adults aged 16-69.
* This questionnaire was administered by self-completion to parents of children aged 4-15.
* Lung function was measured in children aged 7 and over.
In addition, parents of children aged 4-15 selected for the survey were asked to fill in the strengths and difficulties questionnaire about their child or children.

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

### 3.3 The Stage 2 nurse visit

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

At the nurse visit, questions were asked about prescribed medication, vitamin supplements and use of nicotine replacements. For infants, additional information was collected on immunisations and measurements at birth. Nurses took waist and hip measurements for those aged 11 and over, spirometry (lung function measurements) for those aged 7 and over, and measured the blood pressure of those aged 5 and over.

Non-fasting blood samples (for the analysis of total and HDL cholesterol, glycated haemoglobin, serum creatinine and Vitamin D), and samples of urine (for the analysis of sodium, potassium, creatinine, albumin and, for those aged 35 and over, melatonin) were taken from adults aged 16 and over. Samples of saliva (for the analysis of cotinine, a derivative of nicotine) were taken from participants aged 4 and over. Written consent was obtained for these samples. Details of the analysis of these samples are provided in Section 9.

### 4 Fieldwork procedures

#### 4.1 Advance letters

Each sampled address was sent an advance letter which introduced the survey and stated that an interviewer would be calling to seek permission to interview. A leaflet was also enclosed providing general information about the survey and some of the findings from previous surveys.

#### 4.2 Making contact

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

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

#### 4.3 Collecting data

Both interviewers and nurses used computer assisted interviewing.

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

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

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

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

In addition to the advance letter and leaflet, participants were given two further leaflets describing the purpose of the survey and the associated measurements. Interviewers initially handed out a leaflet describing the purpose of the interview. At the end of the interview, they handed out a leaflet explaining the nurse visit to those who had agreed to this next stage. Copies of the leaflets are included in Appendix A.

### 4.4 Interviewing and measuring children

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

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

Written consent to collect a saliva sample from a child, and to send their blood pressure results to their GP, was obtained from the parent.

### 4.5 Interview length

Interviews could be conducted with between one and four persons per session; the most common session types were with one or two individuals. Interview length for a single adult averaged around 50 minutes, and for two people (including at least one adult) interview length averaged around 60 minutes. Nurse visits were conducted with a single individual at a time, and the nurse visit for adults who took part in all the measures averaged 50 minutes.

Interviews with children were shorter than with adults, and the interview length varied with age as some modules were only asked of older children. In child boost households where only children were interviewed, the average interview length was around 20 minutes for a single child aged 8-15, and around 25 minutes for two children of this age.

### 4.6 Feedback to participants

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

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

5 Fieldwork quality control and ethical clearance

5.1 Quality control measures

5.1.1 Training interviewers and nurses

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

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

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

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

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

5.1.2 Checking interviewer and measurement quality

A large number of quality control measures were built into the survey at both data collection and subsequent stages to check on the quality of interviewer and nurse performance.

Recalls to check on the work of both interviewers and nurses were carried out at 10% of productive households.

The computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed); these included messages querying uncommon or unlikely answers as well as answers out of an acceptable range. For example, if someone aged 16 or over had a height entered in excess of 1.93 metres, a message asked the interviewer to confirm that this was a correct entry (a soft check), and if someone said they had carried out an activity on more than 28 days in the last four weeks the interviewer would not be able to enter this (a hard check). For children, the checks were age specific.

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

### 5.2 Ethical clearance

Ethical approval for the 2010 survey was obtained from the Oxford B Research Ethics Committee (reference number 09/H0605/73).

### 6 Survey response

#### 6.1 Introduction to response analysis

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

Participants were asked to co-operate in a sequence of operations, beginning with a face-to-face interview in the core sample, progressing to a nurse visit and ending with a request for saliva and (among adults) blood and urine samples. Individual non-response is therefore accumulated through the survey stages.

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

#### 6.2 General population sample: household response

Table 1 shows household response by calendar quarter. The row labelled ‘Total eligible households’ shows the number of private residential households found at the selected addresses (after selection of a single dwelling unit, and a single household when necessary).

Households described as ‘co-operating’ are those where at least one eligible person was interviewed at Stage 1, the interviewer stage. Households described as ‘all interviewed’ are those where all eligible persons were interviewed, and ‘fully co-operating’ are those where all eligible persons were interviewed, had height and weight measured and agreed to the nurse visit. Households where a participant was ineligible for a height or weight measurement because of a functional impairment or pregnancy are not counted as fully co-operating for this response analysis.

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

66% of eligible households (5,249) in the general population sample took part in the 2010 Health Survey. At 52% of households in the general population sample, all eligible adults and children were interviewed.
6.3 General population sample: individual response for adults

6.3.1 Overall response

There were 8,420 individual interviews with adults in the general population, and 5,587 adults had a nurse visit.

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

- Co-operating households (9,766 adults in 5,249 households, average 1.86 per household)
- Non co-operating households where information on the number of adults is known (3,248 adults in 1,949 households, average 1.67)
- Non co-operating households about which nothing is known (738 households).

The most reasonable assumption is to attribute to the last group the same average number of adults (1.81) as for all households where the number of adults is known (the sum of the first two groups); this gives an estimate of 1,334 adults in these households. Summing this with the first two groups, this gives an estimated total of 14,348 eligible adults, known as the ‘set’ sample.

A further assumption is needed to provide separate ‘set’ samples for men and women. In non co-operating households where the number of adults was known, the numbers of men and women were not usually obtained. However, it can be assumed that the proportion of men and women in the estimated total sample is the same as for the adults in the 5,249 co-operating households. The proportions are 47.6% men and 52.4% women. Applying these proportions to the estimated total of adults gives ‘set’ samples of 6,829 men and 7,519 women.

Using the estimated total number of adults in sampled households, the adult ‘set’ sample, as a denominator, minimum response rates for adults in the general population sample were as shown in Table 4 (at the end of the chapter), and summarised in Table A below.

<table>
<thead>
<tr>
<th>Table A</th>
<th>Response among all adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>All adults</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>59</td>
</tr>
<tr>
<td>Height measured</td>
<td>51</td>
</tr>
<tr>
<td>Weight measured</td>
<td>50</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>39</td>
</tr>
<tr>
<td>Waist and hip measured</td>
<td>38</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>38</td>
</tr>
<tr>
<td>Spirometry performed</td>
<td>26</td>
</tr>
<tr>
<td>Gave blood sample</td>
<td>29</td>
</tr>
<tr>
<td>Gave urine sample</td>
<td>34</td>
</tr>
<tr>
<td>Gave saliva sample</td>
<td>37</td>
</tr>
</tbody>
</table>

Response to the interview was 59% overall, being 54% among men and 63% among women.

6.3.2 Adult response in co-operating households

As adults’ ages and other personal characteristics are not known in non co-operating households, indications of differences in response by these characteristics are confined to
co-operating households. Tables 6, 7 and 8 show the proportion of men, women and all adults in co-operating households who participated in the key survey stages, by age. These are summarised in Table B below.

**Table B**

**Response among adults in co-operating households**

<table>
<thead>
<tr>
<th></th>
<th>Men %</th>
<th>Women %</th>
<th>All adults %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>80</td>
<td>92</td>
<td>86</td>
</tr>
<tr>
<td>Height measured</td>
<td>70</td>
<td>81</td>
<td>76</td>
</tr>
<tr>
<td>Weight measured</td>
<td>69</td>
<td>76</td>
<td>73</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>52</td>
<td>62</td>
<td>57</td>
</tr>
<tr>
<td>Waist and hip measured</td>
<td>51</td>
<td>60</td>
<td>56</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>51</td>
<td>60</td>
<td>56</td>
</tr>
<tr>
<td>Spirometry performed</td>
<td>33</td>
<td>41</td>
<td>37</td>
</tr>
<tr>
<td>Gave blood sample</td>
<td>39</td>
<td>45</td>
<td>42</td>
</tr>
<tr>
<td>Gave urine sample</td>
<td>46</td>
<td>53</td>
<td>50</td>
</tr>
<tr>
<td>Gave saliva sample</td>
<td>49</td>
<td>58</td>
<td>54</td>
</tr>
</tbody>
</table>

In co-operating households, response was highest among the oldest age groups, and lowest among those aged 16-24 (61% among men and 77% among women).

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

Tables 6-8

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

**6.4.1 Overall response among children**

Interviews were carried out with 2,074 children (1,075 boys and 999 girls) aged 0-15 in the core sample, and 1,327 children were seen by a nurse.

To calculate the response rate for children, the number of eligible children in sampled households (the ‘set sample’) is needed as the denominator. This was estimated by assuming that the households where the numbers of children were not known had the same average number of boys and girls as those where it was known, and that the proportion of boys and girls was the same. This results in a ‘set’ sample of 3,190 children. This is likely to be an over-estimate, since non-contacted households have fewer children, on average, than those contacted. Response rates computed for children are therefore conservative.

Most non-responding children were in households where no-one (child or adult) co-operated with the survey.

Response to the interview was 64% among boys and 66% among girls. Height measurements were limited to those aged 2 and over. On the assumption that the age distribution of children in the ‘set sample’ is the same as that of children living in interviewed households, response rates were as shown in Table 5 and summarised in Table C below.

**Table 5**

**6.4.2 Response in co-operating households**

Child response rates, like adult response rates, have also been calculated based on co-operating households to provide sufficient numbers for analysis by age. Among selected children aged 0-15 in co-operating households, the proportion who were interviewed was
high, at 93% of eligible boys and girls. The proportion interviewed was lower among children aged 11-15 (85% of both boys and girls) than among those aged under 11 (96% of both boys and girls).

Tables 9, 10 and 11 show the proportion of boys and girls in co-operating households who participated in the key survey stages, by age. These are summarised in Table D below.

The majority of eligible children (i.e. those interviewed for height and weight, and those of the appropriate age having a nurse visit for the other measurements) co-operated with the measurements. 59% of children co-operated with the nurse visit.

### 6.5 General population and boost sample of children: individual response

A total of 3,618 children (1,852 boys and 1,766 girls) aged 2-15 were interviewed in the boost sample and, when combined with the 2,074 children from the core sample, provide a total sample of 5,692 children. In the boost sample, 70% of eligible households took part in the survey, and at 69% (all but 11 of those participating) all selected children were interviewed.

Tables 12, 13 and 14 provide individual response rates to the interview stage for this combined sample in co-operating households; children in the boost did not have a nurse visit. The response rates for the total children’s sample are summarised in Table E.
6.6 Variations in survey response

6.6.1 Regional variations in response

As in previous years, response varied by Strategic Health Authority region. Household response in the general population sample was highest in the East and West Midlands (72%) and was lowest in London (54%).

Table 2

6.6.2 Response by type of dwelling

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

Response was highest among households living in detached houses (72%), and lowest among households living in flats (57% in flats up to the third floor, 56% on the fourth floor or above).

Table 3

6.7 Age and sex profile of the general population sample

Tables 15 and 16 compare the age and sex profiles of responding adults and children in the general population sample at the two survey stages (interview and nurse visit) with the mid-2009 population estimates. Overall the 2010 HSE sample over-represented women relative to men (56% and 44% respectively, compared with 51% and 49% in the mid-year population estimates). This is a response pattern found on a number of surveys. Men aged under 35 were slightly under-represented at both interview and nurse visit relative to their proportions in the census population, while men aged 55 and over were slightly over-represented. The pattern was similar among women, with those aged under 35 slightly under-represented at both stages, while women aged 45-54 and 65 and over were slightly over-represented.

As Table 16 shows, among children aged 0-15, both the sex and age profiles of the achieved HSE sample were very close to the population estimates.

Table 15

Table 16

7 Weighting the data

7.1 Background

Before 2003, the weighting strategy for the core sample in the HSE was to apply selection weights only and no attempt was made to reduce non-response bias through weighting. However, following a review of the weighting for the HSE, non-response weighting has
been incorporated into the weighting strategy (as well as selection weights) since HSE 2003. This same strategy has been followed for weighting the HSE 2010 core general population sample data.

7.2 Calculation of the general population sample weights

7.2.1 Dwelling unit selection weights

Most addresses selected from the PAF contain a single dwelling unit, i.e. with a separate entrance. At addresses with more than one dwelling unit, only one is selected; interviewers carry out a selection procedure to identify which dwelling unit to include in the sample using a Kish grid.\textsuperscript{18}

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

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

7.2.2 Household selection weights

Most dwelling units selected via the PAF contain a single household. At dwelling units with more than one household, only one is selected; interviewers carry out a selection procedure to identify which household to include in the sample using a Kish grid.

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

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

Composite selection weights ($w_{1}$) were calculated as the product of the dwelling unit selection weights ($w_{du}$) and household selection weights ($w_{hh}$). The composite selection weights were trimmed at 4 to avoid any large values.

7.2.3 Calibration weighting

Calibration weighting was used to ensure that the weighted distribution of household members in participating households matched ONS 2009 mid-year population estimates for sex/age groups and Strategic Health Authority Region (SHA) as shown in Tables F and G below. The composite selection weights ($w_{1}$), described in Section 7.2.2, were used as initial values when generating the calibration weights ($w_{2}$).

The aim of the calibration weighting was to reduce non-response bias resulting from differential non-response at the household level. The calibration weights generated ($w_{2}$) were re-scaled so that the sum of the weights equalled the number of participating households to give the household weights for the core sample ($w_{t,hhld}$). Thus the final household weight ($w_{t,hhld}$) adjusts for dwelling unit and household selection, and for the age/sex and region profiles of participating households.

Note that the ONS mid-2009 population estimates were adjusted to remove people aged 65 and over living in institutions, who are not eligible for the HSE; this was estimated using data from the 2001 Census.

7.2.4 Child selection and adjustment weights in the general population sample

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

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

Thus these weights both adjust for the probability of selection for children in larger households, and ensure that the profile of children selected for the survey matches the profile of all children. As the level of response for obtaining a child interview in participating households in the core sample was relatively high (93%), no additional non-response weighting was undertaken for the core sample of children. (For details of the weighting for the child sample including children from core and boost samples, see Section 7.3.)

### 7.2.5 Non-response weights for adults

There were no selection weights for adult respondents in the core sample since all adults in responding households were selected. However, non-response weights were calculated to reduce bias from adult non-response (86% of adults responded in households with more than one adult).

To obtain the non-response weights, a logistic regression model (weighted by wt_hhld) was fitted for all adults in participating households, excluding single-adult households. The outcome variable was whether or not the interview was completed. The following variables were entered as covariates: age group by sex, household type, Strategic Health Authority Region (SHA), and social class of household reference person (HRP). The adult non-response weights (w_5) were calculated as the inverse of the predicted probabilities of response estimated from the regression model. The non-response weights for adults were trimmed at the 1% tails to remove extreme values.

Participants in single adult households were not included in the model and were given a non-response weight (w_5) of 1.
7.2.6 Combining the weights

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

\[ w_{t\text{int}} = w_{t\text{hhld}} x w_5 \]  for adults; and
\[ w_{t\text{int}} = w_{t\text{hhld}} x w_3 x w_4 \]  for children.

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

7.2.7 Nurse visit weights

Not all those interviewed go on to have a nurse visit, and further non-response bias may be introduced. For data relating to nurse visits, two logistic regression models were fitted, weighted by \( w_{t\text{int}} \); one for adults and one for children. The outcome variable was whether or not a nurse visit was undertaken, with the following as covariates: age group by sex, household type, SHA, social class of HRP, smoking status (for adults), and general health.

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

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for the nurse visit sample were calculated as

\[ w_{t\text{nurse}} = w_{t\text{int}} x w_6. \]

These weights were re-scaled so that the weighted sample size for the nurse visit is the same as the achieved sample size. They adjust for selection, non-response and population profile for the sample that receives the nurse visit.

7.2.8 Blood weights

All adults that had a nurse visit were eligible to have a sample of blood taken, but not all those eligible agreed or were able to do so. A logistic regression model was fitted, weighted by \( w_{t\text{nurse}} \). The outcome variable was whether or not a usable blood sample was obtained, and the following were included as covariates: age group by sex; household type; SHA; social class of HRP; smoking status and general health.

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

The weights were trimmed at the 1% tails to remove extreme values. The weights for the blood sample were calculated as \( w_{t\text{blood}} = w_{t\text{nurse}} x w_7. \) These weights were re-scaled so that the weighted blood sample size was the same as the achieved sample size.

7.2.9 Cotinine weights

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

The weights for non-participation for the saliva sample (\( w_8 \)) were calculated as the reciprocal of the predicted probability of a saliva sample being obtained, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for the saliva sample were calculated as \( w_{t\text{cotinine}} = w_{t\text{nurse}} x w_8. \) These weights were re-scaled so that the weighted cotinine sample size is the same as the achieved sample size.
7.2.10 Urine sample weights

All adults that had a nurse visit were eligible to have a sample of urine taken, but not all those eligible agreed to do so. A logistic regression model was fitted, weighted by wt_nurse. The outcome variable was whether or not a usable urine sample was obtained, and the following were included as covariates: age group by sex; household type; SHA; social class of HRP; smoking status and general health.

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

The weights were trimmed at the 1% tails to remove extreme values. The weights for the urine sample were calculated as wt_urine = wt_nurse x w_p. These weights were re-scaled so that the weighted urine sample size was the same as the achieved sample size.

7.2.11 Spirometry sample weights

All adults and children aged 7-15 that had a nurse visit were eligible to perform spirometry, but not all performed a valid test. Two logistic regression models were fitted, weighted by wt_nurse; one for adults and one for children. The outcome variable was whether or not valid spirometry was performed, and the following were used as covariates: age group by sex, household type, SHA, social class of HRP, ethnic group, smoking status and general health.

The weights for non-participation for spirometry (w_p) were calculated as the reciprocal of the predicted probability of valid spirometry being performed, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for spirometry were calculated as wt_spirometry = wt_nurse x w_p. These weights were re-scaled so that the weighted spirometry sample size is the same as the achieved sample size.

7.3 Child sample weights combining general population and boost sample

7.3.1 Background

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

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

7.3.2 Dwelling unit / household selection weights

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

7.3.3 Child selection weights

At participating households with three or more eligible children, two were selected at random. For the boost sample households this meant selecting two children aged 2-15; at core sample households, two children aged 0-15 were selected.
In order that children in larger households were not under-represented in the sample, selection weights were calculated as the number of eligible children within the household divided by the number of eligible children selected \( (w_2) \). These weights were trimmed at 3 to avoid any large weights. Unlike the core sample weights, the age/sex profile of the achieved sample was not adjusted (see Section 7.2.4); this was because calibration weighting was used to correct the age and sex profile of children (see Section 7.3.4).

### 7.3.4 Calibration weights for children

The achieved sample of children was calibrated to generate weights so that the (weighted) distributions for age/sex groups and SHA matched ONS 2009 mid-year population estimates (Tables H and I below). The combined dwelling unit/household and child selection weights \( (w_1 \times w_2) \) were used as initial values when generating the calibration weights \( (w_3) \).

The aim of the calibration weighting was to reduce non-response bias resulting from differential non-response at the individual interview stage, and includes adjustment for the fact that children aged 0-1 were only included in the core sample. The calibration weights generated \( (w_3) \) were re-scaled so that the weighted sample size is the same as the achieved sample size. This gave the final weight for the child sample: \( \text{wt}_\text{child} \).

| Age within sex (grouped) | Boys | | Girls | |
|--------------------------|------|------------------|-------|
| 0-1                      | 686,821 | 6.7 | 652,528 | 6.7 |
| 2-3                      | 670,352 | 6.9 | 637,065 | 6.5 |
| 4-5                      | 627,667 | 6.4 | 599,429 | 6.1 |
| 6-7                      | 602,656 | 6.2 | 573,836 | 5.9 |
| 8-9                      | 570,291 | 5.8 | 548,993 | 5.6 |
| 10-11                    | 593,424 | 6.1 | 566,994 | 5.8 |
| 12-13                    | 619,122 | 6.3 | 592,222 | 6.1 |
| 14-15                    | 628,360 | 6.4 | 596,554 | 6.1 |
| **Total**                | 9,766,314 | 100.0 | 9,766,314 | 100.0 |

<table>
<thead>
<tr>
<th>SHA</th>
<th>N</th>
</tr>
</thead>
<tbody>
<tr>
<td>North East</td>
<td>457,996</td>
</tr>
<tr>
<td>North West</td>
<td>1,298,041</td>
</tr>
<tr>
<td>Yorkshire and the Humber</td>
<td>972,669</td>
</tr>
<tr>
<td>East Midlands</td>
<td>817,817</td>
</tr>
<tr>
<td>West Midlands</td>
<td>1,055,397</td>
</tr>
<tr>
<td>East of England</td>
<td>1,099,193</td>
</tr>
<tr>
<td>London</td>
<td>1,529,982</td>
</tr>
<tr>
<td>South East Coast</td>
<td>821,548</td>
</tr>
<tr>
<td>South Central</td>
<td>788,116</td>
</tr>
<tr>
<td>South West</td>
<td>925,555</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9,766,314</td>
</tr>
</tbody>
</table>

There were nurse visits and saliva samples for children at core addresses but not at boost addresses. Therefore, additional weights were not required for nurse visits and saliva samples for children; those derived for the core sample should be used (see sections 7.2.7 and 7.2.8).
8 Data analysis and reporting

8.1 Introduction

The HSE is a cross-sectional survey of the population. It examines associations between health states, personal characteristics and behaviour. However, such associations do not necessarily imply causality. In particular, associations between current health states and current behaviour need careful interpretation, as current health may reflect past, rather than present, behaviour. Similarly, current behaviour may be influenced by advice or treatment for particular health conditions.

8.2 Weighted and unweighted data and bases in the report tables

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2010 data in this report are weighted. Both weighted and unweighted bases are given in each table in the report. The unweighted bases show the number of participants involved. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportions in the population in England, so that data from different columns can be combined in their correct proportions. The absolute size of the weighted bases has no particular significance, since they have been scaled to the achieved sample size.

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

In this report, chapters focus mainly on 2010 results. Trend data on key measures can be found in Health Survey for England 2010 Trend Tables on The NHS Information Centre website.

8.3 Reporting age variables

8.3.1 Defining age for data collection

Some sections of the data collected in the HSE 2010 are age specific, with different questions directed to different age groups. The participant’s date of birth was ascertained. For data collection purposes, a participant’s age was defined as their age on their last birthday before the interview. The nurse, who visited later, treated the participant as being of the same age as at the interview, even if he or she had an intervening birthday.

8.3.2 Age as an analysis variable

Age is a continuous variable, and an exact age variable on the data file expresses it as such (so that, for example, someone whose 24th birthday was on January 1 2010 and was interviewed on October 1 2010 would be classified as being aged 24.75 or 24⅓).

The presentation of tabular data involves categorising the sample into year bands. This can be done in two ways, age at last birthday and ‘rounded age’, that is, rounded to the nearest integer. In the present report all references to age are age at last birthday.
8.3.3 Age standardisation

Adult data have been age-standardised throughout the 2010 report to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

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

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2009 population estimates for England. The age-standardised proportion \( p \) was calculated as follows, where \( p_i \) is the age specific proportion in age group \( i \) and \( N_i \) is the standard population size in age group \( i \):

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

Therefore \( p \) can be viewed as a weighted mean of \( p_i \) using the weights \( N_i \). Age standardisation was carried out using the age groups 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over. The variance of the standardised proportion can be estimated by:

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

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

8.4 Standard analysis breakdowns

8.4.1 Introduction

For most tables in this report, three standard analysis breakdowns have been used as well as age. These are Strategic Health Authority (SHA) region, equivalised household income and Spearhead status.

8.4.2 Strategic Health Authority region

From July 2006 a new configuration of Strategic Health Authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries are the same as those of Government Office Regions (GOR) with the exception of South East Coast SHA and South Central SHA, which are combined into the South East GOR.

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

It should be noted that base sizes for SHAs are often relatively small, and caution should be exercised in examining regional differences. In 2010, the smaller Strategic Health Authorities (North East, East Midlands, South East Coast and South Central) were oversampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this.
8.4.3 Equivalised household income

The second standard breakdown is equivalised household income. Household income was established by means of a show-card (see Appendix A) on which banded incomes were presented. This can be used as an analysis variable, but there has been increasing interest recently in using measures of equivalised income that adjust income to take account of the number of persons in the household. To derive this, each household member is given a score based, for adults, on the number of adults apart from the household reference person, and for dependent children, on their age. The total household income is divided by the sum of the scores to provide the measure of equivalised household income. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

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

8.4.4 Spearhead status

Spearhead Primary Care Trusts (PCTs) are the most health deprived areas of England. They are defined as the Local Authority (LA) areas that are in the bottom fifth nationally for three or more of the following five indicators:

- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in those aged under 75
- Cardiovascular disease (CVD) mortality rate in those aged under 75
- Index of multiple deprivation 2004 (LA summary), average score.

These local authority areas have been mapped onto primary care trust boundaries to identify Spearhead PCTs. This report uses Spearhead status as designated in 2008.

8.5 Logistic regression analysis

Logistic regression modelling has been used in some chapters to examine the factors associated with selected outcome variables, after adjusting for other predictors. For instance in Volume 1, Chapter 3, regression analyses have been performed to examine the association between possible abnormal lung function (the outcome variable), and a variety of predictor variables including age, participants’ self-reported respiratory conditions, smoking and BMI status and income. Forward stepwise models have been used for men and women separately. An estimate is given of the independent effect of each predictor variable on the outcome when all the other independent variables were included in the model.

The results of the regression analyses are presented in tables showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if p<0.05. The models show the odds of being in the particular category of the outcome variable (i.e. having possible airflow limitation) for each category of the independent variable (e.g. quintile of equivalised household income). Odds are expressed relative to a reference category, which has a given value of 1. Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category. Missing values were included in the analyses, that is, people were included even if they did not have a valid answer, score or classification (on income); since on income there was a large number of missing values, these were included as a separate category rather than being combined with another category.
8.6 Design effects and true standard errors

The HSE 2010 used a clustered, stratified multi-stage sample design. In addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculations of standard errors shown in tables, and comments on statistical significance throughout the report, have taken the clustering, stratification and weighting into account.

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

The true standard errors and defts for the HSE 2010 have been calculated using a Taylor Series expansion method. The deft values and true standard errors (which are themselves estimates subject to random sampling error) are shown in Tables 17-27 for selected survey estimates presented in the topic chapters.

9 Quality control of blood, urine and saliva analytes

9.1 Introduction

9.1.1 Key conclusions

This section describes the assay of analytes for the 2010 HSE biological samples and the quality control and quality assessment procedures that were carried out during the survey period. Details of procedures used in the collection, processing and transportation of the specimens are described in Appendix B.

The overall conclusion for the data provided in this chapter is that methods and equipment used for the measurement of blood, urine and saliva analytes produced internal quality control (IQC) and external quality assessment (EQA) results within expected limits. The results of the analyses for each of the main blood and urine analytes and saliva cotinine levels were acceptable for the 2010 HSE.

9.1.2 Analysing laboratories

As in previous years, the Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the analysing laboratory used in the 2010 HSE for the blood and urine sample analyses. Salivary cotinine analysis for the 2010 HSE was conducted by ABS Laboratories in Welwyn Garden City, Hertfordshire.

9.1.3 Non-fasting blood samples

Following written consent from eligible participants, non-fasting blood samples were collected for adults aged 16 and over into two tubes, a 6ml plain and a 4ml EDTA (ethylene diamine tetra-acetic acid) tube. The order of priority for collecting samples was firstly into the 6ml plain tube (no anticoagulant), followed by the 4ml EDTA tube. After collection, the tubes were posted to the Clinical Biochemistry Department at the RVI, which acted as the co-ordinating department for transport of samples to the individual departments undertaking the analyses.

Samples collected in the 6ml plain tube for serum

Samples in the plain tube were used for analysis of total cholesterol, high density lipoprotein (HDL)-cholesterol, vitamin D and creatinine. If written consent was given by the participant,
a minimum of 0.5ml of the remaining serum was stored in a freezer at -40°C (± 5°C) for possible future analysis.

**Samples collected in the 4ml EDTA tube**

Samples in the EDTA tube were used for the glycated haemoglobin analyses. If written consent was given by the participant, aliquots containing approximately 1ml of whole EDTA blood were processed for storage (unseparated) in a freezer at -20°C (± 5°C) for possible future analysis.

### 9.1.4 Urine samples

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

### 9.1.5 Saliva samples

A saliva sample was obtained from participants aged four and over from the core sample only; children in the boost sample were not offered a nurse visit. Saliva samples were collected for analysis of cotinine (a metabolite of nicotine that shows recent exposure to tobacco smoke). A saliva collection tube was used for this purpose.

### 9.2 Method

#### 9.2.1 Laboratory procedures

All analyses were carried out according to Standard Operating Procedures by State Registered Biomedical Scientists (BMS) under the supervision of the Senior BMS. All results were routinely checked by the duty Biochemist and highly abnormal results were notified to the Survey Doctor. The Survey Doctor notified and advised the participant and, where prior consent had been obtained, their general practitioner as appropriate.

A schedule of Planned Preventative Maintenance was used for each item of analytical equipment. These plans were carried out jointly by the manufacturers and the laboratories. Records were kept of when maintenance was due and carried out.

Table 28 shows reference ranges used for each of the blood analytes measured in the 2010 HSE. Values within these reference ranges were considered to be clinically ‘normal’ while those outside were treated as clinically ‘abnormal’ (either too high or too low). For total and HDL-cholesterol, where a large proportion of the population have values which are statistically within the normal distribution but are not ideal for good health, the term ‘desirable’ rather than ‘normal’ was used when results were sent to participants and/or their GPs.

There are no reference ranges for spot urine samples but a range is given for the albumin/creatinine ratio. Ranges are given for cotinine.

#### 9.2.2 Blood sample analytical methods and equipment

The analytical equipment used to measure total cholesterol, HDL-cholesterol and glycated haemoglobin in blood samples changed during the survey period as indicated in the sections below.

**Total cholesterol**

Measurement of total cholesterol was carried out in the Biochemistry Department at the RVI using a Cholesterol Oxidase assay method. Initially this was on an Olympus 640 analyser, and from 12th April 2010 on a Roche Modular P analyser calibrated to the Centre for Disease Control (CDC) guidelines.
The effect of this change of equipment was that measured concentrations of total cholesterol were on average 0.1 mmol/L higher.

**HDL-cholesterol**

HDL-cholesterol analysis was carried out in the Biochemistry Department at the RVI using a direct method (no precipitation). Initially an Olympus 640 analyser was used, and from 12th April 2010 a Roche Modular P analyser.

The effect of this change of equipment was that measured concentrations of HDL-cholesterol were on average 0.1 mmol/L lower.

**Glycated haemoglobin**

Glycated haemoglobin (HbA1c) analysis was carried out in the Biochemistry Department at the RVI using the Tosoh G7 analyser initially, replaced by the Tosoh G8 analyser from 26th August 2010. Both were calibrated using Diabetes Control and Complications Trial (DCCT) standards; there was no impact on measured concentrations.

**Serum creatinine**

Measurement of serum creatinine was by the enzymatic Roche Creatinine Plus method on a Roche Modular P analyser. This did not change during the survey period.

**Vitamin D**

Serum 25-OH Vitamin D was measured using the Diasorin Liaison chemiluminescent immunoassay method. This did not change during the survey period.

### 9.2.3 Urine sample analytical methods and equipment

The analytical equipment used to measure sodium, potassium, creatinine and albumin in urine changed during the survey period as indicated.

**Sodium, potassium, creatinine**

Urine sodium, potassium and creatinine were assayed initially on an Olympus AU 640 analyser at the RVI and from 12th April 2010 on the Roche Modular P analyser. Urinary sodium and potassium were analysed using the indirect ion-selective electrode (ISE) method. Urinary creatinine was analysed using the Jaffe method.

The effects of this change of equipment were that measured concentrations were on average lower by 1.0 mmol/L for urine sodium, 4.0 mmol/L for urine potassium and 0.8 mmol/L for urine creatinine. The equipment change did not affect the potassium/creatinine ratio results but sodium/creatinine ratio results were on average 1.0 mmol/mmol lower.

**Albumin**

Urine albumin was analysed by nephelometry on the Behring Nephelometer II analyser initially. From 12th April 2010, albumin was analysed by immunoturbidimetry on the Roche Modular P analyser.

The effect of this change of equipment was that measured concentrations of urine albumin were on average 4 mg/L lower. The equipment change did not affect the albumin/creatinine ratio results.

**Melatonin**

Urinary melatonin was analysed using the 6-Sulphatoxymelatonin ELISA method from Bühlmann Laboratories UK. This did not change during the survey period.

### 9.2.4 Saliva sample analytical methods and equipment

**Cotinine**

Saliva samples received at the RVI were checked for correct identification, assigned a laboratory accession number, and stored at 4°C. Samples were checked for details and despatched fortnightly in polythene bags (20 samples per bag) by courier for overnight...
delivery to ABS Laboratories, where cotinine analysis was carried out. This laboratory specialises in accurate measurement of low levels of cotinine and therefore takes special precautions to ensure no contamination by environmental tobacco smoke occurs.

The method of analysis used was a high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS). The sample preparation prior to LC-MS/MS was liquid/liquid extraction. A Tomtec Quadra was used to allow for the automation of some of the sample preparation. All methods were validated before use.

An advantage of the LC-MS/MS assay is that it is less prone than other methods to non-specific interference when assaying low levels of cotinine as seen due to passive smoking, and so is preferable for samples from non-smokers.\(^\text{22}\)

A disadvantage of LC-MS/MS is that it does not have the dynamic range of the GC-NPD assay used in previous years.\(^\text{22}\) Therefore in 2010 the laboratory was informed whether the samples were from self-reported smokers or not. All the samples from self-reported smokers were first assayed using the high calibration range assay of 10 to 1,000 ng/mL, and any that were below 10 ng/mL were then re-assayed with the low range assay. All the remaining samples were first assayed using the low range assay of 0.1 to 100 ng/mL. Any of these that were over-range were then re-assayed using the high calibration range assay of 10 to 1,000 ng/mL, provided there was sufficient saliva available from that participant.

### 9.3 Internal quality control (IQC)

#### 9.3.1 Introduction

The purpose of internal quality control (IQC) is to ensure reliability of an analytical run. IQC also helps to identify, and prevent the release of, any errors in an analytical run. IQC is also used to monitor trends over time.

For each analyte or group of analytes, the laboratory obtains a supply of quality control materials, usually at more than one concentration of analyte. Target (mean) values and target standard deviations (SD) are assigned for each analyte. Target assignment includes evaluation of values obtained by the laboratory from replicate measurements (over several runs) in conjunction with target values provided by manufacturers of IQC materials, if available. The standard deviation and the coefficient of variation (CV) are measures of imprecision and are presented in the tables. IQC values are assessed against an acceptable range and samples are re-analysed if any of the Westgard rules have been violated.\(^\text{23,24,25}\)

#### 9.3.2 Non-fasting blood samples

**Total cholesterol**

Low, medium and high control materials were assayed throughout the day. Table 29 shows the monthly IQC results for total cholesterol.

**HDL-cholesterol**

Low, medium and high control materials were assayed throughout the day. Table 30 shows the monthly IQC results for HDL-cholesterol.

**Glycated haemoglobin (HbA1c)**

The analytical methods used for glycated haemoglobin measurement in the United Kingdom are required to be traceable to the work carried out on the DCCT part of the National Glycohemoglobin Standardisation Program (NGSP) in the USA. The Secondary Reference Laboratory (SRL) in the University of Minnesota was the main analytical laboratory for the DCCT work. The IQC results for glycated haemoglobin are DCCT standardised. Two levels of internal quality control were run at the beginning and end of each run and at regular intervals throughout. Table 31 shows the monthly IQC results for glycated haemoglobin.
Serum creatinine

Three levels of internal quality control were run at regular intervals throughout the day to measure serum creatinine. Table 32 shows the monthly IQC results for creatinine.  

Vitamin D

Two levels of internal quality control were run at the beginning and end of each run and then at regular intervals throughout. Table 33 shows the monthly IQC results for Vitamin D.

9.3.3 Urine samples

Sodium, potassium, creatinine, albumin

Two levels of IQC were used for urine sodium, potassium, creatinine and albumin. Initially, quality control samples were run at the beginning and end of a batch for urine albumin until April. When the analysis moved onto the Roche Modular P analyser from 12th April 2010, quality control samples were run at the beginning of the day and at regular intervals throughout the day, as for the other parameters. The IQC results for sodium, potassium, creatinine and albumin, summarised monthly, are shown in Tables 34-37.

Melatonin

Two levels of internal quality control were run at the beginning and end of each batch. The IQC results for melatonin, summarised monthly, are shown in Table 38.

9.3.4 Saliva samples

Cotinine

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-100 ng/mL), and 12 for the high range assay (10-1,000 ng/mL). Six quality control (QC) samples, two each at a set concentration to represent Low, Medium and High levels for the calibration range being used, were also analysed with each analytical batch. For the results from any analytical batch to be acceptable, four out of the six QCs must have a bias of no greater than ±15% with at least one from each QC level being within these acceptance criteria, and 75% of the calibration standards must have a bias of no greater than ±15% except at the lower limit of quantification where the bias must be no greater than ±20%. A summary of these results for six levels of cotinine is collated monthly and presented in Tables 39-40.

9.4 External quality assessment (EQA)

9.4.1 Introduction

External quality assessment (EQA) permits comparison of results between laboratories measuring the same analyte. An EQA scheme for an analyte or group of analytes distributes aliquots of the same samples to participating laboratories, which are blind to the concentration of the analytes. The usual practice is to participate in a scheme for a full year during which samples are distributed at regular frequency (monthly or bimonthly for example); the number of samples in each distribution and the frequency differ between schemes. The samples contain varying concentrations of analytes. The same samples may or may not be distributed more than once.

Samples are assayed shortly after they arrive at the laboratory. Depending on the frequency of distribution, there may be weeks or months in which no EQA samples are analysed. Results are returned to the scheme organisers, who issue a laboratory specific report giving at least the following data:

- Mean values, usually for all methods and for method groups;
- A measure of the between-laboratory precision;
- The bias of the results obtained by that laboratory.
EQA is a retrospective process of assessment of performance, particularly of inaccuracy or bias with respect to mean values; unlike IQC, it does not provide control of release of results at the time of analysis.

The United Kingdom National External Quality Assessment Schemes (UKNEQAS) is a network of EQA schemes run by UK clinical laboratories. The Welsh External Quality Assessment Schemes (WEQAS), the National External Quality Assessment Scheme for Haematology, the Cambridge External Quality Assessment Schemes (EQAS) and the Central Quality Assessment Schemes (QAS) are all schemes in which the laboratories participate on a routine basis. RIQAS is an EQA scheme run by Randox Laboratories.

Each of the figures presented in Tables 41-49 corresponds with an individual EQA sample.

9.4.2 Non-fasting blood samples

Total cholesterol
The Clinical Biochemistry laboratory participates in UKNEQAS and WEQAS schemes. Table 41 shows the monthly EQA results for total cholesterol. The target and achieved values are shown. Table 41

HDL-cholesterol
The Clinical Biochemistry laboratory participates in the WEQAS scheme. Table 42 shows the monthly EQA results for HDL-cholesterol. The target and achieved values are shown. Table 42

Glycated haemoglobin
The Clinical Biochemistry laboratory participates in the WEQAS scheme. Table 43 shows the monthly EQA results for glycated haemoglobin. The target and achieved values are shown. Table 43

Serum creatinine
In early 2010 RVI registered with the WEQAS scheme for the enzymatic method. Table 44 shows the monthly EQA results for serum creatinine. The target and achieved values are shown. Table 44

Vitamin D
The Clinical Biochemistry laboratory at the RVI participates in the DEQAS scheme. Table 45 shows the EQA results for vitamin D. The target and achieved values are shown. Table 45

9.4.3 Urine samples
The Clinical Biochemistry laboratory participates in the RIQAS scheme for the urine analytes (sodium, potassium, creatinine and albumin). Tables 46-49 show the monthly external quality assessment results for sodium, potassium, creatinine and albumin. There was no external QC for melatonin. Table 46-49

9.4.4 Saliva samples

Cotinine
There was no external quality control scheme available in 2010 for cotinine analysis but ABS Laboratories participates in inter-laboratory split analyses to ensure comparable results. The latest International inter-laboratory study was published in 2009.22
References and notes


3 www.who.int/respiratory/copd/definition/en/index.html


10 www.esds.ac.uk/government/hse/

11 www.ic.nhs.uk/pubs/hse10trends

12 NS-SEC is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. Participants are assigned to an NS-SEC category based on the current or former occupation of the household reference person (see note 14 below). For a full explanation of NS-SEC and its derivation see the Glossary in this volume, and The National Statistics Socio-economic Classification User Manual 2002, ONS 2002.

13 In the HSE 2009, the survey design was changed to select a single household at dwelling units with more than one household; previously interviewers carried out interviews at up to three households per dwelling unit. The change was made because the impact on the sample efficiency was negligible, and the procedures for interviewing at more than one household per dwelling unit were cumbersome and error prone for interviewers. The same selection procedures were used in 2010 as in 2009.

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

15 The ‘set’ sample of children is calculated as follows:
   - In the 5,249 co-operating households, 1,462 households had children, giving 2,250 eligible children in total in these households.
   - In the 1,949 non co-operating households where some information about residents was established, there were 186 households with one child and 247 households with two or more children; this gave a total of 680 eligible children.
   - In the 738 households where no information was known, it has been assumed that the proportion of households with children, and the number of children per household, was as for the other non co-operating households, giving an estimate of 260 eligible children.
   - The ‘set’ sample is therefore 3,190 children.
   - Sex of children was only known in co-operating households; 52.4% of the children were boys and 47.6% were girls. These proportions have been applied to the total set sample of children, giving 1,670 boys and 1,519 girls (note that these numbers are estimates rounded to the nearest whole number; because of rounding, they do not sum exactly to the total estimated ‘set’ sample).

16 Mid-2009 population estimates, the most recent available at the time of weighting the sample, were obtained from ONS. See: http://www.ons.gov.uk/ons/search/index.html?newquery=2009+mid+year+estimates


18 A Kish grid is a framework to ensure that the dwelling unit is selected without interviewer bias. The number of dwelling units is listed across the top of the grid, with a random number below to indicate which dwelling unit should be selected.
The household types used for the weighting were:
- One adult aged 16-59, no children
- Two adults, both 16-59, no children
- One adult, aged 60 or over, no children
- Two adults, one or both aged 60 or over, no children
- Small family: one or two adults with one or two children
- Large family: one or two adults with three or more children, or three or more adults with two children
- Large adult household: three or more adults with one child or no children.

In the adult trend tables, unweighted bases are provided for years up to 2002, and weighted bases for 2003 onwards (the year from which non-response weighting was introduced). In the children’s trend tables, for years up to 2002 weighted bases are shown, adjusted for probability of selection (since a maximum of two children per household is selected); from 2003 weighted bases are shown corrected for selection and non-response.

---

19 The household types used for the weighting were:
One adult aged 16-59, no children
Two adults, both 16-59, no children
One adult, aged 60 or over, no children
Two adults, one or both aged 60 or over, no children
Small family: one or two adults with one or two children
Large family: one or two adults with three or more children, or three or more adults with two children
Large adult household: three or more adults with one child or no children.

20 In the adult trend tables, unweighted bases are provided for years up to 2002, and weighted bases for 2003 onwards (the year from which non-response weighting was introduced). In the children’s trend tables, for years up to 2002 weighted bases are shown, adjusted for probability of selection (since a maximum of two children per household is selected); from 2003 weighted bases are shown corrected for selection and non-response.


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


1 Household response, by sample type and calendar quarter
2 Household response, by sample type and Strategic Health Authority
3 General population sample: Household response, by dwelling type
4 General population sample: Summary of adults’ individual response to the survey, by sex
5 General population sample: Summary of children's individual response to the survey, by sex
6 General population sample: Men in co-operating households, response to the stages of the survey, by age
7 General population sample: Women in co-operating households, response to the stages of the survey, by age
8 General population sample: All adults in co-operating households, response to the stages of the survey, by age
9 General population sample: Boys in co-operating households, response to the stages of the survey, by age
10 General population sample: Girls in co-operating households, response to the stages of the survey, by age
11 General population sample: All children in co-operating households, response to the stages of the survey, by age
12 Combined general population and boost sample: Boys in co-operating households, response to the stages of the survey, by age
13 Combined general population and boost sample: Girls in co-operating households, response to the stages of the survey, by age
14 Combined general population and boost sample: All children in co-operating households, response to the stages of the survey, by age
15 General population sample: Age distribution of responding adult sample compared with mid-2009 population estimates for England, by sex
16 General population sample: Age distribution of responding child sample compared with mid-2009 population estimates for England, by sex
17 True standard errors and 95% confidence intervals for the prevalence of asthma and COPD in adults
18 True standard errors and 95% confidence intervals for adult spirometry variables
19 True standard errors and 95% confidence intervals for the prevalence of asthma in children
20 True standard errors and 95% confidence intervals for children's spirometry variables
21 True standard errors and 95% confidence intervals for sexual experience, contraception and sexual health
22 True standard errors and 95% confidence intervals for well-being scores
23 True standard errors and 95% confidence intervals for the prevalence of self-reported doctor-diagnosed kidney disease and having been tested for kidney disease
24 True standard errors and 95% confidence intervals for kidney function variables
25 True standard errors and 95% confidence intervals for dental health
26 True standard errors and 95% confidence intervals for adult body mass index (BMI), underweight, overweight and obesity prevalence
27 True standard errors and 95% confidence intervals for children’s BMI and BMI status
28 Reference intervals for blood, urine and saliva analytes
29 Internal quality control results for total cholesterol
30 Internal quality control results for HDL-cholesterol
31 Internal quality control results for glycated haemoglobin (HbA1c)
32 Internal quality control results for serum creatinine
33 Internal quality control results for Vitamin D
34 Internal quality control results for urinary sodium
35 Internal quality control results for urinary potassium
36 Internal quality control results for urinary creatinine
37 Internal quality control results for urinary albumin
38 Internal quality control results for urinary melatonin
39 Internal quality control results for saliva cotinine – LC-MS/MS: low calibration range
40 Internal quality control results for saliva cotinine – LC-MS/MS: high calibration range
41 External quality assessment results for total cholesterol
42 External quality assessment results for HDL-cholesterol
43 External quality assessment results for glycated haemoglobin (HbA1c)
44 External quality assessment results for serum creatinine
45 External quality assessment results for Vitamin D
46 External quality assessment results for urinary sodium
47 External quality assessment results for urinary potassium
48 External quality assessment results for urinary creatinine
49 External quality assessment results for urinary albumin
## Table 1

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

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Survey quarter</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>N</th>
<th>%</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Mar</td>
<td>Apr-Jun</td>
<td>Jul-Sep</td>
<td>Oct-Dec</td>
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<tr>
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<td></td>
<td></td>
<td></td>
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<td></td>
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<td>2184</td>
<td>2184</td>
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<td></td>
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<td></td>
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<td>Ineligible addresses – type a</td>
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<td>9</td>
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<td>221</td>
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<td>1995</td>
<td>91</td>
<td>1992</td>
<td>91</td>
<td>1963</td>
<td>90</td>
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<td>7936</td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>Co-operating households b</td>
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<td>66</td>
<td>1372</td>
<td>69</td>
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<td>65</td>
<td>1290</td>
<td>65</td>
<td>5249</td>
<td>66</td>
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<tr>
<td>All interviewed</td>
<td>1043</td>
<td>52</td>
<td>1067</td>
<td>54</td>
<td>1014</td>
<td>52</td>
<td>1034</td>
<td>52</td>
<td>4158</td>
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<td>897</td>
<td>45</td>
<td>921</td>
<td>46</td>
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<td>45</td>
<td>885</td>
<td>45</td>
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<td>31</td>
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<td>35</td>
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<td>3</td>
<td>78</td>
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<td>261</td>
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<td>0</td>
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<td>27</td>
<td>509</td>
<td>26</td>
<td>521</td>
<td>27</td>
<td>563</td>
<td>28</td>
<td>2124</td>
<td>27</td>
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<td>Other non-response</td>
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<td>3</td>
<td>56</td>
<td>3</td>
<td>80</td>
<td>4</td>
<td>72</td>
<td>4</td>
<td>272</td>
<td>3</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td>17136</td>
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<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
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<td>239</td>
<td>6</td>
<td>233</td>
<td>5</td>
<td>202</td>
<td>5</td>
<td>898</td>
<td>5</td>
</tr>
<tr>
<td>Ineligible addresses – type b d</td>
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<td>74</td>
<td>3172</td>
<td>74</td>
<td>3176</td>
<td>74</td>
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<td>77</td>
<td>12828</td>
<td>75</td>
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<tr>
<td>Total eligible households a</td>
<td>870</td>
<td>20</td>
<td>873</td>
<td>20</td>
<td>875</td>
<td>20</td>
<td>792</td>
<td>18</td>
<td>3410</td>
<td>20</td>
</tr>
<tr>
<td>Household response</td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Co-operating households b</td>
<td>637</td>
<td>73</td>
<td>636</td>
<td>73</td>
<td>572</td>
<td>65</td>
<td>554</td>
<td>70</td>
<td>2399</td>
<td>70</td>
</tr>
<tr>
<td>All interviewed</td>
<td>635</td>
<td>73</td>
<td>633</td>
<td>73</td>
<td>570</td>
<td>65</td>
<td>550</td>
<td>69</td>
<td>2388</td>
<td>70</td>
</tr>
<tr>
<td>Fully co-operating f</td>
<td>605</td>
<td>70</td>
<td>593</td>
<td>68</td>
<td>524</td>
<td>60</td>
<td>513</td>
<td>65</td>
<td>2235</td>
<td>66</td>
</tr>
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<td>Non-responding households</td>
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<td>27</td>
<td>237</td>
<td>27</td>
<td>303</td>
<td>35</td>
<td>238</td>
<td>30</td>
<td>1011</td>
<td>30</td>
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<td>2</td>
<td>33</td>
<td>4</td>
<td>12</td>
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<td>76</td>
<td>2</td>
</tr>
<tr>
<td>Unknown eligibility g</td>
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<td>2</td>
<td>20</td>
<td>2</td>
<td>29</td>
<td>3</td>
<td>14</td>
<td>2</td>
<td>81</td>
<td>2</td>
</tr>
<tr>
<td>Refusal</td>
<td>183</td>
<td>21</td>
<td>192</td>
<td>22</td>
<td>223</td>
<td>25</td>
<td>201</td>
<td>25</td>
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<td>1</td>
<td>18</td>
<td>2</td>
<td>11</td>
<td>1</td>
<td>55</td>
<td>2</td>
</tr>
<tr>
<td><strong>Base: all eligible households</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boost sample</td>
<td>870</td>
<td>873</td>
<td>875</td>
<td>792</td>
<td>3410</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

---

a Addresses where no private households were found.

b Households where at least one person was interviewed.

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

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

e Includes 27 not screened but assumed to be eligible.

f All eligible household members were interviewed, had height and weight measured (no nurse visit offered).

g Includes 27 not screened so eligibility not known.
### Table 2

#### Household response, by sample type and Strategic Health Authority

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Strategic Health Authority</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North East</td>
<td>North West</td>
</tr>
<tr>
<td>Selected addresses</td>
<td>767 1108 832 772 840 896 1127</td>
<td>772 771 841 8736</td>
</tr>
<tr>
<td>Ineligible addresses – type a</td>
<td>79 10 109 10 72 9 62 8 82 10 68 8 120 11 66 9 56 7 86 10 800 9</td>
<td></td>
</tr>
<tr>
<td>Total eligible households</td>
<td>688 90 1009 90 760 91 710 92 758 90 828 92 1007 89 706 91 715 93 755 90 7936 91</td>
<td></td>
</tr>
</tbody>
</table>

#### Households response

| Co-operating households b | 482 70 686 68 508 67 508 72 548 72 566 68 543 54 452 64 467 65 489 65 5249 66 |
| All interviewed           | 376 55 578 57 405 53 389 55 438 58 456 55 411 41 359 51 348 49 398 53 4158 52 |
| Fully co-operating c      | 318 46 492 49 351 46 344 48 376 50 388 47 344 34 313 44 300 42 383 48 3589 45 |
| Non-responding households | 206 30 323 32 253 32 202 28 210 28 262 32 464 46 254 36 248 35 266 35 2687 34 |

| No contact                | 30 4 22 2 32 4 12 2 20 3 21 3 63 6 26 4 16 2 19 3 261 3 |
| Unknown eligibility       | 2 0 3 0 7 1 3 0 1 0 1 0 5 0 4 1 1 0 3 0 30 0 |
| Refusal                   | 161 23 268 27 183 24 167 24 174 23 213 26 337 33 202 29 204 29 215 28 2124 27 |
| Other non-response        | 13 2 30 3 30 4 20 3 15 2 27 3 59 6 22 3 27 4 29 4 272 3 |

#### Boost sample

| Co-operating households b | 184 72 309 76 227 66 225 74 251 71 248 72 323 66 192 66 229 70 211 71 2399 70 |
| All interviewed           | 183 72 309 76 225 66 225 74 248 70 246 71 323 66 192 66 228 70 209 70 2388 70 |
| Fully co-operating f      | 162 64 297 73 220 64 209 69 236 67 228 66 297 61 177 61 212 65 197 66 2235 66 |
| Non-responding households | 71 28 96 24 115 34 78 26 101 29 98 28 166 34 100 34 99 30 87 29 1011 30 |

| No contact                | 5 2 5 1 8 2 1 0 5 1 1 0 26 5 12 4 6 2 7 2 78 2 |
| Unknown eligibility g     | 3 1 2 0 16 5 6 2 11 3 4 1 18 4 11 4 6 2 4 1 81 2 |
| Refusal                   | 62 24 83 20 82 24 69 23 79 22 87 25 105 21 74 25 86 26 72 24 799 23 |
| Other non-response        | 1 0 6 1 9 3 2 1 6 2 6 2 17 3 3 1 1 0 4 1 55 2 |

#### Households response

**Base: all eligible households**

| General population sample | 688 1009 760 710 758 828 1007 706 715 755 7936 |
| Boost sample              | 255 405 342 303 352 346 489 292 328 298 3410 |

---

a Addresses where no private households were found.
b Households where at least one person was interviewed.
c All eligible household members were interviewed, had height and weight measured and had a nurse visit.
d Boost sample addresses where no persons aged 2-15 were found.
e Includes 27 not screened but assumed to be eligible.
f All eligible household members were interviewed, had height and weight measured (no nurse visit offered).
g Includes 27 not screened so eligibility not known.
### Table 3

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

<table>
<thead>
<tr>
<th>Household response</th>
<th>Dwelling type</th>
<th>2010</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Detached house</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Co-operating households</td>
<td></td>
<td>72</td>
<td>67</td>
</tr>
<tr>
<td>All interviewed</td>
<td></td>
<td>55</td>
<td>52</td>
</tr>
<tr>
<td>Fully co-operatingd</td>
<td></td>
<td>48</td>
<td>43</td>
</tr>
<tr>
<td>Non-responding households</td>
<td></td>
<td>28</td>
<td>33</td>
</tr>
<tr>
<td>No contact</td>
<td></td>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>Unknown eligibility</td>
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<td>0</td>
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</tr>
<tr>
<td>Refusal</td>
<td></td>
<td>25</td>
<td>28</td>
</tr>
<tr>
<td>Other non-response</td>
<td></td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Base: all eligible households</td>
<td></td>
<td>1817</td>
<td>2451</td>
</tr>
</tbody>
</table>

- a Includes maisonette.
- b Households where at least one person was interviewed.
- c Data not shown because the base is too small.
- d All eligible household members were interviewed, had height and weight measured and had a nurse visit.

### Table 4

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

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Men</th>
<th>Women</th>
<th>All adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Interviewed</td>
<td>3702</td>
<td>54</td>
<td>4718</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>946</td>
<td>14</td>
<td>400</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>2240</td>
<td>32</td>
<td>2467</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-completion</td>
<td>3427</td>
<td>50</td>
<td>4418</td>
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<tr>
<td>Height</td>
<td>3252</td>
<td>48</td>
<td>4127</td>
</tr>
<tr>
<td>Weight</td>
<td>3195</td>
<td>47</td>
<td>3923</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>2397</td>
<td>35</td>
<td>3190</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>2378</td>
<td>35</td>
<td>3053</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>2369</td>
<td>35</td>
<td>3066</td>
</tr>
<tr>
<td>Spirometry</td>
<td>1150</td>
<td>23</td>
<td>2110</td>
</tr>
<tr>
<td>Blood sample</td>
<td>1832</td>
<td>27</td>
<td>2304</td>
</tr>
<tr>
<td>Urine sample</td>
<td>2118</td>
<td>31</td>
<td>2733</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>2288</td>
<td>34</td>
<td>2964</td>
</tr>
<tr>
<td>Base: set samplea</td>
<td>6829</td>
<td>7519</td>
<td>14348</td>
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</tbody>
</table>

- a For the method of estimating the adult ‘set’ sample, see section 6.3. Estimated bases have been rounded to whole numbers.
Table 5

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

Estimated child sample ('set' sample of children aged 0-15) 2010

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Interviewed</td>
<td>1075</td>
<td>64.00</td>
<td>999</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>88</td>
<td>5.00</td>
<td>79</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>559</td>
<td>30.00</td>
<td>488</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>753</td>
<td>45.00</td>
<td>716</td>
</tr>
<tr>
<td>Weight</td>
<td>849</td>
<td>51.00</td>
<td>802</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>694</td>
<td>42.00</td>
<td>633</td>
</tr>
</tbody>
</table>

Base: set sample\(^a\) 1670 1519 3190

\(^a\) For the method of estimating the child ‘set’ sample, see section 6.4. Estimated bases have been rounded.
### Table 6

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

**Men aged 16 and over in co-operating households 2010**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>16-24</th>
<th>25-34</th>
<th>35-44</th>
<th>45-54</th>
<th>55-64</th>
<th>65-74</th>
<th>75+</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
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<sup>a</sup> Includes non-responders to interview as well as those where measurements not obtained.

<sup>b</sup> Includes non-responders to interview.
### Table 7

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

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</table>

**Bases**

Women aged 16 and over in co-operating households

| Bases | 621 | 761 | 877 | 923 | 773 | 585 | 578 | 5118 |

---

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

*b* Includes non-responders to interview.
### Table 8

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

_All adults aged 16 and over in co-operating households_ 2010

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<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
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<tr>
<td></td>
<td>%</td>
<td>%</td>
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<tr>
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<td>47</td>
</tr>
<tr>
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<td>52</td>
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</table>

**Bases**

_All adults aged 16 and over in co-operating households_

| 1238 | 1422 | 1690 | 1749 | 1523 | 1146 | 998 | 9766 |

<sup>a</sup> Includes non-responders to interview as well as those where measurements not obtained.

<sup>b</sup> Includes non-responders to interview.
### Table 9

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

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<tr>
<td><strong>Height²</strong></td>
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</tr>
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<tr>
<td>Refused</td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>Not contacted/not obtained ²</td>
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</tr>
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<td><strong>Weight²</strong></td>
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</tr>
<tr>
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<td>³All eligible boys aged 4-15 in co-operating households</td>
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<td>⁴All eligible boys aged 5-15 in co-operating households</td>
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<td>⁶All eligible boys aged 11-15 in co-operating households</td>
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a Includes non-responders to interview as well as those where measurements not obtained.

b Includes non-responders to interview.
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<td>No nurse visit⁵</td>
<td>47</td>
<td>41</td>
<td>44</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>8</td>
<td>2</td>
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</tr>
<tr>
<td><strong>Spirometry⁶</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>33</td>
<td>34</td>
<td>34</td>
</tr>
<tr>
<td>No nurse visit⁵</td>
<td>41</td>
<td>44</td>
<td>42</td>
</tr>
<tr>
<td>Refused/not obtained/ ineligible</td>
<td>8</td>
<td>5</td>
<td>6</td>
</tr>
<tr>
<td>Unsuccessful attempt</td>
<td>18</td>
<td>18</td>
<td>18</td>
</tr>
<tr>
<td><strong>Waist/hip⁵</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>55</td>
<td>55</td>
<td></td>
</tr>
<tr>
<td>No nurse visit⁵</td>
<td>44</td>
<td>44</td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

**Bases**

¹ All eligible girls in co-operating households
² All eligible girls aged 2-15 in co-operating households
³ All eligible girls aged 4-15 in co-operating households
⁴ All eligible girls aged 5-15 in co-operating households
⁵ All eligible girls aged 7-15 in co-operating households
⁶ All eligible girls aged 11-15 in co-operating households

a Includes non-responders to interview as well as those where measurements not obtained.
b Includes non-responders to interview.
**Table 11**

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

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td>All children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed¹</td>
<td>98</td>
<td>97</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Height²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>70</td>
<td>78</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>7</td>
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<tr>
<td>Measurement not attempted</td>
<td>18</td>
<td>11</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Weight¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>63</td>
<td>74</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>23</td>
<td>17</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>7</td>
<td>4</td>
</tr>
<tr>
<td>Nurse visit¹</td>
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<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>65</td>
<td>64</td>
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</tr>
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<td>Refused/no contact at nurse visit</td>
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<td>19</td>
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<td>Saliva sample³</td>
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<td></td>
</tr>
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<td>15</td>
</tr>
<tr>
<td>Blood pressure⁴</td>
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<td></td>
</tr>
<tr>
<td>Measured</td>
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</tr>
<tr>
<td>No nurse visit⁵</td>
<td>43</td>
<td>41</td>
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<tr>
<td>Refused/not obtained</td>
<td>9</td>
<td>4</td>
</tr>
<tr>
<td>Spirometry⁵</td>
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<tr>
<td>Measured</td>
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<tr>
<td>No nurse visit⁵</td>
<td>41</td>
<td>46</td>
</tr>
<tr>
<td>Refused/not obtained/ ineligible</td>
<td>10</td>
<td>4</td>
</tr>
<tr>
<td>Waist/hip⁶</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
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<tr>
<td>No nurse visit⁵</td>
<td>46</td>
<td>46</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>1</td>
</tr>
</tbody>
</table>

**Bases**

¹All eligible children in co-operating households 287 474 265 498 717 2241
²All eligible children aged 2-15 in co-operating households 474 265 498 717 1954
³All eligible children aged 4-15 in co-operating households 157 265 498 717 1717
⁴All eligible children aged 5-15 in co-operating households 265 498 717 1480
⁵All eligible children aged 7-15 in co-operating households 498 717 1215
⁶All eligible children aged 11-15 in co-operating households 717 717

ᵃIncludes non-responders to interview as well as those where measurements not obtained.
ᵇIncludes non-responders to interview.
### Table 12
#### Combined general population and boost sample: Boys in co-operating households, response to the stages of the survey, by age

_Eligible boys aged 0-15 in co-operating households_ 2010

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
<th>0-1</th>
<th>2-4</th>
<th>5-6</th>
<th>7-10</th>
<th>11-15</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed¹</td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
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<td>99</td>
<td>98</td>
<td>98</td>
<td>94</td>
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<td>1</td>
<td>2</td>
<td>2</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Height²</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
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<td>86</td>
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<td>83</td>
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<tr>
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</tr>
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<td>8</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
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<td>2</td>
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<tr>
<td><strong>Weight¹</strong></td>
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<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Measured</td>
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<td>79</td>
<td>85</td>
<td>86</td>
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<td>82</td>
<td>82</td>
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<td>Refused</td>
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<td>5</td>
<td>4</td>
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<td>5</td>
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<td>9</td>
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<tr>
<td>Not contacted/not obtained³</td>
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<td>2</td>
<td>7</td>
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<tr>
<td>¹All eligible boys in co-operating households</td>
<td>143</td>
<td>690</td>
<td>393</td>
<td>769</td>
<td>1024</td>
<td>3019</td>
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</tr>
<tr>
<td>²All eligible boys aged 2-15 in co-operating households</td>
<td>690</td>
<td>393</td>
<td>769</td>
<td>1024</td>
<td>2876</td>
<td></td>
<td></td>
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</tbody>
</table>

³Includes non-responders to interview as well as those where measurements not obtained.

---

### Table 13
#### Combined general population and boost sample: Girls in co-operating households, response to the stages of the survey, by age

_Eligible girls aged 0-15 in co-operating households_ 2010

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
<th>0-1</th>
<th>2-4</th>
<th>5-6</th>
<th>7-10</th>
<th>11-15</th>
</tr>
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<tbody>
<tr>
<td><strong>Girls</strong></td>
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<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
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<td>Interviewed¹</td>
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<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>99</td>
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<td>99</td>
<td>97</td>
<td>94</td>
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<tr>
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<td>1</td>
<td>1</td>
<td>3</td>
<td>6</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td><strong>Height²</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Measured</td>
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<td>86</td>
<td>88</td>
<td>84</td>
<td>85</td>
<td>85</td>
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</tr>
<tr>
<td>Refused</td>
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<td>4</td>
<td>5</td>
<td>4</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Measurement not attempted</td>
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<td>10</td>
<td>6</td>
<td>5</td>
<td>7</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
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<td>3</td>
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<td><strong>Weight¹</strong></td>
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<td>86</td>
<td>81</td>
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<td>3</td>
<td>4</td>
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<td>5</td>
<td>5</td>
</tr>
<tr>
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<td>9</td>
<td>6</td>
<td>5</td>
<td>8</td>
<td>8</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
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<td>2</td>
<td>1</td>
<td>3</td>
<td>7</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td><strong>Bases</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>¹All eligible girls in co-operating households</td>
<td>144</td>
<td>654</td>
<td>380</td>
<td>717</td>
<td>955</td>
<td>2850</td>
<td></td>
</tr>
<tr>
<td>²All eligible girls aged 2-15 in co-operating households</td>
<td>654</td>
<td>380</td>
<td>717</td>
<td>955</td>
<td>2706</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

³Includes non-responders to interview as well as those where measurements not obtained.
Table 14

Combined general population and boost sample: All children in co-operating households, response to the stages of the survey, by age

Eligible children aged 0-15 in co-operating households 2010

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td>All children</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed¹</td>
<td>98</td>
<td>99</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Height²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>79</td>
<td>86</td>
</tr>
<tr>
<td>Refused</td>
<td>5</td>
<td>4</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Weight¹</td>
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<td>Measured</td>
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<td>6</td>
<td>4</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>23</td>
<td>12</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

| Bases                |       |       |       |       |       |     |     |     |     |     |
|----------------------|-------|-------|-------|-------|-------|     |     |     |     |     |
| ¹All eligible children in co-operating households | 287  | 1344  | 773  | 1486  | 1979  | 5869|     |     |     |     |
| ²All eligible children aged 2-15 in co-operating households | 1344  | 773   | 1486  | 1979  | 5582  |     |     |     |     |     |

a Includes non-responders to interview as well as those where measurements not obtained.
### Table 15
General population sample: Age distribution of responding adult sample compared with mid-2009 population estimates for England, by sex

<table>
<thead>
<tr>
<th>Age group</th>
<th>Health survey responding adult sample</th>
<th>Mid-2009 population estimates(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>10</td>
<td>9</td>
</tr>
<tr>
<td>25-34</td>
<td>13</td>
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<td>35-44</td>
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<td>45-54</td>
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<td>55-64</td>
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<td>11</td>
</tr>
<tr>
<td>All men(^b)</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>10</td>
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<td>35-44</td>
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<td>45-54</td>
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<td>19</td>
</tr>
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<td>55-64</td>
<td>15</td>
<td>16</td>
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<tr>
<td>65-74</td>
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<td>12</td>
</tr>
<tr>
<td>75 and over</td>
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<td>11</td>
</tr>
<tr>
<td>All women(^b)</td>
<td>56</td>
<td>57</td>
</tr>
</tbody>
</table>

**Bases:**

- Men: 3702 2397 20,653
- Women: 4718 3190 21,399

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

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

### Table 16
General population sample: Age distribution of responding child sample compared with mid-2009 population estimates for England, by sex

<table>
<thead>
<tr>
<th>Age group</th>
<th>Health survey responding child sample</th>
<th>Mid-2009 population estimates(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>13</td>
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</tr>
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<td>2-3</td>
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<td>4-5</td>
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<td>6-7</td>
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<td>14-15</td>
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</tr>
<tr>
<td>All boys(^b)</td>
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<td>52</td>
</tr>
<tr>
<td><strong>Girls</strong></td>
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</tr>
<tr>
<td>0-1</td>
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<td>11</td>
</tr>
<tr>
<td>14-15</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>All girls(^b)</td>
<td>48</td>
<td>48</td>
</tr>
</tbody>
</table>

**Bases:**

- Boys: 1075 694 4,999
- Girls: 999 633 4,768

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

\(^b\) Note that the percentages for age groups within sex are based on all respondents of that sex (they may not sum to 100% because of rounding). The ‘All boys’ and ‘All girls’ percentages are based on all children.
### Table 17

**True standard errors and 95% confidence intervals for the prevalence of asthma and COPD in adults**

**Aged 16 and over 2010**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men 16+</td>
<td>Doctor-diagnosed asthma</td>
<td>16.1</td>
<td>3699</td>
<td>4175</td>
<td>0.65</td>
<td>14.8, 17.3</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>Doctor-diagnosed COPD</td>
<td>4.2</td>
<td>3697</td>
<td>4173</td>
<td>0.33</td>
<td>3.6, 4.8</td>
<td>1.04</td>
</tr>
<tr>
<td>Women 16+</td>
<td>Doctor-diagnosed asthma</td>
<td>17.0</td>
<td>4716</td>
<td>4328</td>
<td>0.60</td>
<td>15.8, 18.2</td>
<td>1.04</td>
</tr>
<tr>
<td></td>
<td>Doctor-diagnosed COPD</td>
<td>5.0</td>
<td>4710</td>
<td>4324</td>
<td>0.32</td>
<td>4.4, 5.7</td>
<td>0.97</td>
</tr>
</tbody>
</table>

### Table 18

**True standard errors and 95% confidence intervals for adult spirometry variables**

**Aged 16 and over with valid spirometry 2010**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean % (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men 16+</td>
<td>FEV1 mean % predicted</td>
<td>92.4</td>
<td>1440</td>
<td>1593</td>
<td>0.44</td>
<td>91.6, 93.3</td>
<td>1.61</td>
</tr>
<tr>
<td></td>
<td>FVC mean % predicted</td>
<td>96.2</td>
<td>1440</td>
<td>1593</td>
<td>0.40</td>
<td>95.4, 97.0</td>
<td>1.67</td>
</tr>
<tr>
<td></td>
<td>FEV1/FVC mean % predicted</td>
<td>95.2</td>
<td>1440</td>
<td>1593</td>
<td>0.31</td>
<td>94.6, 95.8</td>
<td>1.74</td>
</tr>
<tr>
<td>Women 16+</td>
<td>FEV1 mean % predicted</td>
<td>92.7</td>
<td>1966</td>
<td>1664</td>
<td>0.42</td>
<td>91.9, 93.5</td>
<td>1.60</td>
</tr>
<tr>
<td></td>
<td>FVC mean % predicted</td>
<td>96.6</td>
<td>1966</td>
<td>1664</td>
<td>0.37</td>
<td>95.8, 97.3</td>
<td>1.58</td>
</tr>
<tr>
<td></td>
<td>FEV1/FVC mean % predicted</td>
<td>94.9</td>
<td>1966</td>
<td>1664</td>
<td>0.22</td>
<td>94.5, 95.3</td>
<td>1.49</td>
</tr>
</tbody>
</table>

### Table 19

**True standard errors and 95% confidence intervals for the prevalence of asthma in children**

**Aged 0-15 2010**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Men 16+</td>
<td>Doctor-diagnosed asthma</td>
<td>17.4</td>
<td>2921</td>
<td>2909</td>
<td>0.76</td>
<td>15.9, 18.9</td>
<td>1.08</td>
</tr>
<tr>
<td>Women 16+</td>
<td>Doctor-diagnosed asthma</td>
<td>12.3</td>
<td>2763</td>
<td>2773</td>
<td>0.68</td>
<td>11.0, 13.7</td>
<td>1.09</td>
</tr>
</tbody>
</table>

### Table 20

**True standard errors and 95% confidence intervals for children's spirometry variables**

**Aged 7-15 with valid spirometry 2010**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean % (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys 7-15</td>
<td>FEV1 mean % predicted</td>
<td>96.2</td>
<td>184</td>
<td>168</td>
<td>1.33</td>
<td>93.5, 98.8</td>
<td>1.12</td>
</tr>
<tr>
<td></td>
<td>FVC mean % predicted</td>
<td>98.9</td>
<td>184</td>
<td>168</td>
<td>1.26</td>
<td>96.4, 101.3</td>
<td>1.13</td>
</tr>
<tr>
<td></td>
<td>FEV1/FVC mean % predicted</td>
<td>96.2</td>
<td>184</td>
<td>168</td>
<td>0.56</td>
<td>95.1, 97.3</td>
<td>1.06</td>
</tr>
<tr>
<td>Girls 7-15</td>
<td>FEV1 mean % predicted</td>
<td>95.2</td>
<td>161</td>
<td>143</td>
<td>0.98</td>
<td>93.3, 97.1</td>
<td>0.97</td>
</tr>
<tr>
<td></td>
<td>FVC mean % predicted</td>
<td>99.4</td>
<td>161</td>
<td>143</td>
<td>0.97</td>
<td>97.5, 101.4</td>
<td>0.92</td>
</tr>
<tr>
<td></td>
<td>FEV1/FVC mean % predicted</td>
<td>95.0</td>
<td>161</td>
<td>143</td>
<td>0.48</td>
<td>94.1, 96.0</td>
<td>1.01</td>
</tr>
</tbody>
</table>
### Table 21

**True standard errors and 95% confidence intervals for sexual experience, contraception and sexual health**

*Aged 16-69*  
2010

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16-69</strong></td>
<td>Ever had sex with a woman</td>
<td>91.9</td>
<td>2479</td>
<td>2954</td>
<td>0.70</td>
<td>90.6, 93.3</td>
<td>1.39</td>
</tr>
<tr>
<td></td>
<td>Ever had sex with a man</td>
<td>2.5</td>
<td>2505</td>
<td>2980</td>
<td>0.44</td>
<td>1.7, 3.4</td>
<td>1.52</td>
</tr>
<tr>
<td></td>
<td>Doctor-diagnosed sexually transmitted infections</td>
<td>8.7</td>
<td>2157</td>
<td>2499</td>
<td>0.68</td>
<td>7.4, 10.1</td>
<td>1.20</td>
</tr>
<tr>
<td><strong>Women 16-69</strong></td>
<td>Ever had sex with a woman</td>
<td>94.3</td>
<td>3201</td>
<td>3004</td>
<td>0.56</td>
<td>93.2, 95.4</td>
<td>1.32</td>
</tr>
<tr>
<td></td>
<td>Ever had sex with a woman</td>
<td>2.7</td>
<td>3192</td>
<td>2997</td>
<td>0.32</td>
<td>2.1, 3.3</td>
<td>1.08</td>
</tr>
<tr>
<td></td>
<td>Usually use any contraception</td>
<td>68.2</td>
<td>2481</td>
<td>2397</td>
<td>1.03</td>
<td>66.2, 70.2</td>
<td>1.07</td>
</tr>
<tr>
<td></td>
<td>Doctor-diagnosed sexually transmitted infections (excluding vaginal candidiasis)</td>
<td>12.4</td>
<td>2686</td>
<td>2487</td>
<td>0.73</td>
<td>10.9, 13.8</td>
<td>1.09</td>
</tr>
</tbody>
</table>

*a Questions on usual method of contraception were asked only of women aged 16-54; all other figures in this table are based on adults aged 16-69.

### Table 22

**True standard errors and 95% confidence intervals for well-being scores**

*Aged 16 and over*  
2010

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/ % (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>WEMWBS</td>
<td>51.1</td>
<td>3066</td>
<td>3456</td>
<td>0.18</td>
<td>50.7, 51.4</td>
<td>1.15</td>
</tr>
<tr>
<td></td>
<td>GHQ12 score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% score 0</td>
<td>63.3</td>
<td>3279</td>
<td>3677</td>
<td>0.93</td>
<td>61.4, 65.1</td>
<td>1.16</td>
</tr>
<tr>
<td></td>
<td>% score 1-3</td>
<td>22.9</td>
<td>3279</td>
<td>3677</td>
<td>0.82</td>
<td>21.3, 24.5</td>
<td>1.18</td>
</tr>
<tr>
<td></td>
<td>% score 4 or more</td>
<td>13.8</td>
<td>3279</td>
<td>3677</td>
<td>0.67</td>
<td>12.5, 15.1</td>
<td>1.17</td>
</tr>
<tr>
<td></td>
<td>Happiness scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean score</td>
<td>7.9</td>
<td>2841</td>
<td>3192</td>
<td>0.04</td>
<td>7.8, 8.0</td>
<td>1.23</td>
</tr>
<tr>
<td></td>
<td>EQ-5D VAS score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean score</td>
<td>78.8</td>
<td>3132</td>
<td>3522</td>
<td>0.30</td>
<td>78.2, 79.4</td>
<td>1.1</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>WEMWBS</td>
<td>50.8</td>
<td>3897</td>
<td>3573</td>
<td>0.17</td>
<td>50.5, 51.2</td>
<td>1.05</td>
</tr>
<tr>
<td></td>
<td>GHQ12 score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>% score 0</td>
<td>59.5</td>
<td>4193</td>
<td>3833</td>
<td>0.87</td>
<td>57.8, 61.2</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>% score 1-3</td>
<td>24.8</td>
<td>4193</td>
<td>3833</td>
<td>0.70</td>
<td>23.4, 26.2</td>
<td>0.99</td>
</tr>
<tr>
<td></td>
<td>% score 4 or more</td>
<td>15.6</td>
<td>4193</td>
<td>3833</td>
<td>0.64</td>
<td>14.4, 16.9</td>
<td>1.09</td>
</tr>
<tr>
<td></td>
<td>Happiness scale</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean score</td>
<td>8.0</td>
<td>3630</td>
<td>3344</td>
<td>0.03</td>
<td>7.9, 8.1</td>
<td>1.07</td>
</tr>
<tr>
<td></td>
<td>EQ5D VAS score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean score</td>
<td>78.6</td>
<td>3998</td>
<td>3680</td>
<td>0.31</td>
<td>78.0, 79.2</td>
<td>1.09</td>
</tr>
</tbody>
</table>
### Table 23

**True standard errors and 95% confidence intervals for the prevalence of self-reported doctor-diagnosed kidney disease and having been tested for kidney disease**

**Aged 16 and over**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have doctor-diagnosed chronic kidney disease</td>
<td>1.0</td>
<td>5810</td>
<td>6521</td>
<td>0.13</td>
<td>0.8, 1.3</td>
<td>1.04</td>
</tr>
<tr>
<td>Been tested for kidney disease</td>
<td>7.6</td>
<td>5810</td>
<td>6521</td>
<td>0.37</td>
<td>6.9, 8.3</td>
<td>1.13</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Have doctor-diagnosed chronic kidney disease</td>
<td>1.3</td>
<td>7255</td>
<td>6772</td>
<td>0.13</td>
<td>1.0, 1.5</td>
<td>0.93</td>
</tr>
<tr>
<td>Been tested for kidney disease</td>
<td>7.9</td>
<td>7254</td>
<td>6771</td>
<td>0.33</td>
<td>7.2, 8.5</td>
<td>1.01</td>
</tr>
</tbody>
</table>

### Table 24

**True standard errors and 95% confidence intervals for kidney function variables**

**Aged 16 and over with valid blood/urine samples**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean/ % (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum creatinine mean (mmol/l)</td>
<td>83.7</td>
<td>2707</td>
<td>2925</td>
<td>0.56</td>
<td>82.6, 84.8</td>
<td>1.47</td>
</tr>
<tr>
<td>eGFR levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Normal (90 ml/min/1.73 m² or more)</td>
<td>50.9</td>
<td>2707</td>
<td>2925</td>
<td>1.18</td>
<td>48.6, 53.2</td>
<td>1.80</td>
</tr>
<tr>
<td>% with 60-89 ml/min/1.73 m²</td>
<td>43.3</td>
<td>2707</td>
<td>2925</td>
<td>1.11</td>
<td>41.2, 45.5</td>
<td>1.70</td>
</tr>
<tr>
<td>% with 30-59 ml/min/1.73 m²</td>
<td>5.6</td>
<td>2707</td>
<td>2925</td>
<td>0.45</td>
<td>4.7, 6.5</td>
<td>1.51</td>
</tr>
<tr>
<td>% with less than 30 ml/min/1.73 m²</td>
<td>0.2</td>
<td>2707</td>
<td>2925</td>
<td>0.08</td>
<td>0.0, 0.3</td>
<td>1.35</td>
</tr>
<tr>
<td>Urinary albumin excretion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>91.1</td>
<td>3363</td>
<td>3712</td>
<td>0.51</td>
<td>90.1, 92.1</td>
<td>1.42</td>
</tr>
<tr>
<td>Micro-albuminuria</td>
<td>8.4</td>
<td>3363</td>
<td>3712</td>
<td>0.50</td>
<td>7.4, 9.4</td>
<td>1.43</td>
</tr>
<tr>
<td>Macro-albuminuria</td>
<td>0.5</td>
<td>3363</td>
<td>3712</td>
<td>0.12</td>
<td>0.3, 0.7</td>
<td>1.34</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Serum creatinine mean (mmol/l)</td>
<td>65.6</td>
<td>3281</td>
<td>3038</td>
<td>0.26</td>
<td>65.1, 66.1</td>
<td>1.46</td>
</tr>
<tr>
<td>eGFR levels</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>% Normal (90 ml/min/1.73 m² or more)</td>
<td>48.5</td>
<td>3281</td>
<td>3038</td>
<td>1.07</td>
<td>46.4, 50.6</td>
<td>1.67</td>
</tr>
<tr>
<td>% with 60-89 ml/min/1.73 m²</td>
<td>44.6</td>
<td>3281</td>
<td>3038</td>
<td>1.02</td>
<td>42.6, 46.5</td>
<td>1.59</td>
</tr>
<tr>
<td>% with 30-59 ml/min/1.73 m²</td>
<td>6.8</td>
<td>3281</td>
<td>3038</td>
<td>0.44</td>
<td>5.9, 7.6</td>
<td>1.36</td>
</tr>
<tr>
<td>% with less than 30 ml/min/1.73 m²</td>
<td>0.2</td>
<td>3281</td>
<td>3038</td>
<td>0.08</td>
<td>0.0, 0.4</td>
<td>1.37</td>
</tr>
<tr>
<td>Urinary albumin excretion</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Normal</td>
<td>91.7</td>
<td>4229</td>
<td>3880</td>
<td>0.52</td>
<td>90.7, 92.7</td>
<td>1.52</td>
</tr>
<tr>
<td>Micro-albuminuria</td>
<td>7.7</td>
<td>4229</td>
<td>3880</td>
<td>0.49</td>
<td>6.8, 8.7</td>
<td>1.48</td>
</tr>
<tr>
<td>Macro-albuminuria</td>
<td>0.5</td>
<td>4229</td>
<td>3880</td>
<td>0.13</td>
<td>0.3, 0.8</td>
<td>1.38</td>
</tr>
</tbody>
</table>
### Table 25

**True standard errors and 95% confidence intervals for dental health**

**Aged 16 and over 2010**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Base</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defe</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Functional dentition (at least 20 natural teeth)</td>
<td>82.0</td>
<td>3696</td>
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<td>4325</td>
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### Table 26

**True standard errors and 95% confidence intervals for adult body mass index (BMI), underweight, overweight and obesity prevalence**

**Aged 16 and over with both valid height and weight measurements 2010**

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<th>Base</th>
<th>Characteristic</th>
<th>Mean/ % (p)</th>
<th>Sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
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<td>24.6</td>
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<td>%</td>
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<td>Personal tobacco use</td>
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</table>

**Table 28**

Reference intervals for blood*, urine* and saliva* analytes

---

* Biochemistry and haematology laboratories, Royal Victoria Infirmary, Newcastle-upon-Tyne.


c Although the analytical methods remained unchanged, the equipment used for some analytes changed on 12th April 2010. Where this affected the values measured and the reference ranges, two reference ranges have been provided in the table.

d The reference range did not change in this period.

e Vitamin D deficiency: <25 nmol/L; Vitamin D levels of 25-50 nmol/L indicate vitamin D insufficiency. Serum levels vary with exposure to sunlight, peaking in the summer months.

f No reference ranges are available for spot urines for sodium, potassium and melatonin.
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<th>Level</th>
<th>Level Achieved</th>
<th>Range Achieved</th>
<th>SD Achieved</th>
<th>CV (%) Achieved</th>
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<td>6.70/6.63</td>
<td>6.4-7.0</td>
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<tr>
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Table 30

Internal quality control results for HDL-cholesterol

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### Table 32

**Internal quality control results for serum creatinine**

2010

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### Table 33

**Internal quality control results for vitamin D**

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<th>SD (nmol/L)</th>
<th>CV (%) Achieved</th>
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Table 34

Internal quality control results for urinary sodium

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<th>Acceptable Range (mmol/L)</th>
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<th>CV (%) Achieved</th>
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<td>79-83</td>
<td>0.8</td>
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### Table 35

**Internal quality control results for urinary potassium**

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<td>28-31</td>
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<td>1.8</td>
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<td>28-31</td>
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### Table 36

**Internal quality control results for urinary creatinine**

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Table 37

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<th>SD (mg/L) Achieved</th>
<th>CV (%) Achieved</th>
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a New lot number for the IQC was used from November 2010 onwards.
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<th>SD (ng/ml) Achieved</th>
<th>CV (%) Achieved</th>
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a No run carried out in May–October, December 2011 due to staffing issues. Samples stored for analysis at a later date.
Table 39

<table>
<thead>
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<th>Date</th>
<th>Level (ng/ml) Achieved</th>
<th>SD (ng/ml) Achieved</th>
<th>CV (%) Achieved</th>
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<tr>
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<tr>
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<tr>
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*Samples for non-smokers were analysed with the LC-MS/MS assay using the range 0.1 to 100 ng/mL. For self-reported smokers, samples were initially assayed using a high calibration range assay on the LC-MS/MS equipment (see next table), and any that were below 10 ng/mL were then reassayed with the low range assay.

Table 40

<table>
<thead>
<tr>
<th>Date</th>
<th>Level (ng/ml) Achieved</th>
<th>SD (ng/ml) Achieved</th>
<th>CV (%) Achieved</th>
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<td>250.00/254.34</td>
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*Samples for self-reported smokers were analysed with the LC-MS/MS assay using the high calibration range 10 to 1,000 ng/mL. If any were found to be below 10 ng/mL, they were then reassayed with the low range assay (see previous table).
Table 41

External quality assessment results for total cholesterol

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<th>Assayed value (mmol/L)</th>
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<td>5.141 5.20</td>
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a Overall mean.

b There were no EQA results for December 2010 or March 2011.

Table 41 continued

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a Overall mean.
### External quality assessment results for HDL-cholesterol

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\(^a\) Overall mean.

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<th>Assayed value (mmol/L)</th>
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\(^a\) Overall mean.
### Table 43

**External quality assessment results for glycated haemoglobin (HbA1c)**

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**Note:**
- Overall mean.
- Variant haemoglobin detected, so no HbA1c measurement made.

### Table 44

**External quality assessment results for serum creatinine**

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**Note:**
- Overall mean.
- There were no EQA results for June 2010 or January 2011.
### Table 45
External quality assessment results for Vitamin D

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*Overall mean.*

### Table 46
External quality assessment results for urinary sodium

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*Overall mean.*

### Table 47
External quality assessment results for urinary potassium

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*Overall mean.*
### Table 48
**External quality assessment results for urinary creatinine**

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\(^a\) Overall mean.

### Table 49
**External quality assessment results for urinary albumin**

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\(^a\) Overall mean.

\(^b\) For assayed values, actual values at or below 5mg/L were recorded as <5mg/L, and actual values at or above 400mg/L were recorded as >400mg/L.
Appendix A

Fieldwork documents

Stage 1 leaflet: Interview
Stage 2 leaflet: Nurse visit
Household questionnaire
Individual questionnaire

Selected show cards (where answer categories are not shown in the questionnaire)

Fresh fruit size coding list

Self completion booklets
8-12 year olds
13-15 year olds
SDQ for parents
Young adult men
Young adult women
Adult men aged 18-69
Adult women aged 18-69
Adults aged 70+

Linkage consents:
Hospital Episode Statistics
NHS Central Register and Cancer Register

Nurse questionnaire
Consent form
Why have we come to your household?
To visit every household in England would take too long and cost too much money. Instead we select a sample of addresses and ask the people at each address to take part in the 2010 Health Survey.

Is the survey confidential?
Yes. We take great care to protect the confidentiality of the information we are given, and take careful steps to ensure that the information is secure at all times. The survey results will not be presented in a form which can reveal your identity. This will only be known to certain members of the NatCen/ UCL research team. The information collected is used for research and statistical purposes only and is dealt with according to the 1998 Data Protection Act.

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

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

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

The nurse will measure blood pressure (for all those aged 5 and over) waist and hip circumferences (for all those aged 11 and over), and how well your lungs are working (for all those aged 7 and over). For everyone aged 4 and over, the nurse will ask for consent to collect a sample of saliva (spit). For adults (aged 16 and over) the nurse will ask for consent to collect a blood sample and urine sample.
The nurse will have to get your written permission before a sample of saliva, blood or urine can be taken. You are of course free to choose not to give a sample, even if you are willing to help the nurse with everything else.

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

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

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

**Will I be able to see the survey results?**
Each year a report is published about Health Survey results. You can find the reports on the Information Centre’s website: www.ic.nhs.uk/pubs/hse08physicalactivity

You can also find more information about the survey at our website: www.healthsurveyforengland.org.

**Who has reviewed the study?**
The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by the Oxford B Research Ethics Committee (Reference no. 09/H0605/73).

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**If I have any other questions?**
We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions or concerns about the survey, please ask the interviewer, or ring one of the contacts listed below, or look at our website.

**If I have a complaint?**
If you have a complaint about something related to the survey, please contact Lesley Mullender using the details below, or contact Kerrie Gemill, Field Services Manager, on 01277 690118 in office hours, or email info@natcen.ac.uk.

Thank you very much for your help with this survey

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For further information, please contact:

Lesley Mullender
Kings House
101-135 Kings Road
Brentwood, Essex
CM14 4LX
Tel: 0800 526 397

Dr. Jennifer Mindell
Department of Epidemiology and Public Health
Royal Free and University College London
Medical School
1-19 Torrington Place
London
WC1E 6BT
Tel: 020 7679 5646

www.healthsurveyforengland.org
The Measurements

Blood pressure (Age 5 years and over)

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

Lung function (Age 7 years and over)

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

We would like to measure the amount of air you can breathe out of your lungs and how quickly you can get it out. This involves blowing in a tube. The amount of air you are able to breathe out depends partly on your height, your age, and how fit you are. Your result can only be interpreted in the light of these factors. The test specifically tells us how well your lungs are working.

Breathing (Age 7 years and over)

We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube, or sucking on an absorbent swab. The sample will be analysed for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels and have other damaging effects related to passive smoking. The saliva will only be tested for cotinine. It will not be tested for other substances, like drugs or alcohol.

Waist and hip measurements (Age 11 years and over)

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

Saliva sample (Age 4 years and over)

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

Adults aged 16 and over will be asked to provide a sample of urinalysis. The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and health. Your sample will be tested for salt levels (sodium and potassium), and is of particular interest to see whether non-smokers may have raised levels and have other damaging effects related to passive smoking.

Urine sample (Age 16 years and over)

We would be very grateful if you would agree to provide us with a sample of your blood. The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and health. Your blood will be tested for salt levels (sodium and potassium), and is of particular interest to see whether non-smokers may have raised levels and have other damaging effects related to passive smoking.
This part of the survey involves a small amount of blood (no more than 15 ml or three teaspoons) being taken from your arm by a registered, qualified nurse. The blood sample will be sent to a medical laboratory for testing.

**What will happen to the blood sample I give?**

The blood sample will be tested for the following:

- **Cholesterol**, which is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease, except for the 'good' HDL cholesterol.
- **Glycated haemoglobin**, which is an indicator of diabetes risk.
- **Creatinine**, which is made in the body from protein. We use it to measure how well your kidneys are working.
- **Vitamin D**, which is important for bone health and may also be important in preventing other diseases.

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

**Will I get any feedback from my blood sample?**

If you agree, we will send you your results for the tests we carry out on your blood sample that are useful for individuals. We can also send these same results to your GP if you would like this.

**What will happen to the blood sample after the tests?**

We would like to store a small amount of blood. The sample may be used for future studies investigating the causes, diagnosis, treatment and outcome of disease. This means that we will be able to learn more about the health of the population by doing further tests of the blood samples in the future. The samples will be stored with no identification except a coded study number. Only the authorised members of the research team for this study would be able to find out who the codes referred to.

Before being used in future research, some details of the information we have collected in this survey (but not any details which would identify you) may be attached to the sample, but the study number code will then be removed from the blood sample and the other information. The stored blood will not be available for commercial purposes. When the sample is tested for research, it will no longer be possible to link it to you, so you will not be told the results of the testing. It will not be possible to remove your results from reports, as the results cannot be linked to you. You can withdraw your consent to store your blood at any time, without giving any reason, by asking the investigators in writing for your blood to be removed from storage and destroyed (see contact details later in this leaflet).

We will ask separately for your written permission to store blood.

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**Will any genetic tests be made?**

The blood samples will **not** be tested for the HIV (AIDS) virus. The initial tests we do now will not involve DNA or genetic analysis, but if you agree that we can store some of your blood, it is possible that at some time in the future, the anonymous samples might be tested for DNA or genetics. Any analysis like this could not be linked to you. Stored blood will only be analysed in future studies if permission for that particular study is obtained from the NHS Information Centre and from an NHS Research Ethics Committee.

**Might there be implications for insurance cover?**

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

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

**If I have any other questions or wish to make a complaint?**

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

If you have a complaint about any aspect of the nurse visit, again please contact one of the people below, or contact Kerrie Gemill, Field Services Manager, on 01277 690118 in office hours, or email info@natcen.ac.uk.

Lesley Mullender
National Centre for Social Research
Kings House 101-131 Kings Road
Brentwood,
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Tel: 0800 526 397

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UCL Medical School,
1-19 Torrington Place,
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Tel: 020 7679 5646
The Health Survey for England 2010 – Household Questionnaire

P3027

The Health Survey for England 2010
Programme Documentation
Household Questionnaire

Point2
SAMPLE POINT NUMBER.
Range: 1..997

Address
ADDRESS NUMBER.
Range: 1..97

Hhold
HOUSEHOLD NUMBER.
Range: 1..9

First
INTERVIEWER: For information, you are in the questionnaire for:
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

DateOK
Today’s date according to the laptop is (date). Is this the correct start date of this interview?
1 Yes
2 No

WhoHere
INTERVIEWER: Collect the names of the people in this household.
1 Continue

IF First person in household OR More=Yes THEN
Name
What is the name of person number (1-12)?

More
Is there anyone else in this household?
1 Yes
2 No

ENDBF

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

HHSize
Derived household size.
Range: 1..12

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

HOUSEHOLD COMPOSITION GRID FOR ALL HOUSEHOLD MEMBERS
(MAXIMUM 12)
### The Health Survey for England 2010 – Household Questionnaire

- **Person**
  - **Person number in Household Grid**
    - Range: 1..12

- **Name**
  - **First name from WholeHere**

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

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

### Age

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

  - IF AgeOf = NONRESPONSE THEN
    - AgeEst
      - INTERVIEWER CODE: Ask if necessary: Are you / is he/she) aged under 2 years , at least 2 up to 15 years, or 16 years or older.
        - 1 Under 2 years
        - 2 2 to 15 years
        - 3 16 to 64 years
        - 4 65 and over
  
  - ENDIF

  - IF (AgeOf >=16) OR (AgeEst = 16 years or older) THEN
    - MarStat
      - Are you (is he/she) single, that is never married, married and living with (husband/wife), civil partner in a legally recognised Civil Partnership, married and separated from (husband/wife), divorced, or, widowed?

      1  ...single, that is never married,
      2  married and living with (husband/wife),
      3  civil partner in a legally recognised Civil Partnership,
      4  married and separated from (husband/wife),
      5  divorced,
      6  or, widowed?
      7  Spontaneous only - Formerly in a legally recognised civil partnership and separated from civil partner
      8  Spontaneous only - Formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
      9  Spontaneously only – A surviving civil partner (his/her partner has since died)

      - INTERVIEWER: If not known, try to get best estimate.
        - 1 Under 2 years
        - 2 2 to 15 years
        - 3 16 to 64 years
        - 4 65 and over

  - ENDIF

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

  - ENDIF

  - IF (AgeOf  = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst =Under 2 years or 2 to 15 years) THEN
    - Par1
      - Which of the people in this household are (name of respondent’s) parents or have legal parental responsibility for him/her on a permanent basis?

      INTERVIEWER: Code first that applies.

      1-12 Person numbers of household members
      97: Not a household member / dead

      - IF Par1 = 1..12 THEN
        - Par2
          - Which other person in this household is (name of respondent’s) parent or has legal parental responsibility for him/her on a permanent basis?

          INTERVIEWER: Code second that applies.

          1-12 Person numbers of household members
          97: No-one else in the household

          ENDIF

      ENDIF

  - IF (AgeOf  = 0 - 15) AND (AgeOf = Response) OR (LegPar = Yes) OR (AgeEst =Under 2 years or 2 to 15 years) THEN
    - Nat1Par
      - SHOW CARD A2

      From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1]. Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).
The Health Survey for England 2010 – Household Questionnaire

IF (Par2 IN 1..12) THEN
  Nat2Par
  SHOW CARD A2
  From this card please tell me the relationship of (name of respondent) to (Just tell me the number beside the answer that applies to (name of respondent)).

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

IF more than 2 children THEN
  SelCh
  Interviewer: Is this child selected for an individual interview?
  ENDIF
  ENDIF
  ENDIF

NoneElig
INTERVIEWER: There are no eligible respondents in this household.
Press <Ctrl Enter> and select Admin to complete the Admin details.

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

IF Person > 1 THEN
  SHOW CARD A
  What is (name of respondent's) relationship to (name)? Just tell me the number on this card.

  1 husband/wife
  2 partner/cohabitee
  3 natural son/daughter
  4 adopted son/daughter
  5 foster child
  6 stepson/daughter/child of partner
  7 son/daughter-in-law
  8 natural parent
  9 adoptive parent
  10 foster parent
  11 stepparent
  12 parent-in-law
  13 natural brother/sister
  14 half-brother/sister
  15 step-brother/sister
  16 adopted brother/sister
  17 foster brother/sister
  18 brother/sister-in-law
  19 grandchild
  20 grandparent
  21 other relative
  22 other non-relative

5

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The Health Survey for England 2010 – Household Questionnaire

**HP**
INTERVIEWER: The household reference person is:
(Display name of Household Reference Person)
Press <1> and <Enter> to continue.

**DVHRPNum**
Person number of Household Reference Person

**Eligible**
Interviewer: For your information the persons in this household eligible for individual interview are:
(List of eligible respondents)

**ASK ALL**
Tenure
SHOW CARD A3
Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.
1 Own it outright
2 Buying it with the help of a mortgage or loan
3 Pay part rent and part mortgage (shared ownership)
4 Rent it
5 Live here rent free (including rent free in relatives’/friend’s property; excluding squatting)
6 Squatting

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

**LandLord**
Who is your landlord?
INTERVIEWER: Read out and code first that applies.
1 ...the local authority/council/ New Town Development,
2 a housing association or co-operative or charitable trust,
3 employer (organisation) of a household member,
4 another organisation,
5 relative/friend (before you lived here) of a household member,
6 employer (individual) of a household member,
7 another individual private landlord?

**Furn1**
Is the accommodation provided...READ OUT...
1 ...furnished,
2 partly furnished (e.g. curtains and carpets only),
3 or, unfurnished?

**IF Tenure=Pay part rent/part mortgage OR Rent it OR Live here rent free THEN**

**Heaters**
SHOWCARD A4.
In your accommodation do you have any of the heating or cooking appliances on this card which you regularly use?
INTERVIEWER: If the respondent has one of the heating appliances listed on the card, ‘regular’ refers to use in winter or when it is cold.
1 Yes
2 No

**HeatType**
SHOWCARD A4
Which of the types of heating or cooking appliances on this card do you use?
PROBE: What others?
CODE ALL THAT APPLY
1 Gas fired boiler for central heating or hot water
2 Oil fired boiler for central heating or hot water
3 Coal or coke boiler or stove
4 Wood burning stove
5 Gas or LPG gas fire in fireplace with flue or chimney
6 Other gas or LPG gas fire
7 Open coal fire
8 Gas hob or cooking rings
9 Gas oven
10 Paraffin heater
11 None of these

**Damp**
During the winter months, does condensation form on the windows or walls of any room in your home apart from the bathrooms or toilets?
1 Yes
2 No

**Fungus**
During the winter months, are there patches of mould or fungus in any room in your home, apart from bathrooms or toilets?
1 Yes
2 No

**Petho**
Do you keep any household pets inside your house/ flat?
1 Yes
2 No
The Health Survey for England 2010 – Household Questionnaire

IF Petho= Yes THEN

WiPet

What pets do you keep inside your house/ flat?

PROBE: What others?

CODE ALL THAT APPLY

1 Dog
2 Cat
3 Bird
4 Other furry pets
5 Other

ENDIF

ASK ALL

PasSm

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

INTERVIEWER: Include non-household members who smoke inside the house or flat.
Exclude household members who only smoke outside the house or flat.

1 Yes
2 No

IF PasSm = Yes THEN

NumSm

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

Range: 1..20

ENDIF

ASK ALL

Car

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

INTERVIEWER: Include any provided by employers if normally available for private use by respondent or members of household.

1 Yes
2 No

IF Car = Yes THEN

NumCars

How many are available?

1 One
2 Two
3 Three or more

ENDIF

SecInc

Please look at SHOW CARD A5.

There has been a lot of talk about health and income. We would like to get some idea of your household's income. This card shows various possible sources of income. Can you please tell me which kinds of income you (and your husband/wife/partner) receive?

PROBE: For all sources.

CODE ALL THAT APPLY

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

NjntInc

SHOW CARD A6

This card shows incomes in weekly, monthly and annual amounts.

Which of the groups on this card represents your household's income, before any deductions for income tax, National Insurance, etc?

Just tell me the number beside the row that applies to (your/your joint incomes).

INTERVIEWER: Enter the band number. Don’t know=96, Refused=97

Range: 1..31, 96, 97

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

OthInc

Can I check, does anyone else in the household have an income from any source?

1 Yes
2 No

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The Health Survey for England 2010 – Household Questionnaire

IF OthInc = Yes THEN
NHHInc
SHOW CARD A6
Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.
INTERVIEWER: Enter band number. Don’t know= 96, Refused = 97
Range: 1..31, 96, 97
ENDIF
ENDIF

EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON COLLECTED

NHActiv
SHOW CARD A7
Which of these descriptions applies to what you/name (Household Reference Person) 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-employed (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 MAX 28 DAYS)
8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16- 64 OR WOMEN AGED 16-59)
9 Retired from paid work
10 Looking after home or family
11 Doing something else (SPECIFY)

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

IF NHActiv=Going to school or college full-time THEN
HSWWork
Did you/name (Household Reference Person) 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 (NHActiv = Intending to look for work but prevented by temporary sickness or injury, Retired from paid work, Looking after the home or family or Doing something else) OR (HStWork = No) AND (Household Reference Person aged under 65 (men)/60 (women))
THEN
H4WkLook
Thinking now of the 4 weeks ending (date last Sunday), were you/name (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?
1 Yes
2 No
ENDIF

IF NHActiv=(Looking for paid work or a government training scheme) OR H4WkLook = Yes THEN
H2WkStrt
If a job or a place on a Government training scheme had been available in the (7 days/four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?
1 Yes
2 No
ENDIF

IF NHActiv = (Looking for work or a government training scheme . . .Doing something else) OR (HStWork = No) THEN
HEverJob
Have you/name (Household Reference Person) ever been in paid employment or self-employed?
1 Yes
2 No
ENDIF

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

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

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The Health Survey for England 2010 – Household Questionnaire

IF HEverJob = Yes THEN
HPayLast
Which year did you/your (Household Reference Person) you/your/his/her last paid job?
WRITE IN.
Numeric: 1920 - 2999 Decimals: 0
ENDIF

IF HPayLast <= 8 years ago THEN
HPayMon
Which month in that year did you/he/she 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
10 Can’t remember
ENDIF
ENDIF

IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment … Waiting to take up a job already obtained) OR (HstWork = Yes) THEN
HEmpStat
Are/Were/Will you/your (Household Reference Person) be a…READ OUT…
1 manager
2 foreman or supervisor
3 other employee?
ENDIF

IF HEmpStat = No THEN
HSNEmple
Do/Did/Will you/your (Household Reference Person) have any employees?
1 1 or 2
2 3-24
3 25-499
4 500+
ENDIF

ENDIF

IF HEmpStat = Yes THEN
HInd
What does/did your/his/her employer make or do at the place where you/your/his/her usually work(s)/usually worked/will work?
Text: Maximum 100 characters
ENDIF

IF HEverJob = Yes THEN
HPayLast
Which year did you/your (Household Reference Person) you/your/his/her last paid job?
WRITE IN.
Numeric: 1920 - 2999 Decimals: 0
ENDIF

IF HPayLast <= 8 years ago THEN
HPayMon
Which month in that year did you/he/she 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
10 Can’t remember
ENDIF
ENDIF
ENDIF

IF (HEverJob = Yes) OR (NHActiv = In paid employment or self-employment … Waiting to take up a job already obtained) OR (HstWork = Yes) THEN
HJobTitl
I’d like to ask you some details about the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up. What is/was/will be the name or title of the job?
Text: Maximum 60 characters
HJobTitl
What kind of work do/did/will you/your (Household Reference Person) do most of the time?
Text: Maximum 50 characters
HMatUsed
IF RELEVANT: What materials or machinery do/did/will you/your (Household Reference Person) use? IF NONE USED, WRITE IN ‘NONE’.
Text: Maximum 50 characters

ENDIF
The Health Survey for England 2010 – Household Questionnaire

**Sector**
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, schools or health service, or a non-profit organisation such as a charity?
1. Private sector
2. Public sector
3. Non-profit organisation
4. Don’t know
5. Refused

ELSEIF HEmploye = Self Employed THEN

HSLWtMa
What do/did/will you/name (Household Reference Person) make or do in your business?
Text: Maximum 100 characters

ENDIF

ENDIF

ASK ALL

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

INTERVIEWER: END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).
**General Health**

**ASK ALL**

**OwnDoB**
What is your date of birth?
ENTER DATE IN NUMBERS, E.G. 02/01/1972.
IF (Name) DOES NOT KNOW HB/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

IF OwnDoB = Response THEN

**OwnAge**
Can I just check, your age is (computed age)?
1 Yes
2 No
ENDIF

IF OwnDoB = Not known/Refused THEN

**OwnAgeE**
Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?
Range: 1..120

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

**AgeAEst**
INTERVIEWER: ESTIMATE NEAREST AGE
18 (ie between 16-19)
25 (ie between 20-29)
35 (ie between 30-39)
45 (ie between 40-49)
55 (ie between 50-59)
65 (ie between 60-69)
75 (ie between 70-79)
85 (ie 80+)
ELSE IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid < 16) THEN

**AgeCEst**
INTERVIEWER: ESTIMATE NEAREST AGE:
1 1 year
3 3 years
5 5 years
7 7 years
9 9 years
11 11 years
13 13 years
15 15 years
ENDIF

ENDIF

**ASK ALL**

**GenHelf**
How is your health in general? Would you say it was ...READ OUT...
1 ...very good
2 good
3 fair
4 bad, or
5 very bad?
The Health Survey for England 2010 – Individual Questionnaire

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

1 Yes
2 No

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

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

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

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

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

The Health Survey for England 2010 – Individual Questionnaire

Personal Care Plans

IF Age16+ AND LongIll = Yes THEN
ConvDoc
You mentioned earlier that you have a/some long term health condition(s). Doctors, nurses or other health workers sometimes have a special discussion with people with a long term condition, to look at the way that their health and care is managed. This is to make sure that people are given information and understand the options for their condition, are happy with the care they are receiving overall for their health, and know how they can be involved in decisions about their care. Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?
1 Yes
2 No
3 Not sure

IF ConvDoc=Yes THEN
LastYr
Was this in the last 12 months or longer ago?
1 In last 12 months
2 Longer ago
END IF

IF PlanAg = No THEN
OffPlan
Do you have a Personal Care Plan for your overall health and social care needs?
1 Yes, a personal care plan in the last 12 months
2 Yes, agreed a personal care plan more than 12 months ago
3 No, do not have a personal plan
END IF

IF WhyNoPl = Other THEN
NoPlOth
INTERVIEWER: Specify other reason.
END IF
And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.

**PROBE FULLY:** Which other things (have you done to help manage your condition in the last 12 months)?

**CODE ALL THAT APPLY**

1. Read and used information about your condition
2. Read and used information about the choices you have for care from health professionals
3. Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
4. Joined a support network or attended a group for people with a long-term condition
5. Had equipment fitted into your home
6. Other (PLEASE SPECIFY)
7. None of these

**IF (Other IN OptDone) THEN**

INTERVIEWER: Please specify.

**The Health Survey for England 2010 – Individual Questionnaire**

**Personal Care Plans**

**IF OffPlan = No THEN**

LikePlan

Would you like the opportunity to discuss a Personal Care Plan with a health professional?

1. Yes
2. No
3. Don’t know

**ENDIF**

**IF PlanAg = Yes THEN**

CareImpr

Has your Care Plan improved the health or social care services you receive?

1. Yes - improved a great deal
2. Yes - improved to some extent
3. No - not improved
4. Don’t know / can’t say

**ENDIF**

**ASK ALL AGED 16+ WHO HAVE A LONG-TERM CONDITION**

**OptOff**

There are various options for self-care support that health care professionals may offer to people with a long-term condition. Here are some of the things that might be offered:

**SHOWCARD B1**

Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?

**PROBE FULLY:** Which others?

**CODE ALL THAT APPLY.**

1. Being given help to find information about your condition
2. Being given help to find information about the choices you have for care from health professionals
3. Attending a training course on your condition, such as the Expert Patients Programme, Challenging Arthritis, DAFNE for diabetes, etc.
4. Joining a support network or attending a group for people with a long-term condition
5. Having equipment fitted into your home
6. Other (PLEASE SPECIFY)
7. None of these

**IF (Other IN OptOff) THEN**

OpOffOt

INTERVIEWER: Please specify.
Doctor-Diagnosed Hypertension

IF Age>=16

EverBP

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

IF EverBP = Yes THEN

DocNurBP

Were you told by a doctor or nurse that you had high blood pressure?
1 Yes
2 No

IF (DocNurBP = Yes) AND (Sex = Female) THEN

PregBP

Can I just check, were you pregnant when you were told that you had high blood pressure?
1 Yes
2 No

IF PregBP = Yes THEN

NoPregBP

Have you ever had high blood pressure apart from when you were pregnant?
1 Yes
2 No

ENDIF

ENDIF

IF DocNurBP=Yes and NoPregBP <> No THEN

AgeinfBP

How old were you when you were first told by a (doctor/nurse) that you had high blood pressure?

MedcinBP

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

IF MedcinBP = No, Don’t know or refused THEN

StillBP

ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

PastAbBP

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

Dental Health

ASK ALL

DenHlth

SHOW CARD C1

In relation to dental health, which of the things on this card applies to you?

EXPLAIN IF NECESSARY: Crowns are included as natural teeth.

I have...
1 ...no natural teeth and wear dentures
2 ...both natural teeth and denture(s)
3 ...only natural teeth
4 ...neither natural teeth nor dentures

IF DenHlth = 2 or 3 THEN

NatTeeth

Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth have you got? Is it...

READ OUT...

EXPLAIN IF NECESSARY: Include teeth with crowns and wisdom teeth.

1 Fewer than 10 natural teeth
2 Between 10 and 19 natural teeth
3 20 or more natural teeth?

ENDIF

DenHlth2

Would you say that your dental health (your mouth, teeth and/or dentures) is...
1 ...excellent
2 ...very good
3 ...good
4 ...fair
5 ...or poor?

DenProb

SHOW CARD C2

In the past 6 months, have you had any problems with your mouth, teeth or dentures which have caused you to have any of the things listed on this card?

CODE ALL THAT APPLY.
1 Difficulty eating food
2 Difficulty speaking clearly
3 Problems with smiling, laughing and showing teeth without embarrassment
4 Problems enjoying the company of other people such as family, friends or neighbours
5 None of these

MedcinBP

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

IF MedcinBP = No, Don’t know or refused THEN

StillBP

ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

PastAbBP

Have you ever taken medicines, tablets, or pills for high blood pressure in the past?
1 Yes
2 No
The Health Survey for England 2010 – Individual Questionnaire

**Diabetes**

**ASk ALL AGED 16+**

**EverDi**

Do you now have, or have you ever had diabetes?

1 Yes

2 No

**IF EverDi=Yes THEN**

**Diabetes**

Were you told by a doctor that you had diabetes?

1 Yes

2 No

**IF FEMALE**

**DiPreg**

Can I just check, were you pregnant when you were told that you had diabetes?

1 Yes

2 No

**IF Di Preg=Yes THEN**

**DiOth**

Have you ever had diabetes apart from when you were pregnant?

1 Yes

2 No

**IF EverDi=Yes AND HAD DIABETES APART FROM WHEN PREGNANT THEN**

**DiAge**

Apart from when you were pregnant, approximately how old were you when you were first told by a doctor that you had diabetes?

INTERVIEWER: Type in age in years.

**Insulin**

Do you currently inject insulin for diabetes?

1 Yes

2 No

**IF DiPreg=Yes THEN**

**DiMed**

Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?

1 Yes

2 No

**OthDi**

Are you currently receiving any other treatment or advice for diabetes?

INTERVIEWER: Include regular check-ups.

1 Yes

2 No
Kidney Disease

EverKidD
We now have some questions about kidney disease, which is an area we are looking at in the Health Survey this year.

Do you yourself now have, or have you ever had chronic kidney disease?
Don't include simple urine infections, a single episode of kidney stone disease or kidney cancer.

1 Yes
2 No

FamKidD
Do any of your close relatives (parents, brothers or sisters, or children) have chronic kidney disease, or have they ever had chronic kidney disease?
This would include needing long term dialysis or a kidney transplant, but excludes simple urine infections, a single episode of kidney stone disease or kidney cancer.

1 Yes
2 No

IF EverKidD = No THEN
RiskKid
Have you ever been told by a doctor or health professional that you are at risk of kidney disease?
1 Yes
2 No

ENDIF

IF EverKidD = Yes THEN
DocInfo1
Were you told by a doctor that you had chronic kidney disease?
1 Yes
2 No

IF DocInfo1 = Yes THEN
AgeInfo1
How old were you when you were first told by a doctor that you had kidney disease?
INTERVIEWER: ENTER AGE IN YEARS.

1 Yes
2 No

ENDIF

IF DocInfo1 = No THEN

ENDIF

KidTest
Have you ever been told you were being tested for kidney disease?
1 Yes
2 No

IF KidTest = Yes THEN
WhkTest
When were you (last) tested for kidney disease? Was it...
READ OUT
1 ...within the last 12 months
2 more than 12 months ago but within the last 5 years
3 or longer ago

ENDIF

OtherDi
SHOW CARD E1
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.
1 Special diet
2 Eye screening / regular eye tests
3 Regular check-up with GP/hospital/clinic
4 Other (RECORD AT NEXT QUESTION)

CODE ALL THAT APPLY.
1 Special diet
2 Eye screening / regular eye tests
3 Regular check-up with GP/hospital/clinic
4 Other (RECORD AT NEXT QUESTION)

WhatDSp
INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

IF Eye Screening NOT MENTIONED AT OtherDi
WhyNoET
You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?
1 Not needed / never been told that I need eye tests
2 Been offered regular eye tests but didn’t want them
3 Been offered regular eye tests but not able to take them up
4 Other (RECORD AT NEXT QUESTION)

IF WhyNoET = Other THEN
OthNoET
INTERVIEWER: PLEASE SPECIFY.

IF EverKidD = No THEN

IF EverKidD = Yes THEN
DocInfot
Were you told by a doctor that you had chronic kidney disease?
1 Yes
2 No

IF DocInfot = Yes THEN
AgeInfot
How old were you when you were first told by a doctor that you had kidney disease?
INTERVIEWER: ENTER AGE IN YEARS.

1 Yes
2 No

ENDIF

IF DocInfot = No THEN

ENDIF

KidTest
Have you ever been told you were being tested for kidney disease?
1 Yes
2 No

IF KidTest = Yes THEN
WhkTest
When were you (last) tested for kidney disease? Was it...
READ OUT
1 ...within the last 12 months
2 more than 12 months ago but within the last 5 years
3 or longer ago

ENDIF

The Health Survey for England 2009 – Individual Questionnaire

Diabetes

OtherDi
SHOW CARD E1
What other treatment or advice are you currently receiving for diabetes?
PROBE: What else?
CODE ALL THAT APPLY.
1 Special diet
2 Eye screening / regular eye tests
3 Regular check-up with GP/hospital/clinic
4 Other (RECORD AT NEXT QUESTION)

CODE ALL THAT APPLY.
1 Special diet
2 Eye screening / regular eye tests
3 Regular check-up with GP/hospital/clinic
4 Other (RECORD AT NEXT QUESTION)

WhatDSp
INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

IF Eye Screening NOT MENTIONED AT OtherDi
WhyNoET
You did not mention regular eye tests for your diabetes. Is there any reason why you are not having your eyes tested regularly?
1 Not needed / never been told that I need eye tests
2 Been offered regular eye tests but didn’t want them
3 Been offered regular eye tests but not able to take them up
4 Other (RECORD AT NEXT QUESTION)

IF WhyNoET = Other THEN
OthNoET
INTERVIEWER: PLEASE SPECIFY.
IF AdviceKidD = Yes THEN
AdKidD
SHOW CARD F1
What (other) treatment or advice are you currently receiving for kidney disease?
PROBE: What else? CODE ALL THAT APPLY.
  1 Special diet/dietary advice
  2 Regular check-up with GP
  3 Regular check-up with hospital clinic
  4 Regular dialysis
  95 Other - SPECIFY
ENDIF
ENDIF
ENDIF
ENDIF

IF Other IN WhatTest THEN
WhTestOt
INTERVIEWER: Please specify other test.
ENDIF
ENDIF
ENDIF
ENDIF

IF WhKTest IN LAST FIVE YEARS THEN
WhatTest
Did you have a blood test or urine test, or any other test, to see if you had kidney disease?
Which other tests?
CODE ALL THAT APPLY.
  1 Blood test
  2 Urine test
  3 Scan
  4 Other test
  5 Can't remember
ENDIF

IF Other IN WhatTest THEN
WhTestOt
INTERVIEWER: Please specify other test.
ENDIF

IF WhatTest = Blood THEN
BldRes
When you had your (most recent) blood test, were you told a percentage (eGFR) which shows how well your kidneys were working?
EXPLAIN IF NECESSARY: Doctors would usually say that a percentage of 60 or lower suggests a kidney problem. (eGFR: Estimated Glomerular Filtration Rate)
  1 Yes, given a percentage
  2 No, but given a different measure
  3 No, not given any measure or percentage
  4 Don't remember
ENDIF

IF WhatTest = Urine THEN
UrTest
When you had your (most recent) urine test, do you know whether there was any blood or protein in your urine?
CODE ALL THAT APPLY.
  1 Blood
  2 Protein
  3 Neither
  4 Don't remember/Don't know/Not told result
ENDIF

IF EverKidD = Yes THEN
MedKidD
Are you currently taking any medicines, tablets or pills for kidney disease?
  1 Yes
  2 No
AdvKidD
SHOW CARD F1
Are you currently receiving any other treatment or advice for kidney disease?
INTERVIEWER: include regular check-ups.
  1 Yes
  2 No
Respiratory Disease

ASK ALL
EverW
I am now going to ask you some questions about your breathing...
Have (Has) you (name) ever had wheezing or whistling in the chest at any time, either now, or in the past?
1 Yes
2 No

IF EverW = Yes THEN
NoCol
Have (Has) you (name) ever had this wheezing or whistling when (you/he/she) did not have a cold?
1 Yes
2 No

TwWez
Have (Has) you (name) had wheezing or whistling in the chest in the last 12 months?
1 Yes
2 No

IF TwWez = Yes THEN
StleW
In the last 12 months, how often on average has your (name) sleep been disturbed due to wheezing or whistling in the chest?
Have (has) (you/he/she) ... READ OUT...
1 Never woken with wheezing
2 Woken less than one night per week, or
3 Woken one or more nights per week?

NaDi
In the last 12 months, how much did wheezing or whistling in the chest interfere with your (name) normal daily activities?
READ OUT
1 Not at all
2 A little
3 Quite a bit
4 A lot
END IF

END IF

ASK ALL
LaYrSoB
Apart from when you (name) are (in) doing strenuous exercise, have (Has) (you/he/she) ever had shortness of breath, breathlessness, or difficulty in breathing at any time in the last 12 months?
1 Yes
2 No

SoBUp
Are (Is) you (name) troubled by shortness of breath when hurrying on level ground or walking up a slight hill?
1 Yes
2 No
3 Never walks up hill or hurries
4 Cannot walk

If SoBUp = Yes OR never walks up hill or hurries THEN
SoAg
Do (Does) you (name) get short of breath walking with other people of (your/his/her) own age on level ground?
1 Yes
2 No
3 Never walks with people of own age on level ground

IF SoBag = Yes OR never walks with people of own age THEN
SoLev
Do (Does) you (name) have to stop for breath after walking at (your/his/her) own pace on level ground?
1 Yes
2 No
END IF

IF SoLev = Yes OR SoBUp = cannot walk THEN
SoBHouse
Are (Is) you (name) ever too breathless to leave the house?
1 Yes
2 No

IF SoBHouse = Yes THEN
LeavHo
Is that all or most days, at least once a week, or less often than that?
1 All or most days
2 At least once a week
3 Less often
END IF

SoBDress
Are (Is) you (name) ever breathless when dressing or undressing?
1 Yes
2 No

IF SoBDress = Yes THEN
BDress
Is that all or most days, at least once a week, or less often than that?
1 All or most days
2 At least once a week
3 Less often
END IF

ASK ALL
Coufam
Do (Does) you (name) usually cough first thing in the morning?
1 Yes
2 No

Couff
Do (Does) you (name) usually cough first thing in the morning in the winter?
1 Yes
2 No

The Health Survey for England 2010 – Individual Questionnaire
Respiratory Disease
The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

IF EverSleep = Yes THEN
  SleepTrt
  Have (Has) you (name) ever been investigated (or assessed) for a sleep related breathing problem?
  1 Yes
  2 No
ENDIF

IF SleepTrt = Yes THEN
  SleepNHS
  Are (Is) you (name) receiving treatment from the NHS for a sleep related breathing problem?
  1 Yes
  2 No
ENDIF

IF SleepNHS = Yes THEN
  SlpCPAP
  Are (Is) you (name) being treated with a machine you use at home called CPAP, or something else?
  (CPAP = Continuous Positive Airways Pressure)
  1 CPAP
  2 Something else (please specify other)
ENDIF

IF SlpCPAP = Something else THEN
  SlpCPAPO

INTERVIEWER: Please specify other answer
Open answer: up to 250 characters

ASK ALL AGED 16+

SlpDay
SHOW CARD G1
In contrast to just feeling tired, how likely are you to doze off or fall asleep during the day?
  1 Would never doze
  2 Slight chance of dozing
  3 Moderate chance of dozing
  4 High chance of dozing

ASK ALL

ConDr
Did a doctor or nurse ever tell you (name) had asthma?
  1 Yes
  2 No

IF ConDr = Yes THEN
  FirAtA
  How old were (was) you (name) when you were first told by a doctor or nurse that (you/he/she) had asthma?
  INTERVIEWER: Enter age in years.
  Numeric: 0..100

SymAs
SHOW CARD G2
Have (Has) you (name) had any symptoms of asthma in the last 12 months, or are they controlled by medication?
  1 Yes, have had symptoms of asthma in the last 12 months
  2 No symptoms in the last 12 months, asthma controlled by medication
  3 No symptoms in the last 12 months, no medication taken for asthma

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**Respiratory Disease**

**ASK ALL AGED 16+**

**COPD**
Did a doctor ever tell you that you (name) had chronic bronchitis, emphysema or COPD (Chronic Obstructive Pulmonary Disease)?

- 1 Yes
- 2 No

**IF COPD = Yes THEN**

**WhtCOPD**
Which of the following did the doctor tell you that you (name) had?

- 1 COPD
- 2 Chronic Bronchitis
- 3 Emphysema

**IF WhtCOPD = COPD, Chronic bronchitis or Emphysema THEN**

**HrtCOPD**
Have (name) ever been told by a doctor that you (he/she) also have (has) heart failure?

- 1 Yes
- 2 No

**ENDIF**

**AgeCOPD**
How old were (was) you (name) when you were first told by a doctor that (you/he/she) had (WhtCOPDtxt)?

- Enter age in years.

- Numeric: 1..100
- Decimals: 0

**Flare**
Over the last 12 months have (has) you (name) had any flare ups when (your/his/her) symptoms were worse than usual for at least two days in a row?

- 1 Yes
- 2 No

**IF Flare = Yes THEN**

**NumFlare**
How many of these flare ups have (has) you (name) had in the last 12 months?

- 1 One
- 2 Two
- 3 Three or more

**ChgFlare**
Which of the following changes did (name) experience?

- 1 Breathing got worse
- 2 Started to cough up phlegm
- 3 Phlegm increased in volume
- 4 Colour of phlegm changed
- 5 Other change

**ENDIF**

**SymAS**
Do (Does) you (name) have symptoms of asthma every day or most days, or do (does) you (he/she) have attacks every now and then, or both?

- 1 Symptoms every day/ most days
- 2 Attacks every now and then
- 3 Both

**SleepDif**
In the last week, on how many days have (has) you (name) had difficulty sleeping because of (your/his/her) usual asthma symptoms?

- 0 None
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

**SymDays**
In the last week, on how many days have (has) you (name) had (your/his/her) usual asthma symptoms during the day?

- 0 None
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

**IndDays**
In the last week, on how many days has your (name) asthma interfered with (your/his/her) usual activities?

- 0 None
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

**IntDays**
In the last week, on how many days has your (name) asthma interfered with (your/his/her) usual activities?

- 0 None
- 1 1 day
- 2 2 days
- 3 3 days
- 4 4 days
- 5 5 days
- 6 6 days
- 7 7 days

**ConDr**
When was your (name) most recent attack of asthma?

- Enter age in years.

- Numeric: 1..100
- Decimals: 0
The Health Survey for England 2010 – Individual Questionnaire
Respiratory Disease

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF ChgFlare = Other THEN</td>
</tr>
<tr>
<td>ChgFlarO</td>
</tr>
<tr>
<td>INTERVIEWER: Please specify other change.</td>
</tr>
<tr>
<td>Open answer: up to 250 characters</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>TrtFlare</td>
</tr>
<tr>
<td>SHOW CARD G5</td>
</tr>
<tr>
<td>How were these flare ups usually treated?</td>
</tr>
<tr>
<td>PROBE: Which others? CODE ALL THAT APPLY.</td>
</tr>
<tr>
<td>1 Increased use of inhalers</td>
</tr>
<tr>
<td>2 Taking antibiotics</td>
</tr>
<tr>
<td>3 Taking steroid tablets</td>
</tr>
<tr>
<td>4 Other treatment (specify what it was)</td>
</tr>
<tr>
<td>5 No treatment</td>
</tr>
<tr>
<td>IF TrtFlare = Other THEN</td>
</tr>
<tr>
<td>TrtFlarO</td>
</tr>
<tr>
<td>INTERVIEWER: Please specify other treatment.</td>
</tr>
<tr>
<td>Open answer: up to 250 characters</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>ENDIF</td>
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</tbody>
</table>

(ALL AGES)

<table>
<thead>
<tr>
<th>Question</th>
</tr>
</thead>
<tbody>
<tr>
<td>IF COPD = Yes OR TWEWZ = Yes OR SOUBF = Yes OR SymAs = has symptoms or symptoms controlled by medication THEN</td>
</tr>
<tr>
<td>ColdCOPD</td>
</tr>
<tr>
<td>If you (name) have (has) a cold do (your/his/her) chest symptoms get worse?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
<tr>
<td>Inhal</td>
</tr>
<tr>
<td>Over the last 12 months, have (has) you (name) used an inhaler, puffer or nebuliser prescribed by a doctor to treat (your/his/her) asthma, wheezing or whistling, or difficulty in breathing?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
</tbody>
</table>

<table>
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<tr>
<td>IF TrtMed = Other THEN</td>
</tr>
<tr>
<td>TrtMedO</td>
</tr>
<tr>
<td>INTERVIEWER: Please specify other treatment or medication.</td>
</tr>
<tr>
<td>Open answer: up to 250 characters</td>
</tr>
<tr>
<td>ENDIF</td>
</tr>
<tr>
<td>IF Inh = Yes OR TrtMed = inhalers THEN</td>
</tr>
<tr>
<td>InhList</td>
</tr>
<tr>
<td>SHOW CARD G7</td>
</tr>
<tr>
<td>Have (Has) you (name) used any of the inhalers on this list in the past 12 months?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
<tr>
<td>IF InhList = Yes THEN</td>
</tr>
<tr>
<td>InhDay</td>
</tr>
<tr>
<td>SHOW CARD G7</td>
</tr>
<tr>
<td>Do (Does) you (name) use any of the inhalers on this list every day?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
<tr>
<td>IF InhDay = No THEN</td>
</tr>
<tr>
<td>InhWeek</td>
</tr>
<tr>
<td>SHOW CARD G7</td>
</tr>
<tr>
<td>On how many days have (has) you (name) used an inhaler on this list in the last seven days?</td>
</tr>
<tr>
<td>0 None</td>
</tr>
<tr>
<td>1 1 day</td>
</tr>
<tr>
<td>2 2 days</td>
</tr>
<tr>
<td>3 3 days</td>
</tr>
<tr>
<td>4 4 days</td>
</tr>
<tr>
<td>5 5 days</td>
</tr>
<tr>
<td>6 6 days</td>
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<tr>
<td>7 7 days</td>
</tr>
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<tbody>
<tr>
<td>IF TrtMed2 = Yes THEN</td>
</tr>
<tr>
<td>TrtMed2</td>
</tr>
<tr>
<td>SHOW CARD G8</td>
</tr>
<tr>
<td>Have (Has) you (name) used any of the inhalers on this list in the past 12 months?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
<tr>
<td>IF InhList2 = Yes THEN</td>
</tr>
<tr>
<td>InhDay2</td>
</tr>
<tr>
<td>SHOW CARD G8</td>
</tr>
<tr>
<td>Do (Does) you (name) use any of the inhalers on this list every day?</td>
</tr>
<tr>
<td>1 Yes</td>
</tr>
<tr>
<td>2 No</td>
</tr>
</tbody>
</table>
The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

IF InhDay2 = No THEN
InhWeek2
SHOW CARD G8
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0 None
1 1 day
2 2 days
3 3 days
4 4 days
5 5 days
6 6 days
7 7 days

InhList2
SHOW CARD G9
Have (Has) you (name) used any of the inhalers on this list in the past 12 months?
1 Yes
2 No

IF InhList2 = Yes THEN
InhDay2
SHOW CARD G9
Do (Does) you (name) use any of the inhalers on this list every day?
1 Yes
2 No

ENDIF
ENDIF

The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

IF InhDay4 = No THEN
InhWeek4
SHOW CARD G10
On how many days have (has) you (name) used an inhaler on this list in the last seven days?
0 None
1 1 day
2 2 days
3 3 days
4 4 days
5 5 days
6 6 days
7 7 days
8 8 days

IF age 4 – 15 AND SymAS = 1, 2 OR ConDr = 1 THEN
AtSch
Are (Is) you (name) attending school?
1 Yes
2 No
The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

IF AtSch = Yes THEN
\text{SchAb}

Over the last 12 months, how many days has your (name) asthma/wheezing/whistling in (your/his/her) chest caused (you/him/her) to be absent from school?
\begin{itemize}
  \item 1 None
  \item 2 Less than 5
  \item 3 5-9
  \item 4 10-14
  \item 5 15-19
  \item 6 20-29
  \item 7 30 or more
  \item 8 Don’t know / can’t remember this
\end{itemize}
ENDIF

IF AtSch = Yes AND Inhal = 1 OR TrtMed = 6 THEN
\text{EasInh}

SHOW CARD G12

How easy or difficult is it for you (name) to get to (your/his/her) reliever inhaler at school?
\begin{itemize}
  \item 1 Very easy
  \item 2 Quite easy
  \item 3 Quite difficult
  \item 4 Very difficult
  \item 5 Have never had to get it (DON’T READ OUT)
  \item 8 Don’t know
\end{itemize}
ENDIF

IF AtSch = Yes THEN
\text{SchSit}

SHOW CARD G13

Have (Has) you (name) had an asthma attack at school which has involved any of these situations?
\text{PROBE: Which others? CODE ALL THAT APPLY.}
\begin{itemize}
  \item 1 The teachers or the nurse had to assist
  \item 2 Parents had to be called to the school
  \item 3 An ambulance had to be called
  \item 4 None of these
\end{itemize}
ENDIF

IF FtMnt > 0 THEN
\text{WoAbs}

Over the last 12 months, how many days has your wheezing/whistling in your chest, shortness of breath or difficulty in breathing caused you to be absent from work?
\begin{itemize}
  \item 1 None
  \item 2 Less than 5
  \item 3 5-9
  \item 4 10-14
  \item 5 15-19
  \item 6 20-29
  \item 7 30 or more
  \item 8 Don’t know / can’t remember this
\end{itemize}
ENDIF
The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

ASK ALL

NoFlu

In the last 12 months, have (has) you (name) had a problem with sneezing or a runny or blocked nose when (you/he/she) did not have a cold or the flu?
1. Yes
2. No

IF Flu = Yes THEN

NoFlOff

When you (name) suffer(s) from this, is this for more than four hours a day on more than four days a week?
1. Yes
2. No

IF NoFlFour = Yes THEN

Hayfever

Is this nose trouble seasonal (for instance hay fever) or all the year round?
PROBE IF NECESSARY IF ALL YEAR ROUND: Is it all year round but more at some times of year?
1. Seasonal
2. All year round
3. All year round but more at some times of year
4. None of these

IF NoFlFour = Yes AND FtMnt > 0 THEN

NosWk

Does your nose trouble interfere with your performance at work?
1. Yes
2. No

IF NosWk = Yes THEN

NosWOff

Over the last 12 months, how many days has your nose trouble caused you to be absent from work?
1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this

ENDIF

ENDIF

IF NoFlFour = Yes AND AtSch = 1 THEN

NosSch

Does your (name) nose trouble interfere with (your/his/her) performance at school?
1. Yes
2. No

The Health Survey for England 2010 – Individual Questionnaire

Respiratory Disease

IF NosSch = Yes THEN

NSchOff

Over the last 12 months, how many days has your (name) nose trouble caused (you/him/her) to be absent from school?
1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this

ENDIF

ENDIF

HFevrTrt

Do (Does) you (name) take any medications for (your/his/her) nose symptoms?
READ OUT...
1. ...over the counter medications only,
2. medication prescribed by a doctor only,
3. or both?
4. Neither (DON'T READ OUT)

IF HFevrTrt = 1, 2, 3 THEN

HFEvDay

Do (Does) you (name) take these medicines every day, or just when (your/his/her) symptoms get worse?
1. Every day
2. Just when the symptoms get worse

HFTrtOk

Does the medication you (name) take(s) for (your/his/her) nose trouble adequately control the problem? I mean either prescribed medication or ones you buy over the counter.
1. Yes, controls the problem
2. No

ENDIF

ENDIF

NoFlFour

Do (Does) you (name) have a problem with sneezing or a runny or blocked nose when (you/he/she) did not have a cold or the flu?
1. Yes
2. No

IF NoFlFour = Yes THEN

Hayfever

Is this nose trouble seasonal (for instance hay fever) or all the year round?
PROBE IF NECESSARY IF ALL YEAR ROUND: Is it all year round but more at some times of year?
1. Seasonal
2. All year round
3. All year round but more at some times of year
4. None of these

IF NoFlFour = Yes AND FtMnt > 0 THEN

NosWk

Does your nose trouble interfere with your performance at work?
1. Yes
2. No

IF NosWk = Yes THEN

NosWOff

Over the last 12 months, how many days has your nose trouble caused you to be absent from work?
1. None
2. Less than 5
3. 5-9
4. 10 or more
5. Don't know / can't remember this

ENDIF

ENDIF

IF NoFlFour = Yes AND AtSch = 1 THEN

NosSch

Does your (name) nose trouble interfere with (your/his/her) performance at school?
1. Yes
2. No
The Health Survey for England 2010 – Individual Questionnaire

Swine Flu Module

HadFlu
Since May 2009, have you had a flu-like illness where you felt feverish and had a cough or sore throat?
1 Yes
2 No

IF HadFlu = Yes THEN
SwineFlu
Do you think your flu-like illness was swine flu?
IF HAD FLU MORE THAN ONCE ASK: Did you think any of the times you were ill it was swine flu?
1 Yes
2 No

IF SwineFlu = Yes THEN
WhnMFlu
When did you have this illness - which month and year was it?
INTERVIEWER: Record the month here.
If more than one episode they thought was swine flu record for the most severe episode (or if equally severe, the most recent).
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

WhnYFlu
(When did you have this illness - which month and year was it?)
INTERVIEWER: Record the year here.
Numeric: 2009..2020 Decimals: 0

DiagFlu
SHOW CARD G15
What makes you think it was swine flu?
1 Based on my own judgement
2 Based on using the Symptom Checker from the National Pandemic Flu Service (on the internet)
3 Based on a phone call to GP / hospital / NHS Direct / National Pandemic Flu Service
4 Based on a face to face consultation with a doctor / nurse
5 Based on results of a nose or throat swab or blood test
6 Other (NOT ON CARD)

TreatFlu
SHOW CARD G16
How was this illness treated?
1 Over the counter cold or flu medicines or pain killers, bought at a shop or chemist
2 Antivirals e.g. tamiflu, relenza
3 Antibiotics
4 Other treatment
5 No treatment

SFluWork
How many days did you have to take off work, school or college because of the illness?
INTERVIEWER: Exclude weekends.
1 None
2 1
3 2
4 3
5 4
6 5
7 6-10 days
8 10 or more days
9 I am not in work, school or college

ENDIF

IF SwineFlu = No THEN

FluWork
How many days did you have to take off work, school or college because of the illness?
INTERVIEWER: Exclude weekends.
1 None
2 1
3 2
4 3
5 4
6 5
7 6-10 days
8 10 or more days
9 I am not in work, school or college
ENDIF

ASK ALL
FluJab
Since October 2009, have you received a flu jab?
1 Yes
2 No

IF FluJab = Yes THEN RECORD FOR UP TO A MAXIMUM OF FOUR JABS
WhenMJab
When did you have a flu jab?
INTERVIEWER: Record the month here.
THE RESPONDENT COULD HAVE HAD MAX 4 JABS. IF MORE THAN ONE, CODE MOST RECENT FIRST.
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December

WhenYJab
(When did you have a flu jab?)
INTERVIEWER: Record the year here.
Numeric: 2009..2020 Decimals: 0

JabTyp
What type of jab was it?
READ OUT
1 Swine flu jab
2 Seasonal flu jab
3 Jab for both
4 (DON'T READ OUT) Not sure
Fruit and Vegetables

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

1 Yes
2 No

IF VegDish = Yes THEN

SHOWCARD H1

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

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

Range: 0.5 - 50.0

ENDIF

VegUsual

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

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

FrtDrnk

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

1 Yes
2 No

IF FrtDrnk = Yes THEN

SHOWCARD H1

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

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

Range: 0.5 - 50.0

ENDIF

Frt

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

1 Yes
2 No

IF Frt = Yes THEN

FOR idx:= 1 TO 15 DO

IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN

FrtC[idx]

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: USE THE FRESH FRUIT SIZE LIST IN YOUR SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

1 Very large fruit
2 Large fruit
3 Medium-sized fruit
4 Small fruit
5 Very small fruit
6 Not on coding list

ENDIF

VegDish

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

1 Yes
2 No

IF VegDish = Yes THEN

SHOWCARD H1

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

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

Range: 0.5 - 50.0

ENDIF

VegUsual

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

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

FrtDrnk

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

1 Yes
2 No

IF FrtDrnk = Yes THEN

SHOWCARD H1

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

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

Range: 0.5 - 50.0

ENDIF

Frt

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

1 Yes
2 No

IF Frt = Yes THEN

FOR idx:= 1 TO 15 DO

IF (idx = 1) OR (FrtMor[idx-1] = Yes) THEN

FrtC[idx]

What kind of fresh fruit did you eat yesterday?

INTERVIEWER: USE THE FRESH FRUIT SIZE LIST IN YOUR SHOWCARDS/CODING FRAMES TO CODE THE SIZE OF THIS FRUIT. IF MORE THAN ONE KIND OF FRUIT MENTIONED, CODE ONE HERE ONLY

1 Very large fruit
2 Large fruit
3 Medium-sized fruit
4 Small fruit
5 Very small fruit
6 Not on coding list

ENDIF

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Fruit and Vegetables

IF FrtFroz = Yes THEN
FrtFrozQ
SHOWCARD H1
How many tablespoons of frozen or tinned fruit did you eat yesterday?
IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5-50.0
ENDIF

FrtDish
Apart from anything you have already told me about, did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don’t count fruit in yoghurts.
1 Yes
2 No

IF FrtDish = Yes THEN
FrtDishQ
SHOWCARD H1
How many tablespoons of fruit did you eat in these kinds of dishes yesterday?
IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5-50.0
ENDIF

FrtUsual
Compared with the amount of fruit and fruit juice you usually eat and drink, would you say that yesterday you ate and drank...
1 less than usual,
2 more than usual,
3 or about the same as usual?

END

The Health Survey for England 2010 – Individual Questionnaire

Fruit and Vegetables

IF FrtC[idx] IN [VLge..VSml] THEN
IF FrtC[idx] = VLge THEN
much:= ‘many average slices’
ELSEIF FrtC[idx] IN [Lge..Sml] THEN
much:= ‘much’
ELSEIF FrtC[idx] = VSml THEN
much:= ‘many average handfuls’
ENDIF
FrtQ[idx]
How much of this fruit did you eat yesterday?
Range: 0.5-50.0
ELSEIF FrtC[idx] = NotLst THEN
FrtOth[idx]
What was the name of this fruit?
Text: Maximum 50 characters
FrtNotQ[idx]
How much of this fruit did you eat?
Text: Maximum 50 characters
ENDIF
IF idx < 15 THEN
FrtMor[idx]
Did you eat any other fresh fruit yesterday?
1 Yes
2 No
ENDIF
ENDIF
ENDDO
ENDIF
FrtC to FrtMor repeated for up to 15 different types of fruit

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

IF FrtDry = Yes THEN
FrtDryQ
SHOWCARD H1
How many tablespoons of dried fruit did you eat yesterday?
IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5-50.0
ENDIF

FrtFroz
Did you eat any frozen or tinned fruit yesterday?
1 Yes
2 No
**Smoking (Aged 18+)**

**IF Age of Respondent = 18 to 24 THEN**

**BookChk**

INTERVIEWER CHECK: 
(name of respondent) IS AGED (age of respondent). RESPONDENT TO BE:
1. Asked Smoking/Drinking questions
2. Given SELF-COMPLETION BOOKLET FOR YOUNG FEMALE ADULTS/ YOUNG MALE ADULTS

**ENDIF**

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

**SmokEver**

May I just check, have you ever smoked a cigarette, a cigar or a pipe?
1. Yes
2. No

**ENDIF**

**IF SmokEver = Yes THEN**

**SmokeNow**

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

**ENDIF**

**IF SmokeNow = Yes THEN**

**DlySmoke**

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

**ENDIF**

**ELSEIF Estim = ounces THEN**

Ounces

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

- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

**ENDIF**

**IF WkndSmok = 97 THEN**

**Estim**

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

**ENDIF**

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

**WkndSmok**

And about how many cigarettes a day do you usually smoke at weekends?
INTERVIEWER IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND CANT ESTIMATE, ENTER MID POINT.

**ENDIF**

**IF WkndSmok = 97 THEN**

**Estim**

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

1. Grams
2. Ounces

**ENDIF**

**ELSEIF Estim = grams THEN**

Grams

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

Range: 1..67

**ENDIF**

**ELSEIF Estim = ounces THEN**

Ounces

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

- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

**ENDIF**
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Smoking

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

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

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

IF SmokeNow=Yes THEN
SmokWher
SHOW CARD I2
In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY
1 At my home (indoors or outside, eg. in garden or on doorstep)
2 Outside (other than at home)
3 Inside other people’s homes
4 Whilst travelling by car
5 Inside other places
IF SmokWher = 1 OR 2 THEN SmokHome
SmokHome
SHOWCARD I3
Where in your home do you usually smoke?
CODE ALL THAT APPLY
1 Outside, for example in the garden or on doorstep
2 Own room/bedroom
3 Living room
4 Kitchen
5 Toilet
6 Bathroom
7 Study
8 Dining room
9 Everywhere
10 Somewhere else in the home
ENDIF
ENDIF

IF SmokeNow=Yes THEN
SmokPpl
SHOWCARD I5
In the last 7 days, did you smoke near to any of the following types of people?
1 Babies aged 2 and under
2 Children aged 2-10
3 Children aged 11-15
4 Older adults over the age of 65
5 Pregnant women
6 Adults aged 16-64 with asthma or breathing problems
7 None of these
ENDIF

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

GiveUp
Would you like to give up smoking altogether?
1 Yes
2 No
The Health Survey for England 2010 – Individual Questionnaire

Swine Flu

MoreJab
Have you had any other flu jabs since October 2009?
1 Yes
2 No

JabTime
SHOW CARD G17
You said you had a flu-like illness in (Month) (Year), and you had a flu jab that month. From this card, when did you have the illness?
1 Before the vaccine
2 Immediately after the vaccine - within 2 days
3 After the vaccine - from 3 days to 2 weeks
4 More than 2 weeks after the vaccine
5 Can't remember (NOT ON CARD)

The Health Survey for England 2010 – Individual Questionnaire

Smoking

IF GiveUp = Yes THEN
GvUpReas
SHOWCARD I6
What are your main reasons for wanting to give up?
1 Because of a health problem I have at present
2 Better for my health in general
3 To reduce the risk of getting smoking related illnesses
4 Because of the smoking ban in all enclosed public places, including pubs and restaurants
5 Family/friends wanted me to stop
6 Financial reasons (couldn't afford it)
7 Worried about the effect on my children
8 Worried about the effect on other family members
9 Something else
ENDIF

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
ENDIF

ELSE IF SmokeNow<>Yes (Smoked but doesn't smoke cigarettes nowadays) SmokeCig
Have you ever smoked cigarettes?
1 Yes
2 No
The Health Survey for England 2010 – Individual Questionnaire

Smoking

IF EndSmoke < 2 THEN

NicotDid 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

SmokYrsAnd 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 <> EMPTY) AND (EndSmoke < 2) THEN
IsPregCan I check, are you pregnant now?
1 Yes
2 No
ENDIF

SmokePrgHave 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
ENDIF

StopPregDid you stop smoking specifically because of your pregnancy, or for some other reason?
1 Because of pregnancy
2 For some other reason
ENDIF

ELSEIF (IsPreg = Yes) OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN
PregRecCan I check, have you been pregnant in the last twelve months?
1 Currently pregnant
2 Was pregnant in last twelve months but not now
3 Not pregnant in last twelve months
ENDIF

IF Estim = grams THEN
GramsPLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/AT WEEKENDS) IN GRAMS.
Range: 1..67
ELSEIF Estim = ounces THEN
OuncesPLEASE 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
0.01..2.40
ENDIF

RolNumComputed: estimated tobacco consumption in ounces.
ENDIF

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

IF (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly) THEN
StartSmkHow old were you when you started to smoke cigarettes regularly?
INTERVIEWER: IF 'Never smoked regularly' CODE 97.
Range: 1..97
ENDIF

IF SmokeReg=[Regularly OR Occasionally] THEN
EndSmokeHow long ago did you stop smoking cigarettes?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR AGO, CODE 0.
Range: 0..97
ENDIF

IF EndSmoke = Response THEN
IF EndSmoke=0 THEN
LongEndHow many months ago was that?
1 Less than 6 months ago
2 Six months, but less than one year
ENDIF

ENDIF

ENDIF
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Smoking

IF CigarNow = Yes THEN
CigarReg
Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
1 Smoke at least one cigar a month
2 Smoke them only occasionally
ENDIF

IF Sex = Male THEN
PipeNowA
Do you smoke a pipe at all nowadays?
1 Yes
2 No
ENDIF

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

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

ENDIF

IF age = 0-12 OR (age >=18 AND Bookchk = 1) THEN
XExpSm
Now, in most weeks, how many hours a week are (you/name of child) exposed to other people’s tobacco smoke?
INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.
Range: 0..168
ChExpSm
Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?
1 Yes
2 No

ENDIF

IF PregRec = Was pregnant in last twelve months but not now THEN
PregSmok
Did you smoke at all during pregnancy?
(INTERVIEWER: DURING TIME WHEN 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 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
Drinking (Aged 18+)

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

Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

1 Yes
2 No

IF Drink = No THEN
DrinkAny
Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

1 Very occasionally
2 Never

IF DrinkAny = Never THEN
AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?

1 Always a non-drinker
2 Used to drink but stopped

IF AlwaysTT = Used to drink but stopped THEN
WhyTT
Did you stop drinking because of a particular health condition that you had at the time?

INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES

1 Yes
2 No

ENDIF
ENDIF
ENDIF

IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN
DrinkOft
SHOW CARD J1
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
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Drinking

IF DrinkOft <> Not at all in the last 12 months THEN
  DrinkL7
  Did you have an alcoholic drink in the seven days ending yesterday?
  1 Yes
  2 No

IF DrinkL7 = Yes THEN
  DrinkDay
  On how many days out of the last seven did you have an alcoholic drink?
  Range: 1..7

  IF DrinkDay = 2 to 7 days THEN
    DrnkSame
    Did you drink more on one of the days/some days than others, or did you drink
    about the same on all/each of those days?
    1 Drank more on one/some day(s) than other(s)
    2 Same each day
  ENDF

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 J2
Thinking about last (answer to WhichDay), what types of drink did you have that day?
CODE ALL THAT APPLY
  1 Normal strength beer/lager/cider/shandy
  2 Strong beer/lager/cider
  3 Spirits or liqueurs
  4 Sherry or martini
  5 Wine
  6 Alcopops/pre-mixed alcoholic drinks
  7 Other alcoholic drinks
  8 Low alcohol drinks only

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF

ENDIF
IF DrnkType = Sherry THEN
  ShryL7
  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?
INTERVIEWER: please note that respondent may give answer in bottles and glasses. Please code the relevant option.
INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED
  1 Bottle or parts of bottle
  2 Glasses
  3 Both bottles or parts of bottle, and glasses
IF WineL7 = 1 (Bottles or part of bottle)
  WL7Bt
  INTERVIEWER: code the number of 125ml glasses drunk from the bottle by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information
  CODE THE NUMBER OF GLASSES.
  1 BOTTLE = 6 GLASSES
  ½ BOTTLE = 3 GLASSES
  1/3 BOTTLE = 2 GLASSES
  ¼ BOTTLE = 1.5 GLASSES
  1 LITRE = 8 GLASSES
  ½ LITRE = 4 GLASSES
  1/3 LITRE = 2.5 GLASSES
  ¼ LITRE = 2 GLASSES
  Range: 1..97 (ALLOW FRACTIONS)
ENDIF
IF WineL7 = 2 (Glasses)
  WL7Gl
  CODE THE NUMBER OF GLASSES (drunk as glasses).
  Range: 1..97 (ALLOW FRACTIONS)
ENDIF

IF DrnkType = Strong beer/lager/cider THEN
  SBrL7
  Still thinking about last (answer to WhichDay), how much strong beer, lager, stout or cider did you drink that day?  INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
  1 Half pints
  2 Small cans
  3 Large cans
  4 Bottles
IF SBrL7 = Half pints THEN
  SBrL7Q(1)
  ASK OR CODE: How many half pints of strong beer, lager, stout or cider 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
  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 from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST Text: Maximum 21 characters
  SBotL7
  ASK OR CODE: What make of strong beer, lager, stout or cider did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT
  CODE THE NUMBER OF GLASSES.
  1 BOTTLE = 6 GLASSES
  ½ BOTTLE = 3 GLASSES
  1/3 BOTTLE = 2 GLASSES
  ¼ BOTTLE = 1.5 GLASSES
  1 LITRE = 8 GLASSES
  ½ LITRE = 4 GLASSES
  1/3 LITRE = 2.5 GLASSES
  ¼ LITRE = 2 GLASSES
  Range: 1..97 (ALLOW FRACTIONS)
ENDIF
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
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

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 (PerNum=PHRPNo AND PHRPOcc=Yes))

NActiv
SHOW CARD K1
Which of these descriptions applies to what you were doing last week, that is in the seven
days ending (date seven days ago)?
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
95 Doing something else (SPECIFY)

IF NActiv=Doing something else THEN
NActivO
INTERVIEWER: 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
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Employ
Are you (were you/will you be) ...READ OUT...
1 an employee,
2 or, self-employed

INTERVIEWER IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF Employ = Self-employed THEN

Dirct
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 Employ=an employee OR Dirct=Yes THEN

EmpStat
Are you (were you/will you be) a ...READ OUT...
1 manager,
2 foreman or supervisor,
3 or other employee?

ELSEIF Employ = Self-employed AND Dirct=No THEN

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
2 3-24
3 25-499
4 500+

ENDIF

IF Employ=an employee OR Dirct=Yes THEN

Ind
What does (did) your employer make or do at the place where you (usually worked/will work)?
Text: Maximum 100 characters

ELSEIF Employ=Self-employed THEN

SlfWtMa
What (did/will) you make or do in your business?
Text: Maximum 100 characters

ENDIF

ENDIF
IF Qual = Yes THEN
QualA
Which of the qualifications on this card do you have? Just tell me the number written beside each one.
INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?
1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BIC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND/REC/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 after 1975 GRADES A-C
13 O-level passes taken after 1975 GRADES D-E
14 GCSE GRADES A-C
15 GCSE GRADES D-G
16 CSE GRADE 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
17 CSE GRADES 2-5/SCE Ordinary BANDS D-E
18 CSE Ungraded
19 SLC Lower
20 SLC/SCE/SUPE at Lower Grade
21 School Certificate or Matric
22 NVQ Level 5
23 NVQ Level 4
24 NVQ Level 3/Advanced level GNVQ
25 NVQ Level 2/Intermediate level GNVQ
26 NVQ Level 1/Foundation level GNVQ
27 Recognised Trade Apprenticeship completed
28 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? Please look down the whole list before telling me.
1 Yes
2 No

ENDIF

ENDIF

IF NActiv = Response THEN
HRPOcc
INTERVIEWER: DID (name of respondent) ANSWER THE OCCUPATION QUESTIONS HIM/HERSelf?
ELSEIF (NActiv) non response THEN
ENDIF

OEmpStat
Derived employment status.
Range: 0..8
SOC, SOCbs, SEG, SIC coded during edit stage

IF Age of Respondent is 16+ THEN
EducEnd
At what age did you finish your continuous full-time education at school or college?
1 Not yet finished
2 Never went to school
3 14 or under
4 15
5 16
6 17
7 18
8 19 or over

Qual
SHOW CARD K2
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1 Yes
2 No

ENDIF

IF NOT (Degree IN QualA) THEN
OthQual
Do you have any qualifications not listed on this card?
1 Yes
2 No

ENDIF

ENDIF

ASH ALL
Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years and over and BookChk=Given THEN
SCIntro
PREPARE (Green/Light pink/Light blue/Dark pink/Dark blue/Grey) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.
ELSEIF Age of respondent is 8 to 12 years THEN
SCIntCh
Here is a little booklet which I would like to ask (name of child) to complete for (him/herself). It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?
IF ASKED, SHOW YELLOW BOOKLET TO PARENT(S). IF AGREES, PREPARE YELLOW BOOKLET. INTERVIEWER: EXPLAIN TO CHILD HOW TO COMPLETE AND SHOW EXAMPLE IN BOOKLET.
ENDIF
IF Age of Respondent is 13 years or over THEN
SComp2
I would now like you to answer some more questions by completing this booklet on your own. The questions cover smoking and drinking and some about your general health.
INTERVIEWER: Explain how to complete booklet and show example in booklet If asked, show booklet to parent(s).
IF Age of Respondent is 4-15 THEN
ParSDQ
INTERVIEWER: Ask parent to complete cream booklet for parents of children 4-15
The child’s parents are:
Code person number of the parent who is completing the booklet, or enter code: 95 = parent not present at time of interview 96 = booklet refused
Wait until respondent(s) have finished and then check each booklet completed If not, ask if questions missed in error
If in error, ask respondent to complete.
ENDIF
IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE (YELLOW/GREEN/LIGHT PINK/LIGHT BLUE/DARK PINK/DARK BLUE/GREY/CREAM) BOOKLET (FOR CHILDREN AGED 8-12)/FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+/FOR PARENTS OF CHILDREN AGED 4-15) COMPLETED?
1 Fully completed
2 Partially completed
3 Not completed
ASK ALL

INTERVIEWER: 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.

IF Age >=2 THEN
RespHts

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

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

IF RespHts = Height measured THEN
Height
ENTER HEIGHT.

Range: 60.0..244.0

ENDIF

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

IF RelHite = Unreliable THEN
HiNRel
INTERVIEWER: 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
95 Other, please specify

IF HiNRel = Other THEN
OHiNRel
INTERVIEWER: PLEASE Specify WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

ENDIF

ENDIF

IF SComp3 = Fully completed OR Partially completed THEN
SComp5A
INTERVIEWER: CODE WHO WAS PRESENT IN ROOM WHILE (name of respondent) COMPLETED SELF-COMPLETION. INCLUDE YOURSELF, ANYONE INTERVIEWED AT THE SAME TIME AS RESPONDENT, PARENT ANSWERING ON BEHALF OF 8-12 YEAR OLDS OR OTHERS IN THE ROOM. CODE ALL THAT APPLY.

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

ENDIF

IF SComp3 = Partially completed OR Not completed THEN
SComp6

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

0 Child 2-13 away from home during fieldwork period
1 Eyesight problems
2 Language problems
3 Reading/writing/comprehension problems
4 Respondent bored/tired
5 Questions too sensitive/invasion of privacy
6 Too long/too busy/taken long enough already
7 Refused to complete booklet (no other reason given)
8 Illness/disability
9 Child 2-13 asleep
10 Not in/not available
11 Proxy refusal
12 No self-completion booklet available
95 Other (SPECIFY)

IF SComp6=Other THEN
SComp6O
Please specify other reason. Text: Maximum 60 characters

ENDIF

IF SComp3 = Fully completed OR Partially completed THEN
SComp5

WAS IT COMPLETED WITHOUT ASSISTANCE?

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

ENDIF

IF SComp3 = Partially completed OR Not completed THEN
SComp5

INTERVIEWER: MAKE OUT GREEN MRC FOR EACH PERSON.

IF Age >=2 THEN

RespHts

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

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

IF RespHts = Height measured THEN
Height
ENTER HEIGHT.

Range: 60.0..244.0

ENDIF

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

IF RelHite = Unreliable THEN
HiNRel
INTERVIEWER: 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
95 Other, please specify

IF HiNRel = Other THEN
OHiNRel
INTERVIEWER: PLEASE Specify WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

ENDIF

ENDIF
PLEASE RECORD ESTIMATED HEIGHT IN METRES.
Range: 0.01..2.44
ELSEIF EHtCh = Feet and inches
PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.
Range: 0..7
ELSEIF RespHts = Height refused THEN
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/fail/tired
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Refused (no other reason given)
7 Other
ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN
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>.
ELSEIF RespHtsMeas = Weight obtained OR Height obtained (child held by adult) THEN
INTERVIEWER: MEASURE WEIGHT AND CODE. (IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ 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 (subject on own)
1 Weight obtained (child held by adult)
2 Weight refused
3 Weight attempted, not obtained
4 Weight not attempted
ELSEIF RespHts = Height refused, Height attempted, not obtained OR Height not attempted THEN
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.
HEIGHT: (x) cm OR (x) feet (x) inches.
ELSEIF RespHts = Height refused THEN
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
1 Child: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright/too stooped
4 Respondent is unable to get out of a chair/in a wheelchair
5 Respondent is unable to get out of bed
6 Respondent unable to remove shoes
7 Child: subject would not stand still
8 Ill or in pain/has disability (physical or mental)
9 Stadiometer faulty/not available/couldn’t be used
10 Child 2-13 asleep
11 Not in/not available
12 Proxy refusal
95 Other - specify
IF OTHER IN NoHtBC THEN
PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters
ENDIF
IF RespWts = Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN
RECORD WEIGHT.
Range: 10.0..130.0
ELSEIF RespWts = Weight refused THEN
INTERVIEWER: MEASURE WEIGHT AND CODE.
Range: 0.01..2.44
ELSEIF RespHtsMeas = Height obtained (subject on own) THEN
RECORD HEIGHT.
Range: 0..7
ENDIF
ELSEIF RespWts = Weight obtained (child held by adult) THEN
  WtAdult
  ENTER WEIGHT OF ADULT ON HIS/HER OWN.
  Range: 15.0..130.0

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

Weight
Computed: Measured weight, either Weight or WtChAd – WtAdult
Range: 0.0..140.0

FloorC
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 Problems experienced - measurement likely to be:
  3 Reliable
  4 Unreliable

MBookWt
INTERVIEWER: CHECK WEIGHT RECORDED ON MEASUREMENT RECORD CARD.
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight AND RBWEIGHT.

ENDIF

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/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

ENDIF

ELSEIF RespWts = Weight attempted, not obtained OR Weight not attempted THEN
  NoWtBC
  CODE REASON FOR NOT OBTAINING WEIGHT:
  1 Child: away from home during fieldwork period (specify in a Note)
  2 Respondent is unsteady on feet
  3 Respondent cannot stand upright
  4 Respondent is unable to get out of a chair/in a wheelchair
  5 Confined to bed
  6 Respondent unable to remove shoes
  7 Respondent weighs more than 130 kg
  8 Ill or in pain/has disability (physical or mental)
  9 Scales not working/not available/couldn’t be used
  10 Parent unable to hold child
  11 Child 2-13 asleep
  12 Not in/not available
  13 Proxy refusal
  95 Other - specify

  IF NoWtBC = Other THEN
    NoWatCO
    PLEASE SPECIFY OTHER REASON.
    Text: Maximum 60 characters
  ENDIF
ENDIF

IF RespWts = Weight obtained (child held by adult) THEN
  Weight
  Computed: Measured weight, either Weight or WtChAd – WtAdult
  Range: 0.0..140.0
  ELSEIF 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/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

ENDIF

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

ENDIF

IF EWtCh = kg
  EWtkg
  PLEASE RECORD ESTIMATED WEIGHT IN KILOGRAMS.
  Range: 0.0..999.9

ELSEIF EWtCh = StnPnd
  EWtSt
  PLEASE RECORD ESTIMATED WEIGHT. ENTER STONES.
  Range: 1..32

  EWtL
  PLEASE RECORD ESTIMATED WEIGHT. ENTER POUNDS.
  Range: 0..13

ENDIF

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

ENDIF

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Nurse Appointment

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 some 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.

INTERVIEWER: Check whether the respondent agrees to the nurse visit. Always mention the nurse by name (if known). Press <9> for help explaining about the nurse visit.

IF ASKED FOR DETAILS, EXPLAIN: The nurse will ask some more questions, for example, whether they are taking any medications, and take some measurements, for example, blood pressure and take a saliva sample.

1  Agreed nurse could contact
2  Refused nurse contact

IF Nurse = Agreed nurse could contact THEN

NrsAppt

INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

1  Able to make an appointment for the nurse
2  Unable to make an appointment for the nurse

AptRec

INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD.

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

Even if you have not made an appointment, always write down the name of nurse on the back of the measurement record card.

IF Nurse = Refused nurse contact THEN

NurseRef

INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT.

CODE BELOW AND RECORD AT G1 ON A.R.F.

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

ENDIF
Consents

ASK ALL AGED 16+

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 PINK CONSENT FORM (NHS CANCER REGISTRY) AND THE LIGHT BLUE CONSENT FORM (HES) AND ALLOW THEM TIME TO READ THE INFORMATION.

1 Consent given
2 Consent not given

IF NHSCAN = Consent given THEN

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

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

ASK RESPONDENT TO SIGN AND DATE BOTH FORMS.

GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENTS OBTAINED.

CODE ALL THAT APPLY.

1 Hospital Episodes Statistics Register consent obtained
2 NHS Central Register and Cancer Registry consent obtained
3 All consents signed
4 No signed consents

ENDIF

Thank
Thank you for your help. Before we end the interview I need to collect a little more information for our records.

1 Continue

TPhone
Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

1 Number given
2 Number refused
3 No telephone
4 Number unknown

ReInter
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 A6

GROSS INCOME FROM ALL SOURCES
(before any deductions for tax, national insurance, etc.)

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<th>MONTHLY</th>
<th>or</th>
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Nat1Par Nat2Par

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### CARD G7

1. Airomir
2. Asmasal
3. Atimos
4. Bricanyl
5. Foradil
6. Formoterol
7. Modulite
8. Oxis
9. Salamol
10. Salbulin
11. Salbutamol
12. Serevent
13. Ventolin

### CARD G8

1. Aerobec
2. Alvesco
3. Asmabec (Clickhaler)
4. Asmanex
5. Beclazone
6. Beclometasone
7. Becodisks
8. Budesonide
9. Clenil Modulite
10. Fixotide
11. Novolizer
12. Pulmicort
13. Qvar
CARD G9
1 Fostair
2 Seretide
3 Symbicort

CARD G10
1 Atrovent
2 Combivent
3 Duovent
4 Ipratropium
5 Respontin
6 Spiriva
CARD G11

1. Intal
2. Tilade
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<th>Name of Fruit</th>
<th>Size of Fruit</th>
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<td>Medium</td>
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<td>Medium</td>
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<tr>
<td>Pomegranate</td>
<td>Small</td>
<td>Mango</td>
<td>Large</td>
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<td>Apricot</td>
<td>Small</td>
<td>Medlar</td>
<td>Medium</td>
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<td>Avocado</td>
<td>Large</td>
<td>Melon (all types)</td>
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<td>Medium</td>
<td>Mineola</td>
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<td>Small</td>
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<td>Orange</td>
<td>Medium</td>
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<td>Figs (fresh)</td>
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<td>Shaddock</td>
<td>Large</td>
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<tr>
<td>Granadilla / Passion</td>
<td>Small</td>
<td>Sharon fruit</td>
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<td>Grapes (all types)</td>
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<td>Tomato, beef</td>
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<tr>
<td>Lychee</td>
<td>Very small</td>
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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.

  No  \rightarrow Go to question 4

  Yes

  I was 10 years old

  write in

Thank you for taking part in this survey
1. Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

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

Tick one box

No

Go to question 3

Yes

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

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

Tick one box

I have never smoked

I have only smoked once or twice

I used to smoke sometimes, but I never smoke a cigarette now

I sometimes smoke, but I don’t smoke every week

I smoke between one and six cigarettes a week

I smoke more than six cigarettes a week

Go to next question

4. Did you smoke any cigarettes last week?

Tick one box

No

Go to question 5

Yes

How many cigarettes did you smoke last week?

I smoked Cigarettes

Write in

EVERYONE PLEASE ANSWER

5. 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

In other people’s homes

In other places

(Please write these other places on the line below)

__________________________________________

Go to next question

Go to question 7 on page 4

6. Does this bother you?

Tick one box

Yes

Go to next question

No

Go to next question

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Drinking

7. Have you ever had a proper alcoholic drink – a whole drink, not just a sip? Please don't count drinks labeled low alcohol.
   Tick one box
   Yes → Go to question 9
   No → Go to next question

8. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc.)?
   Tick one box
   Yes → Go to question 12 on page 6
   No → Go to next question

9. How old were you the first time you had a proper alcoholic drink or alcopop?
   I was ______ years old

10. 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

11. 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
Your weight

Everyone please answer

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

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

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

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

---

Cycling

Everyone please answer

14. Do you have a bicycle?

- [ ] Yes
- [ ] No

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

- [ ] I always wear a helmet when I ride a bike
- [ ] I sometimes wear a helmet when I ride a bike
- [ ] I never wear a helmet when I ride a bike
- [ ] I never ride a bike

16. 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.
  - No [ ] Go to question 4
  - Yes [ ]
  - I was 10 years old
  - Write in

Thank you for taking part in this survey.
Q1  How many cigarettes did you smoke last week?

Write in

Q2  Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes  Go to next question

No  Go to next question

Q3  How did you smoke last week?

Tick one box

Yes  Go to next question

No  Go to question 7

Q4  How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was  years old  Go to next question

Q5  Did you smoke any cigarettes last week?

Tick one box

Yes  Go to next question

No  Go to question 7

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

Tick all boxes which apply

At home

In other people's homes

In other places

No, none of these  Go to question 9

Q7  Does this bother you?

Tick one box

Yes  Go to next question

No  Go to next question

EVERYONE PLEASE ANSWER
Drinking

Q9 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 11

No □ Go to next question

Q10 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 20 on page 8

Q11 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was □ years old Go to next question

Q12 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 □

Q13 When did you last have an alcoholic drink or alcopop?

Tick one box

Today □ Go to next question

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 □

Q14 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 □ Go to question 15

Yes □

How much did you drink in the last 7 days?

Write in:

Pints (if half a pint, write in ½)

Large cans or bottles

Small cans or bottles
Q15   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 16

Yes   

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Q16   Sherry or martini (including port, vermouth, cinzano, dubonnet)
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:

Glasses (count doubles as two glasses)

Q17   Wine (including babycham and champagne)
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:

Glasses

Q18   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 19

Yes   

How much did you drink in the last 7 days?

Write in:

Glasses (count doubles as two glasses)

Large cans or bottles

AND/OR

Small cans or bottles

Q19   Other kinds of alcoholic drink?
Have you drunk this in the last 7 days?

Tick one box

No   Go to question 20

Yes   

Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

Glasses

Glasses

Glasses

Glasses

Glasses

Glasses

Glasses

Glasses

Glasses
Your weight

Everyone please answer

Q20 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

Go to next question

Q21 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:

Q22 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

Q23 lost much sleep over worry?

Tick one box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q24 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

Q25 felt capable of making decisions about things?

Tick one box

More so than usual

Same as usual

Less so than usual

Much less capable

Q26 felt constantly under strain?

Tick one box

Not at all

No more than usual

Rather more than usual

Much more than usual

Q27 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
<table>
<thead>
<tr>
<th>Q28</th>
<th>been able to enjoy your normal day-to-day activities?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More so than usual</td>
</tr>
<tr>
<td></td>
<td>Same as usual</td>
</tr>
<tr>
<td></td>
<td>Less so than usual</td>
</tr>
<tr>
<td></td>
<td>Much less than usual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q29</th>
<th>been able to face up to your problems?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More so than usual</td>
</tr>
<tr>
<td></td>
<td>Same as usual</td>
</tr>
<tr>
<td></td>
<td>Less able than usual</td>
</tr>
<tr>
<td></td>
<td>Much less able</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q30</th>
<th>been feeling unhappy and depressed?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>No more than usual</td>
</tr>
<tr>
<td></td>
<td>Rather more than usual</td>
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<tr>
<td></td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q31</th>
<th>been losing confidence in yourself?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>No more than usual</td>
</tr>
<tr>
<td></td>
<td>Rather more than usual</td>
</tr>
<tr>
<td></td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q32</th>
<th>been thinking of yourself as a worthless person?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Not at all</td>
</tr>
<tr>
<td></td>
<td>No more than usual</td>
</tr>
<tr>
<td></td>
<td>Rather more than usual</td>
</tr>
<tr>
<td></td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q33</th>
<th>been feeling reasonably happy, all things considered?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>More so than usual</td>
</tr>
<tr>
<td></td>
<td>About same as usual</td>
</tr>
<tr>
<td></td>
<td>Less so than usual</td>
</tr>
<tr>
<td></td>
<td>Much less than usual</td>
</tr>
</tbody>
</table>

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 tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

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

<table>
<thead>
<tr>
<th>HOME LIFE</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>FRIENDSHIPS</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>CLASSROOM LEARNING</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>LEISURE ACTIVITIES</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

30. Do the difficulties put a burden on you or the family as a whole?

<table>
<thead>
<tr>
<th>Not at all</th>
<th>Only a little</th>
<th>Quite a lot</th>
<th>A great deal</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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

Do you feel that you lead a ... 

Tick one box

Very healthy life □
Fairly healthy life □
Not very healthy life □
An unhealthy life □

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

Example:

Write in no. 6

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

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

Example:

Tick one box

Yes □ Go to Q4
No □ Go to Q5

D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

Example:

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.

Thank you for taking part in this survey
Smoking

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

Tick ONE box

Yes  [ ] → Go to next question
No  [ ] → Go to Q12 on page 5

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes  [ ] → Go to next question
No  [ ] → Go to Q12 on page 5

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

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes  [ ] → Go to Q7 on page 4
No  [ ] → Go to next question

Q5 Why did you decide to give up smoking?

Tick ALL that apply

Advice from a GP/health professional  [ ]
Advert for a nicotine replacement product  [ ]
Government TV, radio or press advert  [ ]
Hearing about a new stop smoking treatment  [ ]
Financial reasons (couldn’t afford it)  [ ]
Because of the smoking ban in all enclosed public places, including pubs and restaurants  [ ]
I knew someone else who was stopping  [ ]
Seeing a health warning on a cigarette packet  [ ]
Family or friends wanted me to stop  [ ]
Being contacted by my local NHS Stop Smoking Services  [ ]
Health problems I had at the time  [ ]
Worried about future health problems  [ ]
Worried about the effect on my children  [ ]
Worried about the effect on other family members  [ ]
My own motivation  [ ]
Something else  [ ]
Cannot remember  [ ]

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

Regularly, that is at least one cigarette a day  [ ]
Occasionally  [ ]
I never really smoked cigarettes, just tried them once or twice  [ ]

Go to Q12 on page 5
EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

Tick ONE box

Yes
No
Don't know

Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

Yes
No
Don't know

Q14 In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

Number of hours a week
Write in

Q15 Are you regularly exposed to other people's tobacco smoke in any of these places?

a) Please tick all the places where you are often exposed to other people's smoke

Tick ALL boxes which apply

At home
At work
In other people's homes
Outdoor smoking areas of pubs/restaurants/cafes
In other places
No, none of these

Go to Q15 b)

Go to Q16 on page 6

CURRENT SMOKERS

Q7 About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Q8 And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Q9 Do you mainly smoke ...

Tick ONE box

filter-tipped cigarettes,
plain or untipped cigarettes,
or hand-rolled cigarettes?

Q10 Would you like to give up smoking altogether?

Tick ONE box

Yes
Go to next question
No
Go to Q12

Q11 What are your main reasons for wanting to give up?

Tick ALL that apply

Because of a health problem I have at present
Better for my health in general
Less risk of getting smoking related illnesses
Family/friends wanted me to stop
Financial reasons (couldn't afford it)
Worried about the effect on my children
Because of the ban on smoking in all public places
Other
Q15  Does this bother you?
   b)  Tick ONE box
       Yes
       No

Q16  Do you ever drink alcohol nowadays, including drinks you brew or make at home?
   Tick one box
       Yes  Go to Q19
       No  Go to next question

Q17  Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
   Tick one box
       Very occasionally  Go to Q19
       Never  Go to next question

Q18  Have you always been a non-drinker or did you stop drinking for some reason?
   Tick one box
       Always a non-drinker  Go to Q24 on page 9
       Used to drink but stopped

Q19  How old were you the first time you ever had a proper alcoholic drink?
   Write in how old you were then

Q20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
   Tick one box
       Almost every day
       Five or six days a week
       Three or four days a week
       Once or twice a week
       Once or twice a month
       Once every couple of months
       Once or twice a year
       Not all in the last 12 months

Q21  Did you have an alcoholic drink in the seven days ending yesterday?
   Tick one box
       Yes  Go to next question
       No  Go to Q24 on page 9

Q22  On how many days out of the last seven did you have an alcoholic drink?
   Tick one box
       One
       Two
       Three
       Four
       Five
       Six
       Seven
Q23 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>Normal strength beer, lager, stout or shandy (less than 6% alcohol)</td>
<td>Glasses (count doubles as 2 singles)</td>
</tr>
<tr>
<td>Strong beer, lager, stout or shandy (6% alcohol or more, such as Tennent’s Super, Special Brew, Diamond White)</td>
<td>0</td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td>0</td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
<td>0</td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td>0</td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WMD or Smirnoff Ice</td>
<td>0</td>
</tr>
</tbody>
</table>

Q24 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

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.

Q25 Mobility

Tick ONE box

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

Q26 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

Q27 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

Q28 Pain/Discomfort

Tick ONE box

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort
**Q29 Anxiety/Depression**

Tick ONE box

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

**Q30**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to whichever point on the scale indicates how good or bad your health state is today.

**Q31**

Have you recently 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 [ ]

**Q32**

Have you recently lost much sleep over worry?

Tick ONE box

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

**Q33**

Have you recently 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 [ ]

**Q34**

Have you recently felt capable of making decisions about things?

Tick ONE box

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

**Q35**

Have you recently felt constantly under strain?

Tick ONE box

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

**Q36**

Have you recently 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:

Q37  been able to enjoy your normal day-to-day activities?

Tick ONE box:

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

Q38  been able to face up to your problems?

Tick ONE box:

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

Q39  been feeling unhappy and depressed?

Tick ONE box:

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

Q40  been losing confidence in yourself?

Tick ONE box:

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

Q41  been thinking of yourself as a worthless person?

Tick ONE box:

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

Q42  been feeling reasonably happy, all things considered?

Tick ONE box:

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

Q43  Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

Tick ONE box:

| None of the time | Rarely | Some of the time | Often | All of the time |

I've been feeling optimistic about the future

I've been feeling useful

I've been feeling relaxed

I've been feeling interested in other people

I've had energy to spare

I've been dealing with problems well

I've been thinking clearly

I've been feeling good about myself

I've been feeling close to other people

I've been feeling confident

I've been able to make up my own mind about things

I've been feeling loved

I've been interested in new things

I've been feeling cheerful

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Q44  Are you currently in paid employment?

Tick ONE box:

| Yes | Go to Q45 |

| No | Go to Q49 |
Q45 How much do you agree or disagree with the statement that ‘I feel able to cope with the demands of my job’?

Tick ONE box

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Q46 Do you have a choice in deciding how you go about your work?

Tick ONE box

Never
Occasionally
Some of the time
Much of the time
Most of the time
All of the time

Q47 Do you get help and support from your line manager?

Tick ONE box

Often
Sometimes
Seldom
Never/ almost never
Does not apply/ have no manager

Q48 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100
Q50 This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use at present? Tick ALL that apply.

- The contraceptive pill
- Male condom
- Female condom
- Emergency contraception (morning after pill)
- Long acting reversible contraception – IUD (intra-uterine) Devices / Systems, contraceptive injections, patches, implants
- Another method of protection
  - WRITE IN
- No method
- No sexual relations with a woman currently

Go to Q51
Q 51  In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place
  WRITE IN
- I have not sought advice or supplies

Tick All that apply to you

Go to Q 52

Q 52  Have you ever had a test for Chlamydia?

Tick ONE box

- Yes  Go to Q 53
- No  Go to Q 56

Q 53  When did you have your last test for Chlamydia?

Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Go to Q 54

Q 54  Where were you (last) tested for Chlamydia?

Tick ONE box

- General practice (GP) surgery
- Sexual health clinic / GUM clinic
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place
  WRITE IN

Go to Q 55

Q 55  Have you ever had a test for Chlamydia?

Tick ONE box

- Yes  Go to Q 53
- No  Go to Q 56

Go to Q 52
EVERYONE PLEASE ANSWER

Q56 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Chlamydia</td>
<td></td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td></td>
</tr>
<tr>
<td>Genital warts</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td>Trichomonas</td>
<td></td>
</tr>
<tr>
<td>Herpes</td>
<td></td>
</tr>
<tr>
<td>Pubic lice / crabs</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)</td>
<td></td>
</tr>
<tr>
<td>Epididymitis</td>
<td></td>
</tr>
<tr>
<td>An infection transmitted by sex — can’t remember which</td>
<td></td>
</tr>
<tr>
<td>None of these</td>
<td></td>
</tr>
</tbody>
</table>

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 59, OTHERS PLEASE GO TO THE NEXT QUESTION
Q57 When were you last told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

Less than 1 year ago
Between 1 year and 2 years ago
Between 2 years and 3 years ago
Between 3 years and 4 years ago
Between 4 years and 5 years ago
More than 5 years ago

Go to Q58

Q58 Where were you last treated for an infection transmitted by sex?

Tick ONE box

A doctor or nurse at your GP's surgery
Sexual health clinic (GUM clinic)
NHS Family planning clinic/contraceptive clinic/reproductive health clinic
NHS ante-natal clinic/midwife
Private non-NHS doctor or clinic
Youth advisory clinic (e.g. Brook clinic)
Pharmacy / chemist
Internet site offering treatment
Termination of pregnancy (abortion) clinic
Hospital accident and emergency (A&E) department
Somewhere else.

WRITE IN

Go to Q59

EVERYONE PLEASE ANSWER

Q59 How old were you when you first had sexual intercourse with a woman?

Write in

This hasn’t happened

Go to Q64

Q60 Altogether, in your life so far, with how many women have you had sexual intercourse?

Write in

Q61 Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain
Estimate

Q62 Altogether, in the last year, with how many women have you had sexual intercourse?

Write in

Q63 Was a condom (sheath) used on any occasions of having vaginal or anal sex with a woman in the last 4 weeks?

Tick ONE box

Yes, used on every occasion
Yes, used on some occasions
No, not used in the last 4 weeks
Not had vaginal or anal sex in last 4 weeks

Go to Q64

Q64 Have you ever had sex with a man? That is, oral or anal sex or any other forms of genital contact.

Tick ONE box

Yes
No

Go to Q65

Go to Q68
Q65 Altogether, in your life so far, with how many men have you had sex?

Q66 Are you certain of that number or have you had to estimate it?

Q67 Altogether, in the last five years, with how many men have you had sex?

Q68 IF YOU HAVE NEVER HAD SEX WITH A WOMAN, PLEASE GO TO THE END OF THE BOOKLET, OTHERS PLEASE GO TO QUESTION 69

Q69 Have you ever paid money for sex with a woman?

Q70 When was the last time you paid for sex with a woman?

Thank you for answering these questions. Please give the booklet back to the interviewer in the envelope provided.
Health Survey for England 2010
Booklet for Young Adult Women
In Confidence

• Please look at the instructions on the next page for information on how to fill in this questionnaire.

• 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
Smoking

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

Tick ONE box

Yes          Go to next question
No           Go to Q12 on page 5

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes          Go to next question
No           Go to Q12 on page 5

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

Q4 Do you smoke cigarettes at all nowadays?

Tick ONE box

Yes          Go to Q7 on page 4
No           Go to next question

Q5 Why did you decide to give up smoking?

Tick ALL that apply

- Advice from a GP/health professional
- Advert for a nicotine replacement product
- Government TV, radio or press advert
- Hearing about a new stop smoking treatment
- Financial reasons (couldn’t afford it)
- Because of the smoking ban in all enclosed public places, including pubs and restaurants
- I knew someone else who was stopping
- Seeing a health warning on a cigarette packet
- Family or friends wanted me to stop
- Being contacted by my local NHS Stop Smoking Services
- Health problems I had at the time
- Worried about future health problems
- Pregnancy
- Worried about the effect on my children
- Worried about the effect on other family members
- My own motivation
- Something else
- Cannot remember

Q6 Did you smoke cigarettes regularly or occasionally?

Tick ONE box

- Regularly, that is at least one cigarette a day
- Occasionally
- I never really smoked cigarettes, just tried them once or twice

Go to Q12 on page 5
CURRENT SMOKERS

Q7  About how many cigarettes a day do you usually smoke on weekdays?

Write in number smoked a day

Q8  And about how many cigarettes a day do you usually smoke at weekends?

Write in number smoked a day

Q9  Do you mainly smoke ...

Tick ONE box

- filter-tipped cigarettes,
- plain or unfiltered cigarettes,
- or hand-rolled cigarettes?

Q10 Would you like to give up smoking altogether?

Tick ONE box

- Yes  Go to next question
- No  Go to Q12

Q11 What are your main reasons for wanting to give up?

Tick ALl that apply

- Because of a health problem I have at present
- Better for my health in general
- Less risk of getting smoking related illnesses
- Family/friends wanted me to stop
- Financial reasons (couldn’t afford it)
- Worried about the effect on my children
- Because of the ban on smoking in all public places
- Other

EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

Tick ONE box

- Yes
- No
- Don’t know

Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

- Yes
- No
- Don’t know

Q14 In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

Number of hours a week

Write in

Q15 a) Are you regularly exposed to other people’s tobacco smoke in any of these places?

Please tick all the places where you are often exposed to other people’s smoke

Tick ALL boxes which apply

- At home
- At work
- In other people’s homes
- Outdoor smoking areas of pubs/restaurants/cafes
- In other places
- No, none of these

Go to Q15 b)
Q 20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?  
Tick one box

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

Q 21  Did you have an alcoholic drink in the seven days ending yesterday?  
Tick one box

- Yes  Go to next question
- No  Go to Q 24 on page 9

Q 22  On how many days out of the last seven did you have an alcoholic drink?  
Tick one box

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

Q 15  Does this bother you?  

b)  
Tick ONE box

- Yes
- No

DRINKING

Q 16  Do you ever drink alcohol nowadays, including drinks you brew or make at home?  

Tick one box

- Yes  Go to Q 19
- No  Go to next question

Q 17  Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?  

Tick one box

- Very occasionally  Go to Q 19
- Never  Go to next question

Q 18  Have you always been a non-drinker or did you stop drinking for some reason?  

Tick one box

- Always a non-drinker  Go to Q 24 on page 9
- Used to drink but stopped

Q 19  How old were you the first time you ever had a proper alcoholic drink?  

Write in how old you were then

Q 15  Does this bother you?  

b)  
Tick ONE box

- Yes
- No

DRINKING

Q 16  Do you ever drink alcohol nowadays, including drinks you brew or make at home?  

Tick one box

- Yes  Go to Q 19
- No  Go to next question

Q 17  Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?  

Tick one box

- Very occasionally  Go to Q 19
- Never  Go to next question

Q 18  Have you always been a non-drinker or did you stop drinking for some reason?  

Tick one box

- Always a non-drinker  Go to Q 24 on page 9
- Used to drink but stopped

Q 19  How old were you the first time you ever had a proper alcoholic drink?  

Write in how old you were then

Q 20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?  
Tick one box

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

Q 21  Did you have an alcoholic drink in the seven days ending yesterday?  
Tick one box

- Yes  Go to next question
- No  Go to Q 24 on page 9

Q 22  On how many days out of the last seven did you have an alcoholic drink?  
Tick one box

- One
- Two
- Three
- Four
- Five
- Six
- Seven
Q23 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>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)</td>
<td>Glasses</td>
</tr>
<tr>
<td>Strong beer, lager, stout, cider (6% or more, such as Tennants Super, Special Brew, Diamond White)</td>
<td>Large glasses (250ml)</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, creamo, dubonnet)</td>
<td></td>
</tr>
<tr>
<td>Wine (including babycham and champagne)</td>
<td>Large glasses (250ml)</td>
</tr>
<tr>
<td>Alcoholic soft drink (&quot;共青&quot;) or a pre-mixed alcoholic drink such as Bacardi Breezer, W KD or Smirnoff Ice</td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td></td>
</tr>
</tbody>
</table>

Q24 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

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.

Q25 Mobility

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

Q26 Self-Care

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

Q27 Usual activities

- 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

Q28 Pain/Discomfort

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort
**Q29 Anxiety/Depression**

Tick ONE box

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

**Q30**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

**Q31** 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

**Q32** lost much sleep over worry?

Tick ONE box

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

**Q33** 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

**Q34** felt capable of making decisions about things?

Tick ONE box

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

**Q35** felt constantly under strain?

Tick ONE box

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

**Q36** 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

---

**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:

Q37 been able to enjoy your normal day-to-day activities?

Tick ONE box

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

Q38 been able to face up to your problems?

Tick ONE box

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

Q39 been feeling unhappy and depressed?

Tick ONE box

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

Q40 been losing confidence in yourself?

Tick ONE box

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

Q41 been thinking of yourself as a worthless person?

Tick ONE box

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

Q42 been feeling reasonably happy, all things considered?

Tick ONE box

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

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
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GENERAL WELLBEING

Q43 Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

None of the time
Rarely
Some of the time
Often
All of the time

I've been feeling optimistic about the future
1  2  3  4  5  

I've been feeling useful
1  2  3  4  5  

I've been feeling relaxed
1  2  3  4  5  

I've been feeling interested in other people
1  2  3  4  5  

I've had energy to spare
1  2  3  4  5  

I've been dealing with problems well
1  2  3  4  5  

I've been thinking clearly
1  2  3  4  5  

I've been feeling good about myself
1  2  3  4  5  

I've been feeling close to other people
1  2  3  4  5  

I've been feeling confident
1  2  3  4  5  

I've been able to make up my own mind about things
1  2  3  4  5  

I've been feeling loved
1  2  3  4  5  

I've been interested in new things
1  2  3  4  5  

I've been feeling cheerful
1  2  3  4  5  

General Health Questionnaire  (GHQ – 12)
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Q44 Are you currently in paid employment?

Tick ONE box

Yes  → Go to Q45
No    → Go to Q49

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Q48 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

---

Q45 How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

Tick ONE box

Strongly agree □
Agree □
Neither agree nor disagree □
Disagree □
Strongly disagree □

Q46 Do you have a choice in deciding how you go about your work?

Tick ONE box

Never □
Occasionally □
Some of the time □
Much of the time □
Most of the time □
All of the time □

Q47 Do you get help and support from your line manager?

Tick ONE box

Often □
Sometimes □
Seldom □
Never/ almost never □
Does not apply/ have no manager □
This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use at present? Tick ALL that apply.

- No method used – no sexual relationship with a man currently
- No method used – partner sterilised / had a vasectomy
- No method used – I have been sterilised / had a hysterectomy
- No method ever used – other reason
- Mini pill
- Combined pill
- Pill – not sure which
- Male condom
- Female condom
- Morning after pill
- Emergency intra-uterine device (IUD)
- Coil / intra-uterine device (IUD)
- Hormonal IUS (intra-uterine system) - MIRENA
- Cap / diaphragm
- Vaginal ring - Nuvaring
- Spermicides (foams/gels/sprays/pessaries)
- Contraceptive patch
- Injections
- Implants
- Natural family planning (safe period/rhythm method/Persona)
- Withdrawal
- Going without sexual intercourse to avoid pregnancy
- Another method of protection

Q49 The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.
Q51 Are there occasions when you (and a partner) do not use contraception?

Tick ONE box

Yes — Go to Q52

No — Go to Q54

Q52 Which of the following applies to you?

Tick ONE box

I (and a partner) usually use contraception — Go to Q53

I (and a partner) usually do not use contraception — Go to Q54

Q53 Here is a list of reasons why people do not use contraception. Which of these applies to you?

Tick ONE box

Don't like contraception/Find methods unsatisfactory — Go to Q54

My partner doesn't like — or won't use — contraception — Go to Q53

Don't know where to obtain contraceptives/advice — Go to Q54

Find access to contraceptive services difficult — Go to Q54

Some other reason

WRITE IN — Go to Q53

Q54 If you ticked more than one box at question 50 please answer question 55. Others go to question 57 on page 20.

Q55 You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes another?

Tick ONE box

In combination — Go to Q57

Sometimes one, sometimes another — Go to Q56

Q56 Which one do you use most often?

Tick ONE box

Mini pill

Combined pill

Pill – not sure which

Male condom

Female condom

Morning after pill

Emergency intra-uterine device (IUD)

Coil / intra-uterine device (IUD)

Hormonal IUS (intra-uterine system) - MIRENA

Cap / diaphragm

Vaginal ring - Nuvaring

Spermicides (foams/gels/sprays/pessaries)

Contraceptive patch

Injections

Implants

Natural family planning (safe period/rhythm method/Persona)

Withdrawal

Going without sexual intercourse to avoid pregnancy

Another method of protection

WRITE IN — Go to Q57

Use methods equally often
Q57 For how long have you not been using a method of contraception?

Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Go to Q60

Q58 Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these applies to you?

Tick ONE box

- I am pregnant
- I want to become pregnant
- Unlikely to conceive because of the menopause
- Unlikely to conceive because possibly infertile
- Don't like contraception/find methods unsatisfactory
- My partner doesn't like – or won't use - contraception
- Don't know where to obtain contraceptives/advice
- Find access to contraceptive services difficult
- Some other reason

WRITE IN

Go to Q59

Q59 For how long have you not been using a method of contraception?

Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Go to Q60

Q60 Have you used the emergency hormonal contraception pill in the last year? This is sometimes known as 'the morning after pill'.

Tick ONE box

- Yes Go to Q61
- No Go to Q64

Q61 On how many occasions in the last year have you used the emergency contraception pill?

WRITE IN
Q62. Where did you go for this (on the most recent occasion)?

Tick ONE box

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Hospital accident and emergency (A&E) department
- Any other place

WRITE IN

Q63. What was your main reason for using emergency contraception (on the most recent occasion)?

Tick ONE box

- Condom failure
- Missed pill/forgot to take the pill
- Other routine contraceptive failure
- Condom not available
- I or my partner did not want to use a condom
- Other reason

Q64. In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

Tick ALL that apply

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place

WRITE IN

Q65. Have you ever had a test for Chlamydia?

Tick ONE box

- Yes ➔ Go to Q66
- No ➔ Go to Q69
Q66  When did you have your last test for Chlamydia?

Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Q67  Where were you (last) tested for Chlamydia?

Tick ONE box

- General practice (GP) surgery
- Sexual health clinic / GUM clinic
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Self-collected test from pharmacy / chemist
- Self-collected test from internet
- Self-collected test from somewhere else
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else
- WRITE IN

Q68  Why were you (last) tested for Chlamydia?

Tick ALL that apply

- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with Chlamydia
- I wanted a general sexual health check-up
- Check-up after previous positive test
- I had no symptoms but I was worried about the risk of Chlamydia
- I was offered a routine test
- Other
- WRITE IN
EVERYONE PLEASE ANSWER

Q69  a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

   b) If you have had more than one of these, which were you told about most recently?

Tick ALL that apply

(a)                      (b)
Chlamydia                      Most
Gonorrhoea                      recent
Genital warts (venereal warts)                      
Syphilis                      
Trichomonas vaginalis (Trich, TV)                      
Herpes (genital herpes)                      
Pubic lice / crabs                      
Hepatitis B                      
Pelvic Inflammatory Disease (PID, salpingitis)                      
Vaginal thrush (Candida, yeast infection)                      
Bacterial vaginosis                      
An infection transmitted by sex – can’t remember which                      
None of these                      

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 72 ON PAGE 28, OTHERS PLEASE GO TO THE NEXT QUESTION

Q70  When were you last told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

Less than 1 year ago
Between 1 year and 2 years ago
Between 2 years and 3 years ago
Between 3 years and 4 years ago
Between 4 years and 5 years ago
More than five years ago
Have not had an infection transmitted by sex

Q71  Where were you last treated for an infection transmitted by sex?

Tick ONE box

A doctor or nurse at your GP’s surgery
Sexual health clinic (GUM clinic)
NHS Family planning clinic/contraceptive clinic/reproductive health clinic
NHS ante-natal clinic/midwife
Private non-NHS doctor or clinic
Youth advisory clinic (e.g. Brook clinic)
Pharmacy / chemist
Internet site offering treatment
Termination of pregnancy (abortion) clinic
Somewhere else
WRITE IN
Have not had an infection transmitted by sex
EVERYONE PLEASE ANSWER

Q72 How old were you when you first had sexual intercourse with a man?

Q73 Altogether, in your life so far, with how many women have you had sexual intercourse?

Q74 Are you certain of that number or have you had to estimate it?

Q75 Altogether, in the last year, with how many men have you had sexual intercourse?

Q76 Was a condom (sheath) used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

Q77 Have you ever had sex with a woman? That is, oral sex or other forms of genital contact.

Q78 Altogether, in your life so far, with how many women have you had sex?

Q79 Are you certain of that number or have you had to estimate it?

Q80 Altogether, in the last five years, with how many women have you had sex?

Thank you for answering these questions.

Please give the booklet back to the interviewer in the envelope provided.
Health Survey for England 2010

Booklet for Men 18-69

In Confidence

- Please look at the instructions on the next page for information on how to fill in this questionnaire.
- 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
Q1  Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

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.

Q2  Mobility

Tick one box

1  I have no problems walking about

2  I have some problems walking about

3  I am confined to bed

Q3  Self-Care

Tick one box

1  I have no problems with self-care

2  I have some problems washing or dressing myself

3  I am unable to wash or dress myself

Q4  Usual activities

Tick one box

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

2  I have some problems performing my usual activities

3  I am unable to perform my usual activities

Q5  Pain/Discomfort

Tick one box

1  I have no pain or discomfort

2  I have moderate pain or discomfort

3  I have extreme pain or discomfort

Q6  Anxiety/Depression

Tick one box

1  I am not anxious or depressed

2  I am moderately anxious or depressed

3  I am extremely anxious or depressed

Q7

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.
**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:**

<table>
<thead>
<tr>
<th>Question</th>
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<td>been able to concentrate on whatever you're doing?</td>
<td>Better than usual, Same as usual, Less than usual, Much less than usual</td>
</tr>
<tr>
<td>Q9</td>
<td>lost much sleep over worry?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
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<td>Q10</td>
<td>felt you were playing a useful part in things?</td>
<td>More so than usual, Same as usual, Less useful than usual, Much less useful</td>
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<td>Q13</td>
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<td>Q16</td>
<td>been feeling unhappy and depressed?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
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<tr>
<td>Q17</td>
<td>been losing confidence in yourself?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
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<tr>
<td>Q18</td>
<td>been thinking of yourself as a worthless person?</td>
<td>More so than usual, About same as usual, Less so than usual, Much less so than usual</td>
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<tr>
<td>Q19</td>
<td>been feeling reasonably happy, all things considered?</td>
<td>More so than usual, About same as usual, Less so than usual, Much less so than usual</td>
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</tbody>
</table>
GENERAL WELLBEING

Q20  Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
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<td>4</td>
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<td>I've had energy to spare</td>
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<td>3</td>
<td>4</td>
</tr>
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<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.

Q21  Are you currently in paid employment?

Tick ONE box

Yes → Go to Q22
No → Go to Q26

Q22  How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

Tick ONE box

Strongly agree
Agree
Neither agree nor disagree
Disagree
Strongly disagree

Q23  Do you have a choice in deciding HOW you go about your work?

Tick ONE box

Never
Occasionally
Some of the time
Much of the time
Most of the time
All of the time

Q24  Do you get help and support from your line manager?

Tick ONE box

Often
Sometimes
Seldom
Never/ almost never
Does not apply/ have no manager
Q 25 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

Q 26 The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.
Q27 This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use at present?

- The contraceptive pill
- Male condom
- Female condom
- Emergency contraception (morning after pill)
- Long acting reversible contraception – IU (intra-uterine) Devices / Systems, contraceptive injections, patches, implants
- Another method of protection
- No method
- No sexual relations with a woman currently

Go to Q28

Q28 In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place
- WRITE IN
- I have not sought advice or supplies

Go to Q29

Q29 Have you ever had a test for Chlamydia?

- Yes
- No

Go to Q30

Go to Q33

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Q30 When did you have your last test for Chlamydia? 
Tick ONE box 
Less than 3 months 
At least 3 months, less than 6 months 
At least 6 months, less than 1 year 
At least 1 year, less than 2 years 
At least 2 years, less than 5 years 
5 years or more 

Q31 Where were you (last) tested for Chlamydia? 
Tick ONE box 
General practice (GP) surgery 
Sexual health clinic / GUM clinic 
NHS Family planning clinic/contraceptive clinic/reproductive health clinic 
NHS ante-natal clinic/midwife 
Private non-NHS doctor or clinic 
Youth advisory clinic (e.g. Brook clinic) 
Self-collected test from pharmacy / chemist 
Self-collected test from internet 
Self-collected test from somewhere else 
Termination of pregnancy (abortion) clinic 
Hospital accident and emergency (A&E) department 
Somewhere else WRITE IN

Q32 Why were you (last) tested for Chlamydia? 
Tick ALL that apply 
I had symptoms 
My partner had symptoms 
I was notified because a partner was diagnosed with Chlamydia 
I wanted a general sexual health check-up 
Check-up after previous positive test 
I had no symptoms but I was worried about the risk of Chlamydia 
I was offered a routine test 
Other WRITE IN

Go to Q31
Go to Q32
EVERYONE PLEASE ANSWER

Q33 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

<table>
<thead>
<tr>
<th>(a)</th>
<th>(b)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ever</td>
<td>Most recent</td>
</tr>
<tr>
<td>Tick ALL that apply</td>
<td>Tick ONE box</td>
</tr>
<tr>
<td>Chlamydia</td>
<td></td>
</tr>
<tr>
<td>Gonorrhoea</td>
<td></td>
</tr>
<tr>
<td>Genital warts (venereal warts)</td>
<td></td>
</tr>
<tr>
<td>Syphilis</td>
<td></td>
</tr>
<tr>
<td>Trichomonas vaginalis (Trich, TV)</td>
<td></td>
</tr>
<tr>
<td>Herpes (genital herpes)</td>
<td></td>
</tr>
<tr>
<td>Pubic lice / crabs</td>
<td></td>
</tr>
<tr>
<td>Hepatitis B</td>
<td></td>
</tr>
<tr>
<td>NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)</td>
<td></td>
</tr>
<tr>
<td>Epididymitis</td>
<td></td>
</tr>
<tr>
<td>An infection transmitted by sex – can’t remember which</td>
<td></td>
</tr>
<tr>
<td>None of these</td>
<td></td>
</tr>
</tbody>
</table>

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 36 ON PAGE 16, OTHERS PLEASE GO TO THE NEXT QUESTION

Q34 When were you last told by a doctor or health professional that you had an infection transmitted by sex?

- Less than 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- Between 3 years and 4 years ago
- Between 4 years and 5 years ago
- More than 5 years ago

Q35 Where were you last treated for an infection transmitted by sex?

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet site offering treatment
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else

WRITE IN  |  |  |  |  |  |  |  |  |  |  |  |  |  |
EVERYONE PLEASE ANSWER

Q36 How old were you when you first had sexual intercourse with a woman?

Q37 Altogether, in your life so far, with how many women have you had sexual intercourse?

Q38 Are you certain of that number or have you had to estimate it?

Q39 Altogether, in the last year, with how many women have you had sexual intercourse?

Q40 Was a condom (sheath) used on any occasions of having vaginal or anal sex with a woman in the last 4 weeks?

Q41 Have you ever had sex with a man? That is, oral or anal sex or any other forms of genital contact.

Q42 Altogether, in your life so far, with how many men have you had sex?

Q43 Are you certain of that number or have you had to estimate it?

Q44 Altogether, in the last five years, with how many men have you had sex?

Q45 IF YOU HAVE NEVER HAD SEX WITH A WOMAN, PLEASE GO TO THE END OF THE BOOKLET, OTHERS PLEASE GO TO QUESTION 46

Q46 Have you ever paid money for sex with a woman?

Q47 When was the last time you paid for sex with a woman?
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:

- Ticked one box
- Very healthy life
- Fairly healthy life
- Not very healthy life
- An unhealthy life

Do you feel that you lead a ...?

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

Example:

- Write in no. 6

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

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

Example:

- Ticked one box
- Yes
- Go to Q4
- No
- Go to Q5

D. For some of the questions you will not need to give an answer. These have been put in to direct you to another point of the questionnaire, based on the answers you have already given.

Example:

If you ticked more than one box at question 10, please answer question 11. Others please go to question 15 on page 8.
**Q1**
Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

<table>
<thead>
<tr>
<th>Score</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>Very unhappy</td>
</tr>
<tr>
<td>5</td>
<td>Moderately unhappy</td>
</tr>
<tr>
<td>10</td>
<td>Very happy</td>
</tr>
</tbody>
</table>

**Q6 Anxiety/Depression**
Tick one box

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

**Q7 Best imaginable health state**
To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

**Q2 Mobility**
Tick one box

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

**Q3 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

**Q4 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

**Q5 Pain/Discomfort**
Tick one box

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

**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.
### 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:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Tick box</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q8</strong> been able to concentrate on whatever you’re doing?</td>
<td>Better than usual, Same as usual, Less than usual, Much less than usual</td>
</tr>
<tr>
<td><strong>Q9</strong> lost much sleep over worry?</td>
<td>Not at all, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
<tr>
<td><strong>Q10</strong> felt you were playing a useful part in things?</td>
<td>More so than usual, Same as usual, Less so than usual, Much less useful</td>
</tr>
<tr>
<td><strong>Q11</strong> felt capable of making decisions about things?</td>
<td>More so than usual, Same as usual, Less so than usual, Much less capable</td>
</tr>
<tr>
<td><strong>Q12</strong> felt constantly under strain?</td>
<td>Not at All, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
<tr>
<td><strong>Q13</strong> felt you couldn’t overcome your difficulties?</td>
<td>Not at All, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
</tbody>
</table>

---

### Additional Questions

**Have you recently:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Tick box</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Q14</strong> been able to enjoy your normal day-to-day activities?</td>
<td>More so than usual, Same as usual, Less so than usual, Much less able</td>
</tr>
<tr>
<td><strong>Q15</strong> been able to face up to your problems?</td>
<td>Not at All, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
<tr>
<td><strong>Q16</strong> been feeling unhappy and depressed?</td>
<td>Not at All, No more than usual, Rather more than usual, Much more than usual</td>
</tr>
<tr>
<td><strong>Q17</strong> been losing confidence in yourself?</td>
<td>Not at All, No more than usual, Rather more than usual, Much more than usual</td>
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**GENERAL WELLBEING**

**Q20** Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

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<th>Statement</th>
<th>None of the time</th>
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<td></td>
<td></td>
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<tr>
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<td>1 2 3 4 5</td>
<td></td>
<td></td>
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<td></td>
</tr>
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<td>1 2 3 4 5</td>
<td></td>
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<td>I’ve been feeling interested in other people</td>
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<td></td>
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<td></td>
<td></td>
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<td>I’ve been feeling loved</td>
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<td></td>
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</tr>
<tr>
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<td></td>
</tr>
<tr>
<td>I’ve been feeling cheerful</td>
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</table>

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**Q21** Are you currently in paid employment?

**Tick ONE box**

- Yes → Go to Q22
- No → Go to Q26

**Q22** How much do you agree or disagree with the statement that ‘I feel able to cope with the demands of my job’?

**Tick ONE box**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree

**Q23** Do you have a choice in deciding how you go about your work?

**Tick ONE box**

- Never
- Occasionally
- Some of the time
- Much of the time
- Most of the time
- All of the time

**Q24** Do you get help and support from your line manager?

**Tick ONE box**

- Often
- Sometimes
- Seldom
- Never/almost never
- Does not apply/have no manager
Q25 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box:

<table>
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<tr>
<th>0</th>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
<th>100</th>
</tr>
</thead>
</table>

Q26 The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

If you are aged 18-54 please turn to the next page to answer question 27, otherwise please go to question 46 on page 19.
Q27  This is a list of possible contraception methods. Which, if any, do you (and a partner) usually use at present?

Tick ALL that apply

10  No method used – no sexual relationship with a man currently
11  No method used – partner sterilised/had a vasectomy
12  No method used – I have been sterilised/had a hysterectomy
13  No method ever used – other reason
14  Mini pill
15  Combined pill
16  Pill – not sure which
17  Male condom
18  Female condom
19  Contraceptive patch
20  Contraceptive ring
21  Vaginal ring – Nuvaring
22  Spermicides (foams/gels/sprays/pessaries)
23  Contraceptive patch
24  Injections
25  Implants
26  Natural family planning (safe period/rhythm method/Persona)
27  Withdrawal
28  Going without sexual intercourse to avoid pregnancy
29  Another method of protection

Go to Q28

Q28  Are there occasions when you (and a partner) do not use contraception?

Tick ONE box

1  Yes  Go to Q29
2  No  Go to Q31

Q29  Which of the following applies to you?

I (and a partner) usually use contraception
I (and a partner) usually do not use contraception

Go to Q30

Q30  Here is a list of reasons why people do not use contraception. Which of these applies to you?

Tick ONE box

1  Don’t like contraception/Find methods unsatisfactory
2  My partner doesn’t like – or won’t use – contraception
3  Don’t know where to obtain contraceptives/advice
4  Find access to contraceptive services difficult
5  Some other reason

WRITE IN

Go to Q31

Q31  If you ticked more than one box at question 27 please answer question 32. Others please go to question 34 on page 13.

Q32  You have mentioned that you usually use more than one method. Do you use them in combination or do you sometimes use one and sometimes another?

Tick ONE box

1  In combination  Go to Q34
2  Sometimes one, sometimes other  Go to Q33
Q33  Which one do you use most often?

Tick ONE box

- Mini pill
- Combined pill
- Pill – not sure which
- Male condom
- Female condom
- Morning after pill
- Emergency intra-uterine device (IUD)
- Coil / intra-uterine device (IUD)
- Hormonal IUS (intra-uterine system) - MIRENA
- Cap / diaphragm
- Vaginal ring - Nuvaring
- Spermicides (foams/gels/sprays/pessaries)
- Contraceptive patch
- Injections
- Implants
- Natural family planning (safe period/rhythm method/Persona)
- Withdrawal
- Going without sexual intercourse to avoid pregnancy
- Another method of protection WRITE IN
- Use methods equally often

Go to Q34

Q34  For how long have you been using your usual method/ the method you use most often?

Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Go to Q36

Q35  Here is a list of reasons why people do not use any method for preventing pregnancy. Which of these applies to you?

Tick ONE box

- I am pregnant
- I want to become pregnant
- Unlikely to conceive because of the menopause
- Unlikely to conceive because possibly infertile
- Don’t like contraception/Find methods unsatisfactory
- My partner doesn’t like – or won’t use – contraception
- Don’t know where to obtain contraceptives/advice
- Find access to contraceptive services difficult
- Some other reason WRITE IN

Go to Q37
Q36 For how long have you not been using a method of contraception?

Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

Go to Q37

Q37 Have you used the emergency hormonal contraception pill in the last year? This is sometimes known as 'the morning after pill'.

Tick ONE box

- Yes
- No

Go to Q38

Go to Q41

Q38 On how many occasions in the last year have you used the emergency contraception pill?

Write in

Q39 Where did you go for this (on the most recent occasion)?

Tick ONE box

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Hospital accident and emergency (A&E) department
- Any other place WRITE IN

Q40 What was your main reason for using emergency contraception (on the most recent occasion)?

Tick ONE box

- Condom failure
- Missed pill/forgot to take the pill
- Other routine contraceptive failure
- Condom not available
- I or my partner did not want to use a condom
- Other reason
**Q41** In the past year have you sought advice on contraception, or obtained supplies, from any of these sources?  
Tick All that apply (if any):

- A doctor or nurse at your GP’s surgery
- Sexual health clinic (GUM clinic)
- NHS family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet website
- Supplies from school/college/university services
- Over the counter at a petrol station/supermarket/other shop
- Vending machine
- Mail order
- Hospital accident and emergency (A&E) department
- Any other place
  WRITE IN

- I have not sought advice or supplies

**Q42** Have you ever had a test for Chlamydia?  
Tick ONE box

- Yes [ ] Go to Q43
- No [ ] Go to Q46

**Q43** When did you have your last test for Chlamydia?  
Tick ONE box

- Less than 3 months
- At least 3 months, less than 6 months
- At least 6 months, less than 1 year
- At least 1 year, less than 2 years
- At least 2 years, less than 5 years
- 5 years or more

**Q44** Where were you (last) tested for Chlamydia?  
Tick ONE box

- General practice (GP) surgery
- Sexual health clinic / GUM clinic
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Self-collected test from pharmacy / chemist
- Self-collected test from internet
- Self-collected test from somewhere else
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else
  WRITE IN
Q45 Why were you (last) tested for Chlamydia?

Tick ALL that apply

- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with Chlamydia
- I wanted a general sexual health check-up
- Check-up after previous positive test
- I had no symptoms but I was worried about the risk of Chlamydia
- I was offered a routine test
- Other

WRITE IN

Q46 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

Ever

Most recent

Tick ALL that apply

- Chlamydia
- Gonorrhoea
- Genital warts (venereal warts)
- Syphilis
- Trichomonas vaginalis (Trich, TV)
- Herpes (genital herpes)
- Pubic lice / crabs
- Hepatitis B
- Pelvic Inflammatory Disease (PID, salpingitis)
- Vaginal thrush (Candida, yeast infection)
- Bacterial vaginosis
- An infection transmitted by sex – can’t remember which
- None of these

IF YOU HAD NONE OF THESE PLEASE GO TO QUESTION 49 ON PAGE 21, OTHERS PLEASE GO TO THE NEXT QUESTION
Q47 When were you last told by a doctor or health professional that you had an infection transmitted by sex?

- Less than 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- Between 3 years and 4 years ago
- Between 4 years and 5 years ago
- More than 5 years ago
- Have not had an infection transmitted by sex

Q48 Where were you last treated for an infection transmitted by sex?

- A doctor or nurse at your GP's surgery
- Sexual health clinic (GUM clinic)
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy / chemist
- Internet site offering treatment
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else
- WRITE IN
- Have not had an infection transmitted by sex

Q49 How old were you when you first had sexual intercourse with a man?

- Go to Q50
- Write in

Q50 Altogether, in your life so far, with how many men have you had sexual intercourse?

- Go to Q54
- Write in

Q51 Are you certain of that number or have you had to estimate it?

- Tick ONE box
- Certain
- Estimate

Q52 Altogether, in the last year, with how many men have you had sexual intercourse?

- Go to Q53
- Write in

Q53 Was a condom (sheath) used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

- Tick ONE box
- Yes, used on every occasion
- Yes, used on some occasions
- No, not used in the last 4 weeks
- Not had vaginal or anal sex in last 4 weeks

Q54 Have you ever had sex with a woman? That is, oral sex or other forms of genital contact.

- Tick ONE box
- Yes
- No

Everyone please answer
Q55  Altogether, in your life so far, with how many women have you had sex?

Write in

Q56  Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain

Estimate

Q57  Altogether, in the last five years, with how many women have you had sex?

Write in

Thank you for answering these questions.
Please give the booklet back to the interviewer in the envelope provided.
Q1  Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

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.

Q2  Mobility

Tick one box

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

Q3  Self-Care

Tick one box

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

Q4  Usual activities

Tick one box

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

Q5  Pain/Discomfort

Tick one box

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort
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 Anxiety/Depression

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

Q7

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

Q8 been able to concentrate on whatever you’re doing?

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

Q9 lost much sleep over worry?

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

Q10 felt you were playing a useful part in things?

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

Q11 felt capable of making decisions about things?

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

Q12 felt constantly under strain?

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

Q13 felt you couldn’t overcome your difficulties?

- Not at all
- No more than usual
- Rather more than usual
- Much more than usual
**GENERAL WELLBEING**

Q20 Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td></td>
<td></td>
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<tr>
<td>I've been feeling relaxed</td>
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<tr>
<td>I've been feeling interested in other people</td>
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<tr>
<td>I've had energy to spare</td>
<td></td>
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<tr>
<td>I've been dealing with problems well</td>
<td></td>
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<td></td>
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<tr>
<td>I've been thinking clearly</td>
<td></td>
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<tr>
<td>I've been feeling good about myself</td>
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<tr>
<td>I've been feeling close to other people</td>
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<tr>
<td>I've been feeling confident</td>
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</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)**

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Q21 Are you currently in paid employment?

Tick ONE box

- Yes ➔ Go to Q22
- No ➔ Go to end
Q 22  How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job'?

Tick ONE box

Strongly agree  □
Agree  □
Neither agree nor disagree  □
Disagree  □
Strongly disagree  □

Q 23  Do you have a choice in deciding HOW you go about your work?

Tick ONE box

Never  □
Occasionally  □
Some of the time  □
Much of the time  □
Most of the time  □
All of the time  □

Q 24  Do you get help and support from your line manager?

Tick ONE box

Often  □
Sometimes  □
Seldom  □
Never/ almost never  □
Does not apply/ have no manager  □

Q 25  How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.
- 0 means that such a change will definitely not take place.
- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

Thank you for answering these questions.
Please give the booklet back to the interviewer.
HEALTH SURVEY FOR ENGLAND 2010

Hospital Episode Statistics
(Adults 16+)

• Thank you for the information that you have provided about your health.
• With your permission, we would like to find out more about your health and treatment from NHS records.
• The Hospital Episode Statistics register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, type of illness, type of operation, maternity care and waiting time.
• We would like to ask for your consent for us to link information about your health and treatment from this database.
• This information will be confidential and used for research purposes only.
• Names and addresses will never be included in these results and no individual can be identified from the research.
• You can cancel this permission at any time in the future by writing to us at the following address: National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

Your consent:

I authorise the NHS Information Centre to disclose to the National Centre for Social Research a link to information about my health and treatment held on the Hospital Episode Statistics database.

I understand that the information obtained will be limited to the purposes of this study and will cover dates of admission to and discharge from hospital, diagnoses received and treatments given. The link to this information can only be used by researchers who have gained ethical approval for analysing this database. This consent will remain valid until revoked by me in writing.

___________________________  _________________  __________________________________
Respondent Name  Date  Respondent Signature

___________________________  _________________  __________________________________
Interviewer Name  Date  Interviewer Signature

You can cancel this permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.
HEALTH SURVEY FOR ENGLAND 2010

NHS Central Register and Cancer Register

(Adults 16+)

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the Health Survey.
- If a person who took part in the Health Survey gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.
- You can cancel this permission at any time in the future by writing to us at the following address:
  National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.

Your consent:

I consent to the National Centre for Social Research /UCL Joint Health Surveys Unit passing my name, address and date of birth to the National Health Service Central Register.

I understand that information held by the NHS Central Register may be used to follow up my health status. I understand that these details will be used for research purposes only.

__________________________________________________________
Respondent Name Date Respondent Signature

__________________________________________________________
Interviewer Name Date Interviewer Signature

You can cancel this permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.
**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

- **NatPs1**
  - Parent type of Parent 1.
  - 1 Parent
  - 2 Legal parental responsibility

**P2**

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

**IF P2 IN [1..12] THEN**

- **NatPs2**
  - Parent type of Parent 2.
  - 1 Parent
  - 2 Legal parental responsibility

**ENDIF**

**ENDIF**

**AdrField**

Please enter the first ten characters of the first line of the address taken from the Nurse Record Form. Make sure to type it exactly as it is printed.

- **Text:** Maximum 10 characters
Introduction

IF OC = 1 THEN

Info
You are in the Nurse Schedule for:
Person Number:
Name:
Age:
Sex:
Can you interview this person?
1   Yes, I will do the interview now
2   No, I will not be able to do this interview

ELSEIF OC=2 THEN

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

ENDIF

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

NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW.

NDoBD
Can I just check your date of birth?

NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT’S) DATE OF BIRTH SEPARATELY

ENTER THE DAY HERE.

NDoBM
NURSE: ENTER THE CODE FOR THE MONTH OF NATALIE’S DATE OF BIRTH.

NDoBY
ENTER THE YEAR OF NATALIE’S DATE OF BIRTH.

ConfAge
Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.
Range: 0..120
Prescribed medicines, drug coding and folic acid

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 or nurse?
NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.
1   Yes
2   No
3   Yes, but unable to code as name of drug(s) not available.

MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor or nurse?
NURSE: INCLUDING THE CONTRACEPTIVE PILL.
1   Continue
Collect details of up to 22 prescribed medicines

FOR i:= 1 TO 22 DO
IF (i = 1) OR (MedBIC[i-1] = Yes) THEN
MedBI[i]
NURSE: ENTER NAME OF DRUG NO. (1,2,3..etc.) ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICINES CURRENTLY BEING TAKEN IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME. Text: Maximum 30 characters
MedBIA[i]
Have you taken/used (name of medicine) in the last 7 days?
1   Yes
2   No
ENDIF
ENDDO

TBMed
Are you currently taking any medications for the treatment of tuberculosis?
1   Yes
2   No
IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN

*Statin*
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist, without prescription from a doctor?
NURSE: HERE ARE SOMEEXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT OVER THE COUNTER:
Atorvastatin (Lipitor)
Fluvastatin (Lescol, Lescol XL)
Pravastatin (Lipostat)
Rosuvastatin (Crestor) and Simvastatin (Zocor)
1 Yes
2 No

IF Statins = Yes THEN

*StatinA*
Have you taken/used statins in the last 7 days?
1 Yes
2 No
ENDDF
ENDIF

*Melatonin*
Are you currently taking any melatonin supplements such as tablets, capsules, creams or liquid drops? These may be prescribed such as Circadin or be bought over the counter.
1 Yes
2 No

IF MedCNJD = Yes THEN

*Drug coding block*

*INTRO*
NURSE: PLEASE COMPLETE DRUG CODING FOR
Person (person no.) (person name)
PRESS 1 AND <Enter> TO CONTINUE.
1 Continue

*REPEAT FOR UP TO 22 DRUGS CODED*

FOR j=1 TO (Number of drugs recorded) DO

DrC1
NURSE: ENTER CODE FOR (name of drug)
Enter 999999 IF UNABLE TO CODE
Text: Maximum 6 characters

IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN

*YTake1*
Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason?
1 Heart problem
2 High blood pressure
3 Other reason

IF YTake1 = Other THEN

TakeOth1
NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (name of drug):
Text: Maximum 255 characters
ENDDF
ENDIF
ENDDO
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
ENDIF
Nicotine replacements

**Nicotine replacement therapy**

**ASK IF RESPONDENT AGED 16 AND OVER**

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

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

**LastSmok**
How long is it since you last smoked a cigarette, (and/or a cigar, (and/or a) pipe)?
1   Within the last 30 minutes
2   Within the last 31-60 minutes
3   Over an hour ago, but within the last 2 hours
4   Over two hours ago, but within the last 24 hours
5   More than 24 hours ago
ENDIF

**UseNic**
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?
NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.
1   Yes
2   No

IF UseNic=Yes THEN

**UseGum**
First, in the last seven days have you used any nicotine chewing gum?
1   Yes
2   No

IF UseGum=Yes THEN

**GumMG**
What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN’T SAY - ASK TO SEE PACKET
1   2mg
2   4mg
3   Can’t say (and no packet available)
ENDIF

**UsePat**
In the last seven days have you used nicotine patches that you stick on your skin?
1   Yes
2   No
The Health Survey for England 2010 - Nurse Schedule

Blood pressure

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

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
1 Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.

IF Age of Respondent is over 15 years THEN
BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
1 Continue
ELSE (Respondent aged 5-15)
BPBlurb
READ OUT TO PARENT/PARENTS: (As I mentioned earlier) we would like to measure (name of child’s) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (name of child’s) blood pressure should be measured again.
1 Continue
ENDIF

BPConst
NURSE: Does the respondent agree to blood pressure measurement?
1 Yes, agrees
2 No, refuses
3 Unable to measure BP for reason other than refusal

OMRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:

Range: 001..999

CuFSize
SELECT CUFF AND ATTACH TO THE RESPONDENT’S RIGHT ARM. ASK RESPONDENT TO SIT STILL FOR FIVE MINUTES.
The Health Survey for England 2010 - Nurse Schedule

Blood pressure

READ OUT: I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs must remain uncrossed. After the 5 minutes I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are.

RECORD CUFF SIZE CHOSEN:
1. Child (15-22 cm)
2. Adult (22-32 cm)
3. Large adult (32-42 cm)

AirTemp
RECORD THE AMBIENT AIR TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE
Range: 00.0..40.0

BPReady
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS.
ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO THE START MEASUREMENTS.
1. Continue

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

FOR I:= 1 TO 3 DO
Map[i]
TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) MAP READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER “996”.
Range: 001..999

Pulse[i]
Enter (FIRST/SECOND/THIRD) PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

Sys[i]
Enter (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

Dias[i]
Enter (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999
ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN:
YN0BP
ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS
1. Blood pressure measurement attempted but not obtained
2. Blood pressure measurement not attempted
3. Blood pressure measurement refused
ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:
NAttBP
RECORD WHY (ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING). CODE ALL THAT APPLY.
0. Problems with PC
1. Respondent upset/anxious/nervous
2. Error reading
3. (IF AGED UNDER 16: Too shy)
4. (IF AGED UNDER 16: Child would not sit still long enough)
5. Problems with cuff fitting/painful
6. Problems with equipment (not error reading)
95 Other reason(s) (SPECIFY AT NEXT QUESTION)

IF NattBP = Other THEN
OthNBP
ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
Text: Maximum 140 characters
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
DifBPC
RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
1. No problems taking blood pressure
2. Reading taken on left arm because right arm not suitable
3. Respondent was upset/anxious/nervous
4. Problems with cuff fitting/painful
5. Problems with equipment (not error reading)
6. Error reading
95 Other problems (SPECIFY AT NEXT QUESTION)

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

ENDIF
The Health Survey for England 2010 - Nurse Schedule

Blood pressure

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

**BP Offer**

**NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.**

**Systolic**  **Diastolic**  **Pulse**

i)  (First Systolic reading)  (First Diastolic reading)  (First Pulse reading)

ii) (Second Systolic reading)  (Second Diastolic reading)  (Second Pulse reading)

iii) (Third Systolic reading)  (Third Diastolic reading)  (Third Pulse reading)

**ENTER ON THEIR MEASUREMENT RECORD CARD** (COMPLETE NEW RECORD CARD IF REQUIRED).

**ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING**

IF Systolic reading >179 OR Diastolic reading >114 THEN

TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a once-off finding or not.

**NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.**

IF Systolic reading 160-179 OR Diastolic reading 100-114 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (Men aged 50+) THEN

TICK THE MODERATELY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+) THEN

TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a once-off finding or not.

IF Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading c<160 AND Diastolic reading <95 (Men aged 50+) THEN

TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF

ENDIF

ENDIF

ENDIF
Waist and Hip circumference
ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHIntro
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.
  1 Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body.
  1 Respondent agrees to have waist/hip ratio measured
  2 Respondent refuses to have waist/hip ratio measured
  3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN
Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.
FOR Loop:= 1 TO 3 DO
  IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND
    (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) >
    3)) THEN
    Waist
    NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
    ENTER (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES
    (Remember to include the decimal point).
    IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
    Range: 45.0..1000.0
  ENDIF
  IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND
    (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) >
    3)) THEN
    Hip
    NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
    ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN
    CENTIMETRES (Remember to include the decimal point).
    IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
    Range: 75.0..1000.0
  ENDIF
ENDDO
IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN
  YNoWH
  ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
  1 Both measurements refused
  2 Attempted but not obtained
  3 Measurement not attempted
ENDIF

IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR
    only one waist/hip measurement obtained) THEN
  WHPNABM
  GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/FOR NOT OBTAINING
  MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT
  OBTAINED), CODE ALL THAT APPLY.
  1 Respondent is in a wheelchair
  2 Respondent is confined to bed
  3 Respondent is too stooped
  4 Respondent did not understand the procedure
  5 Respondent is embarrassed / sensitive about their size
  6 No time / busy / already spent enough time on this survey
  95 Other (SPECIFY AT NEXT QUESTION)
ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND
    Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN
  WJRel
  RECORD ANY PROBLEMS WITH WAIST MEASUREMENT.
  1 No problems experienced, reliable waist measurement
  2 Problems experienced - waist measurement likely to be reliable
  3 Problems experienced - waist measurement likely to be slightly unreliable
  4 Problems experienced - waist measurement likely to be unreliable
  IF WJRel = Problems experienced THEN
    ProbWJ
    RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
    DECREASE THE WAIST MEASUREMENT.
    1 Increases measurement (e.g. bulky clothing)
    2 Decreases measurement (e.g. very tight clothing)
    3 Measurement not affected
  ENDIF
ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND
    Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN
  HJRel
  RECORD ANY PROBLEMS WITH HIP MEASUREMENT (include here restrictions
  from type of clothing worn such as saris or religious/cultural items worn on the
  body):
  1 No problems experienced, reliable hip measurement
  2 Problems experienced - hip measurement likely to be reliable
  3 Problems experienced - hip measurement likely to be slightly unreliable
  4 Problems experienced - hip measurement likely to be unreliable
  IF HJRel = Problems experienced THEN
    ProbHJ
    RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
    DECREASE THE HIP MEASUREMENT.
    1 Increases measurement (e.g. bulky clothing)
    2 Decreases measurement (e.g. very tight clothing)
    3 Measurement not affected
  ENDIF
ENDIF
IF HJPrel = Problems experienced THEN
ProbHJPrel
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.
1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected
ENDIF
ENDIF

IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN
WHRes
NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT’S MEASUREMENT RECORD CARD.
Waist: (Waist measurements 1 and 2)
Hip: (Hip measurements 1 and 2)
Press <1> and <Enter> to continue.
ENDIF
ENDIF
Lung Function Module

IF Respondent aged 7 and over THEN

LungMod
NURSE: Now follows the Lung Function module
Press <1> and <Enter> to continue.

LungInt
The next part of my visit is a lung function test. This will involve you breathing out as hard and as fast as (he/she) can for as long as (he/she) can into a tube. Before I explain more about the test, I need to ask you a couple of questions to make sure it is safe for (him/her) to do.

Press <1> and <Enter> to continue.

LungSurg
Can I check, have you had abdominal or chest surgery in the past 3 months?
1 Yes 2 No

LungEye
Do you have detached retina or (have/has) (he/she) had eye or ear surgery in the past 3 months?
1 Yes 2 No

IF LungEye=No AND age>15 THEN

LungHrt
Have you had a heart attack in the past 3 months?
1 Yes 2 No

ENDIF

IF LungHrt = No THEN

LungHosp
Have you been admitted to hospital with a heart complaint in the past month?
1 Yes 2 No

ENDIF

ENDIF

ENDIF

LungEx
Derived: Excluded from lung function test?
: Yes No

IF LungSurg=1 OR LungEye=1 OR LungHrt=1 OR LungHosp=1 OR TBMed=1 OR PkAv>120 THEN

NoLungT
The Health Survey for England 2010 - Nurse Schedule

Lung function

IF LungSmok=Yes THEN
LungSmHr
How many hours ago did you last smoke?
NURSE: Code the number of hours. If less than one hour, code 0.
Range: 0..24
ENDIF
ENDIF

IF LungTest=1 THEN
LungInhl
(Can I just check) Have you used an inhaler, puffer or any medication for (his/her) breathing in the last 24 hours?
1 Yes
2 No
IF LungInhl=Yes THEN
LungInHr
How many hours ago did you last use it?
NURSE: Code the number of hours. If less than one hour, code 0.
: 0..24
ENDIF
LungExpl
NURSE: Explain the manoeuvre to the respondent.
Point out the following:
- They need to put a nose clip on.
- They need to breath in as deeply as they can
- They need to put the spirette in their mouth.
- They need to form a seal around the mouthpiece with their lips.
- They need to make sure their tongue is not blocking the spirette.
- Straightaway they need to blast the air out as hard as they can.
- They need to keep breathing out for as long as possible and that you will encourage them to do this.
- When they have finished breathing out to then remove the spirette from their mouth.
- To be accepted the blow needs to be at least 3 seconds long but ideally at least 6 seconds long.
- They will do a minimum of 3 blows and a maximum of 8 blows.
- After each blow, the laptop will tell you if the blow was accepted and if another blow is required.
- They can stop at any time.
NURSE: If respondent wears dentures they should leave them in as a tighter seal will be achieved. If the dentures are loose, the respondent can remove them.
Press <1> and <Enter> to continue.
LungDemo
NURSE: Demonstrate the blow to the respondent using a spirette that is not attached to the spirometer and a nose clip.
ASK: Do you have any questions?
NURSE: Connect the spirometer to the laptop.

NURSE: This respondent is not eligible for a lung function test. Circle code 06 on the front of the Consent Booklet. Explain to the respondent that it will not be safe for them to do the lung function test.
Press <1> and <Enter> to continue.

{Ask if not excluded}
LungTest
A lung function test tells you how well your lungs are working. It measures how fast you can push air out of your lungs as well as how much air your lungs can breathe out. How the results are interpreted depends on your age, sex, height and ethnicity. For this reason I will not be able to interpret the results for you, however should you agree, the results can be sent to your GP who is in the best place to tell you what they mean.

To do the test you will need to blow out into a tube as hard and as fast as (he/she) can for as long as (he/she) can. To get an accurate test (he/she) will need to do this at least 3 times but no more than 8 times.

Would you be willing to have your lung function measured?
1 Yes, agrees
2 No, refuses
3 Yes but unable to take lung function measurement for reason other than refusal
IF LungTest=3 THEN
NoAttLF
NURSE: Record why unable to take reading.
CODE ALL THAT APPLY.
0 Problems with PC
1 Respondent is breathless
2 Respondent is unwell
3 Respondent upset/anxious/nervous
4 Nurse concern over respondent safety
5 Equipment / software problems
95 Other reason (PLEASE SPECIFY)
ENDIF
IF NoAttLF=95 THEN
NoAttO
NURSE Give other reason why the respondent did not attempt / refused lung function test
ENDIF
ENDIF
IF LungTest=1 AND Smoke=1-3 THEN
LungSmok
Can I just check, have you smoked in the last 24 hours? This may have been a cigarette, cigar or pipe.
1 Yes
2 No

Insert a spirette into the spirometer, ensuring that the plastic bag stays on the mouthpiece of the spirette.
Press <1> and <Enter> to continue.

LungPrac
NURSE: Give the spirometer to the respondent and ask them to remove the plastic bag from the mouthpiece. Ask the respondent to put the mouthpiece in their mouth and the nose clip on and to breathe normally through the tube. Explain that this is so they can get comfortable with the spirette in their mouth and that they should not do a practice blow. Once they are comfortable with the equipment, ask the respondent to hand the spirometer back as you will now start the spirometer program and will need to set the baseline.
PRESS <1> AND <Enter> TO LAUNCH THE SPIROMETRY SOFTWARE

AFTER NURSE HAS EXITED THE NDD SOFTWARE BRING FORWARD THE SESSION QUALITY FROM THE SOFTWARE INTO CAPI

HTFVC
Highest technically satisfactory value for FVC.
: 0.00..9.96

PRFVC
Predicted value for FVC.
: 0.00..9.96

PCFVC
FVC as percentage of predicted FVC.
: 0..100

HTFEV
Highest technically satisfactory value for FEV.
: 0.00..9.95

PRFEV
Predicted value for FEV.
: 0.00..9.95

PCFEV
FEV as percentage of predicted FEV.
: 0..100

HTPEF
Highest technically satisfactory value for PEF.
: 0..995

PRPEF
Predicted value for PEF.
: 0..995

PCPEF
PEF as percentage of predicted PEF.
: 0..100

NullLF
NURSE: Record why you were unable to take any readings.
CODE ALL THAT APPLY.
0 Problems with PC
1 Respondent did not understand manoeuvre
2 Respondent stopped due to discomfort
3 Respondent did not wish to continue for reason other than discomfort
4 Nurse concern over respondent safety
5 Caused coughing / breathlessness in respondent
6 Maximum number of blows reached
7 Equipment / software problems
95 Other (PLEASE SPECIFY)

NullLFot
NURSE: Please specify other reason.

NullLFCDF
Quality
Derived: Outcome from lung function software (A - F).
Testing: Enter quality level letter.

IF Quality= C OR D OR F THEN
QualCDF
NURSE: Code the reason for the session quality for this respondent.
CODE ALL THAT APPLY.
0 Problems with PC
1 Respondent did not understand manoeuvre
2 Respondent stopped due to discomfort
3 Respondent did not wish to continue for reason other than discomfort
4 Nurse concern over respondent safety
5 Caused coughing / breathlessness in respondent
6 Maximum number of blows reached
7 Equipment / software problems
95 Other (PLEASE SPECIFY)

IF (Other IN QualCDF) THEN
QualOth
NURSE: Please give other reason.
ENDIF
ENDIF

IF Quality= A or B THEN
QualAB
NURSE: Are there any comments which need to be noted about this respondent’s lung function test.
1 Yes
2 No

IF QualAB = Yes THEN
QualABot
NURSE: Please note comment about this respondent’s spirometry test.
ENDIF
ENDIF
The Health Survey for England 2010 - Nurse Schedule

Urine Sample

ASK IF Age of Respondent 16+

Uridisp
NURSE: Now follows the Urine Sample.
1 Continue

.UriIntro
NURSE READ OUT: I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people’s diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?

1 Respondent agrees to give urine sample
2 Respondent refuses to give urine sample
3 Unable to obtain urine sample for reason other than refusal

IF UriIntro = Agree THEN

.UriWrit
NURSE: Ask the respondent to read and initial the ‘Urine sample’ section of the consent booklet. Circle code 15 on front of the consent booklet.

 Turn to lab dispatch note and at point 6 (MELATONIN ANALYSIS), circle code (1/2)

Press <1> and <Enter> to continue.

ELSEIF UriIntro = Refuse THEN

.UriCode
NURSE: Circle code 16 on front of the consent booklet.

 Turn to lab dispatch note and at Melatonin analysis circle code 2 (No).

Press <1> and <Enter> to continue.

ENDIF

IF UriIntro = Agree THEN

.UriSamp
NURSE: ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE.

WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.

1 Continue

.UriObt1
NURSE CHECK:

1 Urine sample obtained
2 Urine sample refused
3 Urine sample not attempted
4 Attempted not obtained

ENDIF

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

.UriNObt
NURSE: RECORD WHY URINE SAMPLE NOT OBTAINED

CODE ALL THAT APPLY.

The Health Survey for England 2010 - Nurse Schedule

Lung function

IF Quality=A, B OR C AND GPRegB = Yes THEN

LungGP
May we send the results of your lung function test to your GP?
1 Yes
2 No

IF LungGP = No THEN

NoLungGP
Why do you not want your lung function test results sent to your GP?
CODE ALL THAT APPLY.
1 Hardly/never sees GP
2 Does not want to bother GP
95 Other (PLEASE SPECIFY)

IF NoLungGP = OTHER THEN

LungGPOt
NURSE: Please give other reason.

ENDIF

ELSE IF LungGP = Yes THEN

LungSign
NURSE: Ask the respondent to read and complete the Lung Function section in the Consent Booklet.

- Check the name by which the GP knows the respondent.
- Check GP name, address and phone number are recorded on the front of the consent booklet.
- Circle consent code 05 on the front of the Consent Booklet.

Press <1> and <Enter> to continue.

ENDIF

IF (LungTest IN [No,YesUn]) OR (LungEx = Yes) OR (LungGP = No) THEN Code04

NURSE: Circle code 06 on the front of the Consent Booklet.

Press <1> and <Enter> to continue.

ENDIF
BlIntro
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE. PRESS <1> AND <ENTER> TO CONTINUE.
1   Continue
ClotB
The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.
May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin?
(NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)
1   Yes
2   No
IF ClotB = No THEN
Fit
May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?
1   Yes
2   No
ENDIF
IF Fit = No THEN
BSWill
EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD. Would you be willing to have a blood sample taken?
1   Yes
2   No
3   Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)
IF BSWill = No THEN
RefBS
RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
1   Previous difficulties with venepuncture
2   Dislike/fear of needles
3   Respondent recently had blood test/health check
4   Refused because of current illness
5   Worried about HIV or AIDS
95 Other (SPECIFY AT NEXT QUESTION)
IF RefBS = Other THEN
OthRefBS
GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
Text: Maximum 135 characters
ENDIF

ELSEIF BSWill = Yes THEN
BSCons:
Explain NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
Press <1> and <Enter> to continue.
ENDIF
ENDIF

IF BSWill = Yes THEN
BSCons:
Nurse: Ask the respondent to read and complete point number one in the 'Blood sample' section of the consent booklet.
Circle consent code 07 on front of the Consent Booklet.
Press <1> and <Enter> to continue.
ENDIF

GPSam:
Nurse Check:
1 Respondent registered with GP
2 Respondent not registered with GP

IF GPRegB = Yes OR GPSam = GP THEN
SendSam:
May we send the results of your blood sample analysis to your GP?
1 Yes
2 No

ELSEIF SendSam = Yes THEN
BSCons:
NURSE: Ask the respondent to read and complete point number two in the 'Blood sample' section of the consent booklet.
Check name by which GP knows respondent.
Check GP name, address and phone no. are recorded on front of the Consent Booklet.
Circle consent code 09 on front of the Consent Booklet.
Press <1> and <Enter> to continue.
ENDIF

ELSEIF SendSam = No THEN
SenSaC:
Why do you not want your blood sample results sent to your GP?
1 Hardly/never sees GP
2 GP recently took blood sample
3 Does not want to bother GP
95 Other (Specify at next question)

IF SenSaC = Other THEN
OthSam:
Give full details of reason(s) for not wanting results sent to GP.
Text: Maximum 140 characters
ENDIF

ELSEIF SampF1 = Yes OR SampF2 = Yes THEN
SampTak:= Yes
ENDIF

IF BSWill = Yes THEN
BSConsC:
Explain NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

IF GPSam = No GP OR SendSam = No THEN
Code08:
Circle CONSENT CODE 10 ON FRONT OF CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

ConStorB:
Ask Respondent: May we have your consent to store any remaining blood for future analysis?
1 Storage consent given
2 Consent refused

IF ConStorB = Yes THEN
Code09:
NURSE: Ask the respondent to read and complete point number three in the 'Blood sample' section of the consent booklet.
Circle consent code 11 on front of the Consent Booklet.
Press <1> and <Enter> to continue.
ELSEIF ConStorB = No THEN
Code10:
Circle CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

TakeSam:
CHECK YOU HAVE ALL APPLICABLE SIGNATURES. TAKE BLOOD SAMPLES:
FILL (1 Plain (red) tube, 1 EDTA (purple) tube).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BIRO. ONE LABEL PER TUBE.
Serial number:
Date of birth:
CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT. STICK THE BLUE LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
TURN TO THE LABORATORY DISPATCH NOTE AND AT ETHNICITY CODE CIRCLE (1/2)
PRESS <1> AND <ENTER> TO CONTINUE.

SampF1:
CODE IF PLAIN RED TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

SampF2:
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

IF SampF1 = Yes OR SampF2 = Yes THEN
SampTak:= Yes
**Venepuncture checklist**

**VpSys**
NURSE: Which system did you use to take blood?
- 1 Vacutainer needle
- 2 Butterfly needle

**VpHand**
NURSE: Was the respondent left handed or right handed?
- 1 Left handed
- 2 Right handed

**VpArm**
NURSE: Which arm did you use to take blood?
- 1 Right arm
- 2 Left arm
- 3 Both

**VpSkin**
NURSE: Code the skin condition of the arm used.
- 1 Skin intact
- 2 Skin not intact

**VpAlco**
NURSE: Did you use an alcohol wipe?
- 1 Yes
- 2 No
VpSam
NURSE: Code the number of attempts made to take blood.
1 Sample taken on first attempt
2 Sample taken on second attempt
3 Both attempts failed
4 First attempt failed, did not make second attempt

VpPress
NURSE: Code who applied pressure to the puncture site.
CODE ALL THAT APPLY
1 Nurse
2 Respondent
3 Partner or spouse

VpSens
NURSE: Was the respondent sensitive to the tape or plaster?
1 Sensitive to tape/plaster
2 Not sensitive to tape/plaster
3 (Did not check)

VpProb
NURSE: Was there any abnormality noted after 5 minutes?
(Please remember to recheck the site after completion of the blood sample module)
CODE ALL THAT APPLY
1 Sensory deficit
2 Haematoma
3 Swelling
95 Other (DESCRIBE AT NEXT QUESTION)
96 None

IF VpProb = Other THEN
VpOther
NURSE: RECORD THE DETAILS OF THE OTHER ABNORMALITY FULLY.
Text: Maximum 140 characters
ENDIF

IF VpProb = Sensory deficit, Haematoma, Swelling or Other THEN
VpDetail
NURSE: You have coded that an abnormality was noted after 5 minutes. Please record the action you took when you noticed this abnormality on the office dispatch note. There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

VpCheck
NURSE: Did you recheck the puncture site after completion of the blood sample module?
1 Yes, site was re-checked
2 No, site was not re-checked
The Health Survey for England 2010
CONSENT BOOKLET

Please use capital letters and write in ink

House / Flat number (or name): __________________________
Postcode: __________________________

1. Nurse number: __________________________
2. Date schedule completed: __________________________

Full name (of person interviewed): __________________________
Name by which GP knows person (if different): __________________________

Sex: Male 1 Female 2
5. Date of birth: __________________________

Full name of parent/guardian (if person under 18): __________________________

GP NAME AND ADDRESS (Please complete fully)
Dr: __________________________
Practice Name: __________________________
Address: __________________________
Town: __________________________
County: __________________________
Postcode: __________________________
Telephone no: __________________________

Summary of consents - Ring code for each item

<table>
<thead>
<tr>
<th></th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Blood pressure to GP</td>
<td>01</td>
<td>02</td>
</tr>
<tr>
<td>b) Saliva sample to be collected</td>
<td>03</td>
<td>04</td>
</tr>
<tr>
<td>c) Lung function to GP</td>
<td>05</td>
<td>06</td>
</tr>
<tr>
<td>d) Sample of blood to be taken</td>
<td>07</td>
<td>08</td>
</tr>
<tr>
<td>e) Blood sample results to GP</td>
<td>09</td>
<td>10</td>
</tr>
<tr>
<td>f) Blood sample for storage</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>g) Blood sample results to respondent</td>
<td>13</td>
<td>14</td>
</tr>
<tr>
<td>h) Urine sample to be collected</td>
<td>15</td>
<td>16</td>
</tr>
</tbody>
</table>

8. GP address outcome
   GP address provided: 1
   GP address not found: 2
   No GP: 3

Venepuncture

Please complete:

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.
**BLOOD SAMPLE CONSENT**

1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

   I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.

2. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.

3. I consent to any remaining blood being stored for future analysis. I have read the 'Information for Participants' leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample.

---

**URINE SAMPLE CONSENT**

1. I consent to a qualified nurse/midwife collecting a sample of my urine on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.

   I have read the 'Information for Participants' leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her.

---

**LUNG FUNCTION TO GP CONSENT**

1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my lung function test results.

   I am aware that the results of my lung function test may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me.
Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER: [ ]

2. SEX: Male [ ]  Female [ ]

3. AGE GROUP: 16+ [ ]

4. DATE OF BIRTH: Day [ ] Month [ ] Year [ ]

5. SMOKING STATUS: Current smoker [ ] Non smoker/NA [ ]

6. ETHNICITY: Black [ ] Other/NA [ ]

7. MELATONIN ANALYSIS: Yes [ ] No [ ]

8. TICK TUBES OBTAINED: Plain [ ] EDTA [ ] Saliva [ ] Urine [ ]

9. DATE BLOODS/ SALIVA/ URINE TAKEN: Day [ ] Month [ ] Year [ ]

10. STORAGE CONSENT: Given [ ] Not given/not applicable [ ]

11. NURSE NUMBER: [ ]

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

<table>
<thead>
<tr>
<th>TUBES ENCLOSED:</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain Red</td>
<td>Total cholesterol if item 3 above = 1</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>HDL cholesterol</td>
</tr>
<tr>
<td>Saliva</td>
<td>Creatinine</td>
</tr>
<tr>
<td>Urine</td>
<td>eGFR</td>
</tr>
<tr>
<td></td>
<td>Store if item 10 does NOT = 2</td>
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<td></td>
<td>Vitamin D</td>
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<td></td>
<td>Glyated haemoglobin</td>
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<tr>
<td></td>
<td>Sodium / Potassium / Creatinine</td>
</tr>
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<td></td>
<td>Microalbumin (Alb/Creat ratio)</td>
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<tr>
<td></td>
<td>Melatonin</td>
</tr>
</tbody>
</table>
Appendix B

Measurement protocols

Height and weight measurement
Recording ambient air temperature
Blood pressure measurement
Measurement of waist and hip circumferences
Blood sample collection
Lung function measurement
Saliva sample collection
Urine sample collection
Measurement Protocols

1 HEIGHT AND WEIGHT MEASUREMENT

1.1 Eligibility

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. Examples of people who should not be measured are:

- Chairbound respondents.
- If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements.
- If the respondent finds it painful to stand or stand straight, do not attempt to measure height.
- If an elderly respondent is too stooped to obtain a reliable measurement.
- Pregnant women are not eligible for weight as this is clearly affected by their condition.
- Children under the age of 2 years do not have a height measurement taken.
- For small children, there is an option to weigh them held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights and the computer will calculate the child’s weight.

1.2 Site

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If the entire household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

1.3 Height Measurements

The equipment

Portable stadiometer - a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Frankfort plane card.

The protocol – adults (aged 16 and over)

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.

2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent’s back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.

4. Move the respondent’s head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath in deeply and to stretch to their fullest height. If after stretching up the respondent’s head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent’s head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent’s height in centimetres and millimetres that is in the form 123.4, at the question Height. You may at this time record the respondent’s height onto their Measurement Record Card and at the question MbookHt you will be asked to check that you have done so. At that point the computer will display the recorded height in both centimetres and in feet and inches. At RelHiteB you will be asked to code whether the measurement you obtained was reliable or unreliable.

8. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two millimetres, it should be recorded to the nearest even millimetre. E.g. if respondent’s height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent’s height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.

9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

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The protocol – children (aged 2-15)

The protocol for measuring children differs slightly to that for adults. You must get the cooperation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

Children’s bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. Explain to the parent and child what you will be doing, and ensure that both are happy with the procedure.

2. In addition to removing their shoes, children should remove their socks as well to ensure that they do not slip on the base of the stadiometer, and so that you can easily check their feet are flat on the base plate, not on tiptoes.

3. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

4. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child’s back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.

5. Place the measuring arm just above the child’s head.

6. Move the child’s head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

7. Cup the child’s head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).

8. Firmly but gently, apply upward pressure lifting the child’s head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle; you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip-toes.
9. Ask the household member who is helping you to lower the headplate down gently onto the child’s head. Make sure that the plate touches the skull and that it is not pressing down too hard.

10. Still holding the child’s head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without ducking their head. Make sure that the child does not knock the head plate as they step off.

11. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question “Height.” At the question “MBookHt” you will be asked to check that you have entered the child’s height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.

12. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

Additional points – all respondents

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the headplate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the headplate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case. You may need to tip the stadiometer to read the height of tall respondents.

3. If the respondent has long hair then they may need to tuck their hair behind their ears.

4. If the respondent has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the respondent to tuck their hair behind their ears.

1.4 Weight measurements

The equipment

Soehnle, Seca or Tanita electronic bathroom scales, calibrated for the Health Survey.

The reading is only in metric units, but as for height, the computer provides a conversion. If the respondent would like to know their weight in stones and pounds you will be able to tell them when the computer has done the calculation. You also have a conversion chart on the back of the coding booklet.

The scales have an inbuilt memory which stores the weight for 10 minutes. If during this time you weigh another object that differs in weight by less than 500 grams (about 1 lb), the stored weight will be displayed and not the weight that is being measured. This means that if you weigh someone else during this time, you could be given the wrong reading for the second person.

So if you get an identical reading for a second person, make sure that the memory has been cleared. Clear the memory from the last reading by weighing an object that is more than 500 grams lighter (i.e. a pile of books, your briefcase or even the stadiometer). You will then get the correct weight when you weigh the second respondent.

You will only need to clear the memory in this way if:

a) You have to have a second or subsequent attempt at measuring the same person

b) Two respondents appear to be of a very similar weight

c) Your reading for a respondent in a household is identical to the reading for another respondent in the household whom you have just weighed.

The protocol

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.

2. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the cause you will need to report the problem to the National Centre at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

3. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

4. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

5. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

6. The posture of the respondent is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

7. The scales will take a short while to stabilise and will read C until they have done so. (The Seca 870 displays alternate flashing lines in the display window. With the Tanita scales the weight will flash on and off when stabilised). If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case weigh them again.

8. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question Weight before the respondent steps off the scales. At question MBBookWt you will be asked to check that you have entered the respondent’s weight onto their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

WARNING

The maximum weight registering accurately on the scales is 130 kg (23 ½ stone). (The Seca 870 can weigh up to a maximum of 150 kg or 23 ½ stone). If you think the respondent exceeds this limit code them as “Weight not attempted” at RespWts. The computer will display a question asking them for an estimate. Do not attempt to weigh them.
2 RECORDING AMBIENT ROOM TEMPERATURE

2.1 Introduction
Many of the physical measures taken fluctuate considerably due to air temperature. To be able to standardise the results that are obtained air temperature must be recorded. CAPI will tell you when to record the air temperature.

2.2 Equipment
You will need:
- A digital thermometer
- A probe

2.3 Using the thermometer
1. This instrument is very sensitive to minor changes in air temperature and thus it is important that ambient air temperature be recorded at the appropriate times, as prompted by CAPI.
2. It can take a few minutes to settle down to a final reading if it is experiencing a large change in temperature.
3. When “LO BAT” is shown on the display the battery needs replacing, take no further readings.
4. To preserve battery power, the thermometer may switch itself off after 7 minutes.
5. The battery in the thermometer is a long-life battery and should last at least one year. However should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.
6. To remove an old battery and insert a new one, unscrew the screw on the back of the thermometer, insert the new battery and replace the cover.

2.4 Procedure
1. Set up the thermometer, usually on a surface near the Omron (blood pressure equipment), by plugging the probe into the socket at the top of the instrument. Do not let the probe touch anything and ensure that it is not near a radiator or in the sun. It is recommended that the probe hang over the edge of a table.
2. When prompted by CAPI to take a reading, turn on the thermometer by pressing the completely white circle.
3. Wait for the reading to stabilise and take a reading.
4. Record the air temperature in CAPI to one decimal place e.g. 21.4. Do not round this to a whole number.

To preserve battery life please ensure that after taking the reading the thermometer is switched off by pressing the white ring.
3 BLOOD PRESSURE MEASUREMENT (Aged 16+)

3.1 Introduction
Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is an important risk factor for cardiovascular disease and stroke. The exact cause(s) of high blood pressure is not completely known however some factors known to affect blood pressure are smoking, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

3.2 Exclusion criteria
Respondents are excluded from the blood pressure measure if they are:
- Aged 15 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

3.3 Consent
In addition to the verbal consent required to conduct all NatCen procedures (refer to section 2.1), written consent is required for the results to be sent to the respondent’s GP. The appropriate form must be signed and dated by the respondent.

3.4 Equipment
You will need:
- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter

Please note you will not get all of the cuff sizes in some of the studies, this is dependent on the sample involved in the individual surveys.

3.5 Using the Omron HEM 907

Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).

Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.

Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.

Press the ON/OFF button to turn it off.

Figure 7 shows the monitor of the Omron

Figure 1 The Omron HEM 907 monitor
If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again, as described in section 11.6.

3.7 Selecting the correct cuff

Adults
Do not measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the standard cuff where possible.

3.8 Procedure

1. Check that the monitor is working.
2. Use the right arm, unless this is impossible. If the left arm is used, record this in CAPI.
3. Get the respondent to sit in a comfortable chair with a suitable support so that the arm is resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with legs uncrossed and feet flat on the floor.
4. Wrap the correct sized cuff round the upper arm and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.
5. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).
6. Explain to the respondent that you need them to sit quietly for five minutes and that during that time they cannot eat, drink or smoke.
7. During this ‘quiet time’ follow the procedure for taking ambient air temperature (section 2) and just before taking the blood pressure reading, make a note of the air temperature (this is not applicable for all surveys, refer to the project specific instructions).
8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.
9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.
10. The unit will produce readings at one minute intervals thereafter, record the next two so you have three sets of readings in total. To check the readings press the ‘Deflation’ button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous.

3.6 Preparing the respondent

During the initial interview, the respondent would have been informed not to eat, smoke, drink alcohol or participate in vigorous exercise 30 minutes before the nurse visit as this can cause blood pressure to be higher than normal. Before the procedure ask to see if they have carried out any of these activities and note their response in CAPI.
11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent's arm.

12. If the respondent wishes, you should record details of their readings on the measurement record card.

3.9 Respondent feedback

When answering queries about a respondent’s blood pressure it is very important to remember that it is NOT the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent’s full medical history.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the respondent’s results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The respondent feedback protocol should be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GP if the measurements indicate that blood pressure is raised.

Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the lowest systolic and lowest diastolic reading from the last two readings (this is a change from previous practice when the highest readings were used). This usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 5.

### Table 2: Definition of blood pressure ratings

<table>
<thead>
<tr>
<th>Rating</th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;140</td>
<td>&lt;90</td>
</tr>
<tr>
<td>Mildly raised</td>
<td>140 - 159</td>
<td>90 – 99</td>
</tr>
<tr>
<td>Raised</td>
<td>160 - 179</td>
<td>100 – 114</td>
</tr>
<tr>
<td>Considerably raised</td>
<td>180 or more</td>
<td>115 or more</td>
</tr>
</tbody>
</table>

Points to make to a respondent about their blood pressure (given on screen):

**Normal:**

- "Your blood pressure is normal."

**Mildly raised:**

- "Your blood pressure is a bit high today."
- "Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."
- "You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not."

**Raised:**

- "Your blood pressure is a bit high today."
- "Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."
- "You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one-off finding or not."

**Considerably raised:**

- "Your blood pressure is high today."
- "Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."
- "You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not."

(For all of the above points, you can also advise the respondent to see their practice nurse, if this is who they typically see in relation to their blood pressure.)

**Note:** If the respondent is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and we do not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, contact the Survey.
4.1 Introduction

There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist and hip circumferences are measures of the distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that waist circumference and waist-hip ratio are predictors of health risk like the body mass index (weight relative to height).

4.2 Exclusion criteria

Respondents are excluded from the waist and hip circumference measurement if they:

- Are pregnant
- Are chairbound
- Have a colostomy / ileostomy

4.3 Equipment

You will need:

- An insertion tape calibrated in millimetres

4.4 Using the insertion tape

The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape. To check the tape is horizontal you have to position the tape on the right flank and look round the participant's back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent. When taking the reading, be sure not to lift the tape, hold it flat against the body otherwise you will get an inaccurate measurement.

4.5 Preparing the respondent

The respondent needs to be wearing light clothing. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading. If possible the respondent needs to remove:

- All outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- Shoes with heels
- Tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights/underwear
- Belts
Pockets should be emptied and if possible ask the respondent to empty their bladder before taking the measurement. If a urine sample is to be collected, this would be a good time to ask the respondent to provide it.

Explain to the respondent that the waist and hip measurements taken on the Health Survey are taken at different points to where the respondent might think their waist and hips are. Therefore measurements may differ to those taken for clothing purposes.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPI if the measurement is likely to be affected by this.

4.6 Procedure

Steps 1-3 apply to both waist measurement and hip measurement.

1. Ensure that the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides. This position will provide the most accurate measurement of both the waist and the hip, and will allow for them to be measured easily.

2. If possible, kneel or sit on a chair to the side of the respondent.

3. With assistance from the respondent pass the tape around the respondent’s body, or if they are able to, get them to pass the tape around themselves and check that it is not twisted. Insert the plain end of the tape through the metal ring at the other end of the tape.

Measuring waist circumference

4. The respondent’s waist is located midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest, ask the respondent if you can touch them, and use the fingers of your right hand held straight and pointing in front of the participant to slide upward over the iliac crest. If you feel it affected the measurements by more than 0.5cm. We particularly want to know if the waist and hip are affected differently.

5. Position the tape at the respondent’s waist, ensuring that it is horizontal.

6. Ask the respondent to breathe out gently and to look straight ahead. This is to prevent the respondent from contracting their muscles or holding their breath.

7. Take the measurement at the end of a normal expiration by holding the buckle flat against the body and flattening the end of the tape to read the measurement from the outer edge of the buckle. Remember to check that the tape is correctly placed to take the measurement and horizontal all the way around.

8. Record the measurement in CAPI in centimetres and millimetres. Always record to a one decimal place. If the result falls between two millimetres, record to the nearest even millimetre.

9. Repeat steps 1-8 to record a second measurement. If the second reading differs significantly from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

Measuring hip circumference

10. The respondent’s hip circumference is the widest circumference over the buttocks and below the iliac crest.

11. Position the tape in this area ensuring that the respondent is looking straight ahead and not contracting their gluteal muscles. Ensure the tape is horizontal.

12. Measure the circumference at several positions over the respondent’s buttocks, by holding the buckle flat against the body and flattening the end of the tape to read the measurement from the outer edge of the buckle.

13. Record the widest circumference in CAPI. Always record to one decimal place. Report in centimetres and millimetres. If the result falls between two millimetres, record to the nearest even millimetre.

14. Repeat steps 1-3 and 10-13 to record a second measurement. If the second reading differs substantially from the first, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.

15. If the respondent wishes, record the waist and hip measurement on their measurement record card.

4.7 Additional points

- If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with the fingers of your right hand held straight and pointing in front of the participant to slide upward over the iliac crest.
- The tape should be tight enough so that it doesn’t slip but not tight enough to indent clothing.
- If the respondent is large, ask him/her to pass the tape around rather than ‘hug’ them. Remember to check that the tape is correctly placed to take the measurement and horizontal all the way around.
- Some respondents will be wearing clothing where the waistband of the trousers/skirt sits on the waist. Do not attempt to move the clothing or take the measurement at a different position. Measure the waist circumference over the waistband and make a note of this in CAPI. If the waistband is not horizontal all the way around the body i.e. it may be lower at the front, always ensure that the tape is horizontal which may mean that it passes over the waist band in some places and not in others. If there are belt loops, thread the tape through the loops so that they don’t add to the measurement.
- We only want to record problems that will affect the measurement by more than would be expected when measuring over tight clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.
5 BLOOD SAMPLING (NON FASTING)

5.1 Introduction

Blood samples are taken from respondents as they provide information on various analytes, giving a detailed description of the health of an individual. They are integral to the research NatCen undertakes as they give a comprehensive representation of the health of the population that cannot be obtained from any other source.

The analytes for HSE 2010 are listed below in Table 8, with information about what they measure.

Table 4 Blood analytes

<table>
<thead>
<tr>
<th>ANALYTE</th>
<th>WHAT IT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and HDL cholesterol</td>
<td>Total cholesterol increases the risk of atherosclerosis (‘furring’ of the arteries). Raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.</td>
</tr>
<tr>
<td>Glycated Haemoglobin</td>
<td>Glycated haemoglobin is a measure of the respondent’s longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Vitamin D is formed by the action of ultra violet light on the skin. This is the most important source as few foods contain significant amounts of vitamin D, e.g. eggs, oily fish and meat. Vitamin D undergoes changes in both the liver and the kidneys before working as a hormone in controlling the amount of calcium absorbed by the intestine. It is also essential for the absorption of phosphorous and for normal bone mineralization and structure. Vitamin D is also involved in the process of cell division in many other body tissues.</td>
</tr>
</tbody>
</table>

The blood will not be tested for any viruses, such as HIV.

5.2 Exclusion criteria

All respondents are eligible to give blood with the following exceptions:

- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C (see section 5.8.6).
- People with clotting or bleeding disorder

By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:

a) the integrity of their veins is extremely precious
b) we do not wish to cause prolonged blood loss

For the purposes of blood sampling, those who have had, for example, a past history of thrombophlebitis, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.

- Those aged 16 and over who have had a fit (e.g. epileptic fit or convolution) in the last 5 years should not be asked to provide a blood sample. Children, those aged 15 and under, who have ever had a fit should not be asked to provide a blood sample, even if the fit occurred some years ago.
- People who are currently on anticoagulant drugs, e.g. Warfarin therapy

Check if the respondent has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, and record this in CAPI. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.

Aspirin therapy is not a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.

- Adults who are not willing or able to give their consent in writing or children whose parent/guardian is unwilling or unable to give consent in writing.

5.3 Consent

As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each respondent. Information on what they are consenting to is mainly given in the Stage 2 leaflet, and the respondent confirms that they have been provided with this information on the consent form.

The leaflet ‘Giving a blood sample’ also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the respondent has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On no account should you ever take blood before you have obtained written consent to do so from the respondent.

There are three further written consents we wish to obtain in respect of blood sampling:

a. Consent to send the results to the GP
b. Consent to store a small amount of the blood
c. Consent to send the results to the respondent

You should seek to obtain all these consents before you take any blood.

Small quantities of blood are being stored in special freezers for further analysis in the future. Future analysis will definitively not involve tests for viruses (e.g. HIV/AIDS test). Your survey specific instructions will specify whether or not there may be any genetic testing. Any future analysis will be unlinked which means that the researcher doing the analysis will not be able to link it back to the respondent. Respondents will therefore not receive the results of any tests done on their blood in the future.

The questions on the CAPI questionnaire will take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable.

In summary:
...
5.8 Other important points

5.8.1 'Giving a blood sample' leaflet

We need to be sure that each respondent is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample.

To provide them with this information, leave the respondent with the leaflet 'Giving a blood sample'. The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the respondent of the procedure used should they have any concerns after your visit.

There are two versions of this leaflet, depending on whether anestop gel will be offered. Your survey specific instructions will tell you which one to use.

5.8.2 Venupuncture check questions

Always complete the Venupuncture checklist on CAPI for every respondent from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the respondent just before you leave and note any changes in their physical appearance in CAPI.

5.8.3 Fainting respondents

If a respondent looks or feels faint during the venepuncture procedure, it should be discontinued. The respondent should be asked to lie down with feet elevated.

If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the respondent lying down and the circumstances should be recorded in CAPI. It is acceptable for the respondent to discontinue the procedure but agree to give the blood sample at a later time.

Remain with the respondent until they feel able to slowly move to a sitting position and until they are happy for you to leave them. Ensure you submit a Special Report Form to the Operations Standards Co-ordinator detailing what happened and how the respondent appeared when leaving.

5.8.4 Handling & disposal of needles and other materials

Safe disposal of needles is required to control the risk of injury from the disposed sharps. Without the safe disposal of needles there is an increased risk of needle stick injuries and/or psychological trauma due to fear of potential infection.

Precautions

- Wear gloves at all times when performing the venepuncture procedure
- Do not carry sharps unnecessarily
- Handling must be kept to a minimum
- Needles must not be passed directly from hand to hand
- Needles must not be bent or broken prior to use
- Needles should not be reheated by hand
Following the above procedure it is recommended that the nurse attend a nearby accident and emergency department to ensure immediate current needle stick injury assessment/treatment.

Please note that you should not take any further action in the respondent’s home; any further procedures which might be necessary (such as taking a sample of the respondent’s blood) would be carried out by somebody else.

Report

• Incident to be reported as soon as possible to Nurse Supervisor, who will report the incident to the Survey Doctor.
• Special Report form to be completed and sent to Operations Standards Co-ordinator at Brentwood.

As soon as the nurse supervisor hears, she will ensure that the nurse is offered appropriate advice and support.

5.8.6 Respondents who are HIV or Hepatitis B positive

If a respondent volunteers that they are HIV, Hepatitis B or Hepatitis C positive, do not take a blood sample. Record this as the reason in the CAPI. You should never, of course, seek this information.

5.9 Respondent feedback

Results from some blood tests (though not necessarily all) can be sent to the respondent. If the respondent gives written consent for the results of their blood sample to be sent to their GP then they are able to get feedback on the results.
6 Lung Function Using NDD Easy on-pc

6.1 Introduction

Lung function tests objectively assess respiratory function and are widely used in clinical practice to diagnose and monitor the progress of respiratory diseases such as asthma and chronic obstructive pulmonary disease (COPD). A lung function test produces values across the various measures tabulated below (Table 1). A wide range of variables can affect these factors, for example smoking, chronic bronchitis, poorly controlled asthma, some muscular disorders and many other conditions. Results also vary according to a respondent’s age, sex, height and ethnicity. At a population level, these measures tell us a lot about the respiratory health of the population and can be used to monitor trends in the prevalence of respiratory disease over time.

For an adult, a spirometry manoeuvre (a ‘blow’) is deemed technically acceptable if the respondent completes it with the correct technique and the blow is as rapid as possible and lasts until the lungs are empty. In COPD, this may take 15 seconds or longer. A spirometry test, comprising of all of the respondent’s manoeuvres taken together, is deemed technically acceptable if they have a minimum of three acceptable manoeuvres of which two are reproducible.

6.2 Exclusion criteria

Respondents are excluded from the lung function measurement if they:

- Are pregnant
- Have had abdominal or chest surgery in the last three months
- Have had a heart attack in the last three months
- Have detached retina or eye surgery or ear surgery in the past 3 months
- Have been admitted to hospital with a heart complaint in the preceding month
- A resting pulse rate more than 120 beats/minute (respondent should be sitting for at least 5 minutes prior to the pulse rate being taken)
- Are currently taking medications for the treatment of tuberculosis

As with all measurements and samples, a respondent is excluded from the lung function measurement if the nurse deems it unsafe for them to continue. This may be due to concerns over the respondent’s understanding of the measurement or concern over infection control if they have a cough or chest infection.

6.3 Equipment

You will need:

- An NDD Easy On-PC spirometer
- A 3 litre calibration syringe
- Spirettes
- Chair (preferably with arms)
- Nose clip

6.3.1 The NDD EasyOn-PC spirometer

The NDD EasyOn-PC spirometer is different from any spirometer used by NatCen in the past as it plugs into the laptop. This allows for the respondent’s results to be obtained automatically by the spirometry program which has been installed on the laptop. Therefore the respondent’s results do not need to be manually entered into the CAPI.

Additionally, the spirometry program will give you the overall session quality as a grade (see section 6.8 for further information) and tell you when a respondent has done sufficient manoeuvres for the overall test to be acceptable.

If a respondent is struggling with the lung function manoeuvre, the spirometry program will give you the instructions you need to tell the respondent to help them give successful and valid blows.

6.3.2 Caring for the spirometer

The spirometer needs minimal care and maintenance. There are no moving parts which need to be cleaned at regular intervals. Please do not attempt to take the housing apart to clean it, this is not necessary and will result in the spirometer being damaged. Proper use of the spirette with the spirometer will ensure the interior of the spirometer remains clean.

It is important that the external housing is wiped over before it is used by a respondent. This will remove any dust and fingerprints from the plastic casing. This should be done using an anti-bacterial wipe. The inner tube of the spirometer which contains the sensor does not need to be cleaned as the spirette ensures that this remains uncontaminated. Tests done by the manufacturer show that the spirette prevents 99.9% of germs from being in contact with the inner tube of the spirometer.

It is important that you wipe the external plastic casing between respondents within a household.

At no time should the spirometer or the attached cord be immersed in water. If this happens, please report it to the operations team who will need to return the spirometer to the manufacturer to be checked.
6. You should now have a pop up box in the bottom left hand corner of your screen which looks like this

1. Type `c:\wincms\utils\calibrate.bat` in here

2. Left click on 'Ok'

7. In the white box type the link `c:\wincms\utils\calibrate.bat`. You should only have to do this the first time you calibrate the syringe. After this, when you begin to type the link into the box, the laptop should remember it and it will appear in the box without you having to type the whole link in.

8. Once the link has been typed in, left click on the 'Ok' button.

9. You will be directed to the screen below. Left click on the 'Utilities' button.

6.3.3 Caring for the calibration syringe

The calibration syringe is a very fragile and sensitive piece of equipment. When you receive it, it will be calibrated to 3L. Any knocks, even small ones, to the calibration syringe may cause it to no longer be accurate, making the results of any calibration checks unreliable. For this reason you must not drop or knock the syringe. Please store it in a safe location away from direct heat.

The syringe will need a calibration check every 12 months. You will be notified of when this is required. If you feel the syringe needs checking prior to this, for example it has been dropped, please contact Brentwood who will advise you on what to do.

6.3.4 Calibration/accuracy test

1. Before using the spirometer, its accuracy must be checked by conducting a calibration test. This procedure should be done in your own home at the start of each day when you are working. If you have more than one visit in the same day you need to calibrate the spirometer only once. You must not take the calibration syringe with you when you make a visit.

2. The calibration check is done using the spirometry software so you will need to turn on your laptop.

3. Connect the spirometer to the laptop using the USB port (see section 6.3.5).

4. Insert a spirette into the spirometer (it is a good idea to keep a spirette with your calibration syringe so that you always have one available). Connect the mouthpiece of the spirette to the adaptor on the end of the calibration syringe as shown below. Ensure the piston is fully inserted and at the stop position.

5. Once your laptop is at the CMS screen hold down the Windows key (shown below) and at the same time press the 'F' key.
12. You will be directed to the calibration testing screen shown below. This is the screen which you will use to do the calibration check.

13. Left click on ‘Add Trial’ and wait for the baseline to be set. When you are instructed, with a smooth and steady motion, fully withdraw the piston (a full inspiratory pump) followed by fully pushing the piston in (a full expiratory pump).

14. You will need to do this manoeuvre; a full withdrawal followed by fully pushing the piston in three times, as instructed by the laptop.

15. After you have performed three manoeuvres you should see ‘Accuracy confirmed’ on the screen.

16. After calibration, left click on ‘Main menu’. You will be directed to the ‘Utilities’ screen, left click on ‘Main menu’. This will direct you to the Main menu. Left click on ‘Exit’. You will need to confirm that you wish to exit the software by left clicking on ‘Ok’.

17. The spirometry software should now be closed and the CMS should be on the screen.

If the spirometer fails the calibration test, please contact Brentwood. Unlike other spirometers, the NDD Easy On PC spirometer cannot be recalibrated. Brentwood will advise you on what to do.

6.3.5 Attaching the spirometer to the laptop

1. The spirometer does not require any batteries. It plugs into one of the USB ports located on the base of your laptop and is powered by this.
6.4 Preparing the respondent
Before commencing the spirometry procedure explain the following to all eligible respondents:
- The purpose of the test and how to use the spirometer.
- To ensure an accurate reading they must "blow" as hard as they can for as long as they can, so long as it does not cause them any pain and/or discomfort.
- The definition of an acceptable level of lung function depends on the person's age, sex, height and ethnicity.
- The number of blows they may have to do and what they need to do for the test to be acceptable i.e. three acceptable blows, of which two are reproducible.

The CAPI will prompt you to give this information.

Also ensure that you have a drink of water ready for the respondent.

6.5 Demonstrating
For an accurate reading of lung function it is very important that you demonstrate the blowing technique to each respondent. Do this using a spare spirette that is not connected to the spirometer and follow the procedure below:

1. Explain that the mouthpiece should be held in place by the lips, not the teeth and that the lips are wrapped firmly around the mouthpiece so no air can escape. Explain that the tongue needs to be depressed so that it is not blocking the flow of air into the spirette.

2. Demonstrate a blow, pointing out afterwards the need for full inspiration, a vigorous start to exhalation and sustained expiration. The blow should ideally last at least 6 seconds in duration, if this is possible and not interrupted by coughing, glottis closure laughing or leakage of air. The torso should remain in an upright position throughout the blow, not hunched over.

6.6 Procedure
1. The respondent must be sitting in a chair (this will preferably be a chair with arms and no wheels) with their feet flat on the floor, seated in an upright position. They should loosen tight clothing (for example ties and belts) to allow for a bigger inspiration. If the respondent wears dentures, it is preferable that they leave them in as they will get a tighter seal with their mouth around the mouthpiece which will result in a more accurate result. If the dentures are loose, they can remove them to perform the test.

2. Demonstrate the blow to the respondent (see section 6.8), CAPI will direct you when to do this.

3. Connect the spirometer to the laptop (see section 6.3.5). Insert a spirette into the spirometer ensuring that the plastic bag stays on the mouthpiece of the spirette (see section 6.3.6).

4. Give the spirometer to the respondent, ask them to remove the plastic bag and put the mouthpiece in their mouth. Also give the respondent a nose clip to put on. Instruct them to breathe normally through the spirette while wearing the nose clip. They should not do a blow at this stage; however it is important that the respondent becomes comfortable with having the mouthpiece in their mouth and the nose clip on.
5. When the respondent is comfortable with the equipment, ask them to remove the spirette from their mouth and give the spirometer back to you. Make sure you do not touch the spirette and only hold the spirometer by the handle. They can also remove the nose clip at this point.

6. Start the NDD Spirometry computer program as instructed by the CAPI.

7. Below is the first screen you should see. Check the respondent’s serial number (Patient ID), their First Name and their Date of Birth are correct. The fields for height, weight, ethnic and smoker should be pre filled with information from the nurse link. Without this information you will not be able to do a lung function test with the respondent. If the respondent refused their height or weight to be measured at time of interview, CAPI will assume an average value.

8. Also check the spirometer symbol at the bottom of the screen is visible as this means that the spirometer has been correctly connected to the laptop and it is ready to receive information from the respondent blows. When you are satisfied the information is correct, left click on ‘OK’.

9. You will be directed to the screen below, this is the test screen.

10. Show the screen to the respondent. Explain to them, that in a moment they will need to put the nose clip on and you will click on the ‘Add Trial’ button which will start the test. Further explain that you will give them the spirometer and they will need to breathe in as deeply as possible and quickly put the spirette in their mouth, ensuring a good seal with their lips and then blast out the air with as much force as possible without any hesitation, and to keep breathing out for as long as possible. When they have finished breathing out, they need to take another deep breath in. They can then remove the spirette from their mouth. Explain that it is a quick process and that while they are doing it the boy on the screen will be blowing up a balloon to encourage them to keep blowing out for as long as they can.

11. Before you give the spirometer to the respondent for the first blow you need to set the baseline. This will need to be done once per respondent. While you are setting the baseline ask the respondent to put the nose clip on, ready to do the blow as the setting of the baseline only takes seconds.
10. Immediately hand the spirometer to the respondent and instruct them to breathe in as deeply as possible and then put the spirette in their mouth, ensuring that they make a seal with their lips. The respondent should be able to see the laptop screen so that they can see the animation of the boy. They will need to breathe in and put the spirette in their mouth quite quickly otherwise the program will register it as an aborted test. If this happens, left click on the ‘Add Trial’, and when the screen reads “Start manoeuvre” ask them to take a deep breath in ready to do the blow. You will not need to reset the baseline, it only needs to be set once.

11. As soon as you can see that they have taken a deep breath in and the spirette is in their mouth, say “blast!” (the program will also read ‘Blast out!’ see below). As the respondent is blowing encourage him/her by saying “keep going, keep going, keep going...” to get the maximum and fastest expiration possible. Ensure the respondent remains seated upright while blowing. They should also be watching the balloon being blown up on the screen.

12. As soon as they blast out, the 6 second line will appear on the chart (circled below) to tell you for how much longer the respondent needs to blow to meet the criteria for the test to be acceptable; however the respondent should continue to blow out for as long as they can. DO NOT stop them just because they reach the 6 second line on the chart. Keep encouraging the respondent while they are blowing.

13. When the respondent cannot breathe out any more, instruct them to take a deep breath in.
6.7 Stopping criteria

Respondents should stop the lung function test if any of the following criteria are met:

- The overall session quality achieved is A or B. If a B grade is achieved within a minimal number of manoeuvres and you think the respondent is capable of achieving an A grade by doing more blows, ask them to have another go.
- The respondent has done 8 manoeuvres (blows)
- They no longer wish to continue
- You have concerns for the respondent’s safety

If you stop a respondent from doing any further manoeuvres out of concerns for their safety, explain to the respondent that you have all the information that you need and that you will be moving on to the next section.

If you do need to stop a respondent early, left click on the ‘Finish EMR’ button in the bottom right hand corner of the screen. This will take you back to the CAPI where you will be able to comment why the respondent was stopped early.

6.8 Session quality

Each testing session is assigned a grade which denotes the session quality. This grade is based on the number of acceptable blows and the reproducibility of these. You should aim to get a Grade A or a Grade B with each respondent. This will not always be possible and the stopping criteria in section 6.7 should always be adhered to.

- Grade A: Three acceptable manoeuvres; two highest FVC and FEV1 within 100ml
- Grade B: Three acceptable manoeuvres; two highest FVC and FEV1 within 150ml
- Grade C: Two or three acceptable manoeuvres reproducible within 150-200ml
- Grade D: One acceptable manoeuvre
- Grade F: No acceptable manoeuvre

6.9 Technically unsatisfactory blows and program advice

A technically unsatisfactory blow can occur for many reasons. Below is a list of the instructions given by the program following an unsatisfactory manoeuvre (blow) and how these should be interpreted.

<table>
<thead>
<tr>
<th>Message</th>
<th>Reason</th>
<th>Advice</th>
</tr>
</thead>
<tbody>
<tr>
<td>Don’t hesitate...</td>
<td>The respondent exhaled air in short bursts</td>
<td>Respondent must breathe out (blast out) all the air at once, not in short bursts</td>
</tr>
<tr>
<td>Blast out faster...</td>
<td>The respondent did not blast the air out fast enough</td>
<td>The respondent must breathe out the air as fast as and as fast as possible</td>
</tr>
<tr>
<td>Blow out longer...</td>
<td>The respondent did not breathe out for long enough OR stopped when they still</td>
<td>The respondent needs to breathe out for longer OR they need to force out as much air from their lungs as possible</td>
</tr>
</tbody>
</table>
7 SALIVA

7.1 Introduction
Saliva samples are taken from respondents for analysis to detect cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

7.2 Exclusion criteria
Respondents are excluded from giving a saliva sample if they:
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

7.3 Consent
There is a separate consent form for the saliva sample. This must be signed and dated by the respondent or by the parent or legal guardian in the case of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample (see section 2.5).

7.4 Preparing the respondent
Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

7.5 Procedures
There are two different procedures that can be followed.

Straw method

Equipment
You will need:
- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves
Procedure

1. Remove the cap from the plain tube. Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.

2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.

3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.

4. If a respondent’s mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times when you come in contact with a saliva sample.

6. Label and package as directed in the project specific instructions.

7.6 Salivette method

Equipment

You will need:

- Salivettes
- Gloves

Procedure

1. Figure 10 is a picture of a salivette. ‘A’ shows the salivette correctly assembled and ‘B’ shows the four different parts that it consists of: the cap, absorbent swab, inner tube and outer tube.

2. To obtain the saliva sample, remove the inner tube from the outer tube. Remove the cap from the inner tube and instruct the respondent to take the absorbent swab from the inner tube, without touching it, by lifting the tube to their lips and letting the absorbent swab fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.

3. Ask them to move it around in their mouth, gently biting on it, as this helps to ensure thorough wetting of the absorbent swab. It will vary from person to person, however 3 minutes will usually be ample.

4. If a respondent’s mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.

5. When the absorbent swab is sufficiently wet, ask the respondent to remove it from their mouth and put the absorbent swab back into the inner tube, avoiding touching it if they can.

6. Wearing gloves, check that the swab is saturated. The tube should feel noticeably heavier than an unused one. If the swab rattles around in the tube then it is not wet enough and you need to give it back to the respondent to put back in their mouth.

7. Once you are satisfied that it is saturated replace the cap on the inner tube and put the inner tube back in the outer one (the inner tube has a hole in the bottom so will leak in the post if not placed in the outer tube). Record in CAPI any problems you may have had. You should wear gloves at all times when you come in contact with a saliva sample.

8. Label and package as directed in the project specific instructions.

Figure 2 ‘A’: an assembled salivette, ‘B’: the various components
8 SPOT URINE

8.1 Introduction
Urine, a waste product of human bodily functioning, can be analysed to provide information on various factors depending on the compound to be analysed.

8.2 Exclusion criteria
Respondents are excluded from giving a urine sample if they:
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

Women who have their period are not excluded from giving a urine sample. Respondents with a catheter are also not excluded. If the sample is taken from a catheter bag, this should be recorded in CAPI. It does not matter how long the urine has been in the collection bag.

8.3 Consent
There is a separate consent form for the urine sample. This must be signed and dated by the respondent or by the parent/legal guardian in the case of respondents aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their urine sample.

8.4 Equipment
You will need:
- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe
- Coloured labels
- Gloves
- A polythene bag to store the equipment in and can be used to discard the used equipment once the sample has been taken (optional).

8.5 Preparing the respondent
Explain to the respondent that you need a urine sample and why it is important. Explain the equipment to them and show them how to use the Sarstedt syringe. A demonstration consisting of a syringe and a beaker filled with water can be used for this purpose. The instruction leaflet, similar to Section 8.6, can be left with the respondent for easy reference while performing the urine collection in private, if required. Explain the procedure below to the respondent. Tell them that you need them to follow the procedure as carefully as possible.

8.6 Urine sample syringe instructions
1. Collect your sample in the disposable pot.
2. Remove the small push cap.
3. Push the extension tube on the syringe nozzle.
4. Put the end of the tube into the urine in the beaker and pull back the syringe to fill it.
5. Remove the extension tube.
6. Replace the cap.
7. Pull the syringe plunger until it clicks and break off the stalk.
8.7 Procedure

1. Respondents are to wash their hands with soap and water prior to voiding to avoid contaminating the sample with substances which may be on their hands. It is important that the inside of the urine collection beaker is not touched or allowed to come into contact with any part of the respondent's body, clothing or any external surfaces.

2. Ask the respondent to collect a mid flow sample of their urine in the disposable collection beaker.

3. Immediately after voiding they need to collect a sample of the urine by using the syringe as you have demonstrated to them and by following the instructions on the card. The collection of the urine sample needs to happen immediately after voiding to minimise specimen exposure to air.

4. Ask the respondent to wash the outside of the filled and sealed syringe and dry it using toilet roll, once the sample collection is complete.

5. If the respondent is unable to fill the syringe him/herself, or would rather not do so, you can do this for them. Emphasise that the sample needs to be taken from the sample straight away in order to minimise specimen exposure to air, so as soon as they have finished they need to bring it to you or leave it in the bathroom and notify you that the sample is ready. Please ensure that you are wearing gloves before attempting to fill the syringe for this respondent, you should wear gloves at all times when you come in contact with a urine sample.

6. Make sure that the plastic cap is securely sealed and the syringe plunger stalk snapped.

7. Label and package the sample according to the project specific instructions.

8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).
This glossary explains terms used in the report; some definitions are also given in relevant chapters.

**Acute sickness**
An illness or injury which caused the participant to cut down on any of the things he or she usually does about the house, at work or school or in his or her free time in the two weeks before the interview.

**Age standardisation**
Age standardisation has been used in order to enable different groups to be compared after adjusting for the effects of any differences in their age distributions.

When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out for adults aged 16 and over, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2009 population estimates for England. All age standardisation has been undertaken separately within each sex.

Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over.

**Albumin**
This is excreted in urine and is used to measure kidney function. See also **Urine, Creatinine, Sodium, Potassium**

**Albuminuria**
The presence of albumin in the urine is measured using the albumin:creatinine ratio. This correlates well with 24-hour urinary albumin excretion. Normal values are up to 2.5mg/mmol in men and up to 3.5mg/mmol in women. Abnormal levels are split into two groups. **Micro-albuminuria** is defined as small, though raised, excretion of albumin (greater than 2.5 to 30mg/mmol in men and greater than 3.5 to 30mg/mmol in women). **Macro-albuminuria** is defined as more than 30mg/mmol (in either sex).

**Anthropometric measurements**
See **Body mass index (BMI), Waist circumference**

**Arithmetic mean**
See **Mean**

**Blood analytes**
See **Cholesterol (total and HDL), Glycated Haemoglobin, Serum creatinine, Vitamin D**

**Blood pressure**
Systolic (SBP) and diastolic (DBP) blood pressure was measured in participants aged 5 and over in 2010 using a standard method (see Appendix B for measurement protocol). In adults, hypertension is defined in this survey as SBP at least 140mmHg or DBP at least 90mmHg or on drugs prescribed to control hypertension. See also **Diastolic blood pressure, Systolic blood pressure**
**Body mass index (BMI)**

Weight in kilograms divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to less than 25</td>
<td>Normal</td>
</tr>
<tr>
<td>25 to less than 30</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 or more</td>
<td>Obese</td>
</tr>
<tr>
<td>40 or more</td>
<td>Morbidly obese</td>
</tr>
</tbody>
</table>

In children, although the BMI calculation method is the same, there are no fixed BMI cut-off points defining overweight and obesity. Instead, overweight and obesity may be defined using several other methods, including age and sex specific BMI cut-off points or BMI percentile cut-offs based on reference populations. In this report, overweight and obesity prevalence for children have been estimated using the 85th and 95th BMI percentiles of the 1990 UK reference curves as cut-offs respectively for overweight and obesity.

**Centile**

See **Percentile**

**Cholesterol Total and HDL**

Cholesterol is a fat-like substance (lipid) that is present in cell membranes and is a precursor of bile acids and steroid hormones. Cholesterol is essential for the body in small amounts. It is made in the liver and some is obtained from the diet. Serum total cholesterol concentration is positively associated with the risk of coronary heart disease (CHD). In the 2008 HSE report, the most recent where results were discussed, raised total cholesterol was defined as at or above 5.0 mmol/l.

In a normal individual, high density lipoprotein (HDL) constitutes approximately 20-30% of serum total cholesterol. HDL-cholesterol carries cholesterol away from the arteries back to the liver and is considered to be beneficial or ‘good’ cholesterol’. Studies have demonstrated a strong direct relationship between coronary heart disease and low HDL-cholesterol. In the 2008 HSE report, the most recent where results were discussed, HDL-cholesterol was defined as low at a level of less than 1.0 mmol/l.

**Chronic kidney disease (CKD)**

Persistent kidney damage. See **eGFR, albuminuria**

**Chronic obstructive pulmonary disease (COPD)**

COPD is defined by the World Health Organization (WHO) as ‘a lung disease characterised by chronic obstruction of lung airflow that interferes with normal breathing and is not fully reversible’. It is associated with symptoms and clinical signs that in the past have been called ‘chronic bronchitis’ and ‘emphysema’, including regular cough (at least three consecutive months of the year) and production of phlegm.

**Cotinine**

Cotinine is a metabolite of nicotine. It is one of several biological markers that are indicators of smoking. In this survey, it was measured in saliva. It has a half-life in the body of between 16 and 20 hours, which means that it will detect regular smoking (or other tobacco use such as chewing) but may not detect occasional use if the last occasion was several days ago. Anyone with a salivary cotinine level of 15 nanograms per millilitre or more is highly likely to be a tobacco user; more recently a threshold of 12 nanograms per millilitre has been taken as indicative of personal tobacco use.
Creatinine

This is excreted in urine. Unlike sodium and potassium, the quantity of creatinine excreted is relatively stable over time. Therefore in the analysis of urinary salt, the ratios of sodium to creatinine and of potassium to creatinine are analysed as proxy measures for dietary sodium and potassium. Similarly, the albumin:creatinine ratio is used to assess kidney function. See also Urine, Albumin, Sodium, Potassium, Serum creatinine.

Dentate

The term dentate is used to characterise adults who have retained at least one natural tooth (including crowns). Edentate adults are those who have lost all of their natural teeth.

Diastolic blood pressure

When measuring blood pressure, the diastolic arterial pressure is the lowest pressure at the resting phase of the cardiac cycle. See also Blood pressure, Systolic blood pressure.

Edentate

See Dentate.

EQ-5D

The EQ-5D questionnaire is a standardised instrument developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal. Applicable to a wide range of health conditions and treatments, it provides a simple descriptive profile and a single index value for health status that can be used in the clinical and economic evaluation of health care as well as in population health surveys.

There are two components to the EQ-5D; the first is a descriptive system comprising five different dimensions; Mobility; Self care; (ability to perform) Usual Activities; Pain/Discomfort and Anxiety/Depression. Participants are asked to indicate whether they have no problems, some problems or severe problems (the wording for each dimension differs slightly). The second component is the EQ visual analogue scale (EQ VAS), which records the participant’s self-rated health on a vertical, visual analogue scale (like a thermometer) where the endpoints are labelled ‘Best imaginable health state’ (100) and ‘Worst imaginable health state’ (0). This information can be used as a quantitative measure of health outcome as judged by the individual participants.

Equivalised household income

Income has been included in the Health Survey series since 1997. Making precise estimates of household income, as is done for example in the Family Resources Survey, requires far more interview time than was available in the Health Survey. Household income was thus established by means of a card (see Appendix A) on which banded incomes were presented. Information was obtained from the household reference person (HRP) or their partner. Initially they were asked to state their own (HRP and partner) aggregate gross income, and were then asked to estimate the total household income including that of any other persons in the household. Household income can be used as an analysis variable, but there is interest in using measures of equivalised income that adjust income to take account of the number of persons in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in the Health Survey. The method used in the present report was as follows. It utilises the widely used McClemens scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClemens score. Household members were given scores as follows.

- First adult (HRP) 0.61
- Spouse/partner of HRP 0.39
Other second adult 0.46
Third adult 0.42
Subsequent adults 0.36
Dependant aged 0-1 0.09
Dependant aged 2-4 0.18
Dependant aged 5-7 0.21
Dependant aged 8-10 0.23
Dependant aged 11-12 0.25
Dependant aged 13-15 0.27
Dependant aged 16+ 0.36

2. The equivalised income was derived as the annual household income divided by the McClemens score.

3. This equivalised annual household income was attributed to all members of the household, including children.

4. Households were ranked by equivalised income, and quintiles q1 – q5 were identified. Because income was obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as ‘households with equivalised income up to q1’, ‘over q1 up to q2’ etc.

5. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

Insofar as the mean number of persons per household may vary between quintiles, the numbers in the quintiles will be unequal. Inequalities in numbers are also introduced by the clumping referred to above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.


Estimated Glomerular Filtration Rate (eGFR)

A classification of chronic kidney disease (CKD) was first developed by the Kidney Disease Outcome Quality Initiative (KDOQI) in 2002, based on markers of kidney damage such as blood or protein in the urine and assessment of the filtration function of the kidney (the glomerular filtration rate, GFR). Until the 1990s, routine assessment of filtration relied on the serum creatinine level, creatinine being a metabolic product of protein breakdown filtered by the kidneys. New prediction equations estimate the glomerular filtration rate (eGFR) by taking into account factors associated with creatinine production such as age, sex and ethnic group.

FEV₁% or FEV₁/FVC

In spirometry, this is the ratio (%) of FEV₁ to FVC. This measures the proportion of the air in the lungs that an individual can breathe out in the first second of a forced manoeuvre. FEV₁/FVC may be reduced in diseases where there is airways obstruction such as asthma or chronic obstructive pulmonary disease (COPD). See FEV₁, FVC, Spirometry

Forced Expiratory Volume in 1 second (FEV₁)

In spirometry, this is the volume of air that can be blown out in one second during a forced manoeuvre, measured in litres. This measures how easily an individual can breathe out. It depends on how wide (dilated) the airways are. FEV₁ may be reduced in diseases where there is airways obstruction such as asthma or chronic obstructive pulmonary disease (COPD), or in restrictive diseases where lung volume is reduced. See FEV₁/FVC, FVC, Spirometry
**Forced Vital Capacity (FVC)**
In spirometry, this is the total volume of air that can forcibly be blown out after a full inspiration, measured in litres. This provides a measure of the ‘size’ of the lungs. FVC may be reduced in restrictive diseases where lung volume is reduced. See FEV₁, FEV₁/FVC, Spirometry.

**Functional dentition**
Functional dentition indicates the minimum number of natural teeth necessary to allow normal function, such as eating, talking and socialising without the need for dentures. This is generally assumed to be around 20 teeth, although some individuals may achieve normal function with fewer teeth.

**Geometric mean**
A measure of the central tendency of a dataset (the mean of n numbers expressed as the n-th root of their product) that minimises the effects of extreme values.

**GHQ12**
The General Health Questionnaire (GHQ12) is a scale designed to detect possible psychiatric morbidity in the general population, and was administered to participants aged 13 and over. The questionnaire concentrates on the broader components of psychological morbidity and consists of twelve items measuring general levels of happiness; depression and anxiety; sleep disturbance; and ability to cope over the last few weeks. The twelve items are rated on a four-point response scale, where a score of 0 is given to responses such as that the symptom is present ‘not at all’ or ‘no more than usual’ and a score of 1 is given to responses such as ‘rather more than usual’ or ‘much more than usual’. A GHQ12 score of 4 or more is referred to as a ‘high GHQ12 score’, indicating probable psychological disturbance or mental ill health.


**Glycated Haemoglobin (HbA₁c)**
The percentage of glycated haemoglobin indicates the percentage of haemoglobin in the circulation to which glucose is bound. Glycated haemoglobin (HbA₁c) concentration is an indicator of average blood glucose concentration over the previous three months and is therefore used to assess glycaemic control in people with diabetes. It has also been suggested as a diagnostic or screening tool for diabetes. Diabetic patients with elevated glycated haemoglobin are at increased risk of microvascular events (complications from diseased small blood vessels, such as eye and kidney problems) and macrovascular events (complications from diseased arteries, such as coronary heart disease including angina, heart attacks and heart failure). In the 2009 HSE report, the most recent where results were discussed, raised glycated haemoglobin was taken as 6.5% or above.

**Government Office Region**
Government Office Region (GOR) is a classification system used for regional statistics; it was used as the regional base for sampling and weighting in 2009. However, Government Offices for the regions closed in March 2011, and from 2010 Strategic Health Authorities have been used for HSE sampling and weighting. See Strategic Health Authority.

**High blood pressure**
See Blood pressure.

**Household**
A household is defined as one person or a group of people who have the accommodation as their only or main residence and who either share at least one meal a day or share the living accommodation.

**Household Reference Person**
The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented); if there is more than one such person in a household, it is defined as the person with the highest income. If there is more than one householder with equal income, then the household reference person is the oldest.
Hypertension

See Blood pressure

Income

See Equivalised household income

Index of Multiple Deprivation

The Index of Multiple Deprivation 2007 (IMD) provides a measure of area deprivation, with deprivation based on measures in seven domains, namely income, employment, health deprivation and disability, education, skills and training, barriers to housing and services, crime and living environment. Within each domain, data are collected from a variety of sources.

For example, health deprivation is assessed on the basis of measures such as the years of potential life lost and emergency admissions to hospital for 32,482 Super Output Areas (SOAs) in England. SOAs are ranked on the basis of deprivation from 1 (most deprived) to 32,482 (least deprived). In the Health Survey, deprivation quintiles are used to reflect broad categories of deprivation.

Linear regression

Linear regression is used to investigate the independent effects of ‘predictor’ variables on a continuous ‘dependent’ or ‘outcome’ variable. The parameter estimates (coefficients) for a particular variable from a linear regression model give an estimate of the effect of that variable on the outcome variable, after controlling for all other variables in the model.

For categorical independent variables in the models, one category of the variable is defined as the reference category, and all other categories are compared to this reference category. There is no coefficient for the reference category and estimates for all other categories give the predicted mean difference in the outcome variable between each category and the reference category, having controlled for all other variables in the model. 95% confidence intervals are calculated. There is a 95% chance that the given interval for the sample will contain the true population parameter of interest. In a linear regression a 95% confidence interval which does not include zero indicates that the given coefficient represents a statistically significant difference from the reference category.

The $R^2$ in the model represents the percentage of the variation in the dependent variable explained by the independent variables in the model.

Logistic regression

Logistic regression is used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The independent variables can be continuous or categorical (grouped) variables. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.

Logistic regression models the log ‘odds’ of a binary outcome variable. The ‘odds’ of an outcome is the ratio of the probability of its occurring to the probability of its not occurring. The parameter estimates obtained from a logistic regression model have been presented as odds ratios for ease of interpretation.

For continuous independent variables, the odds ratio gives the change in the odds of the outcome occurring for a one unit change in the value of the independent variable.

Parameter estimates for categorical independent variables have been presented as follows. One category of the categorical variable has
been selected as a baseline or reference category, with all other categories compared to it. Therefore there is no parameter estimate for the reference category; odds ratios for all other categories are the ratio of the odds of the outcome occurring between each category and the reference category, adjusted for all other variables in the model.

The statistical significance of independent variables in models was assessed by the likelihood ratio test and its associated p value. 95% confidence intervals were also calculated for the odds ratios. These can be interpreted as meaning that there is a 95% chance that the given interval for the sample will contain the true population parameter of interest. In logistic regression a 95% confidence interval which does not include 1.0 indicates the given parameter estimate is statistically significant.

**Longstanding illness**

Longstanding illness is defined as an illness, disability or infirmity that has troubled the participant over a period of time or is likely to affect them over a period of time. Longstanding illnesses were coded into categories defined in the International Classification of Diseases (ICD 10), but it should be noted that the ICD is used mostly to classify conditions according to the cause, whereas HSE classifies according to the reported symptoms. A longstanding illness is defined as limiting if the participant reports that it limits their activities in any way.

**Macro-albuminuria**

See [Albuminuria](#)

**Mean**

Means in this report are arithmetic means (the sum of the values for cases divided by the number of cases) unless stated otherwise.

**Median**

The value of a distribution which divides it into two equal parts such that half the cases have values below the median and half the cases have values above the median.

**Micro-albuminuria**

See [Albuminuria](#)

**Morbid obesity**

See [Body mass index](#)

**NS-SEC**

The National Statistics Socio-economic Classification (NS-SEC) was introduced from April 2001, and replaced Social Class based on occupation and Socio-economic Groups (SEG). NS-SEC is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. Full details can be found in ‘The National Statistics Socio-economic Classification User Manual 2002’, ONS 2002.

There are fourteen operational categories representing different groups of occupations (see below) and a further three ‘residual’ categories.

<table>
<thead>
<tr>
<th><strong>Descriptive definition</strong></th>
<th><strong>NS-SEC categories</strong></th>
</tr>
</thead>
<tbody>
<tr>
<td>Large employers and higher managerial occupations</td>
<td>L1, L2</td>
</tr>
<tr>
<td>Higher professional occupations</td>
<td>L3</td>
</tr>
<tr>
<td>Lower managerial and professional occupations</td>
<td>L4, L5, L6</td>
</tr>
<tr>
<td>Intermediate occupations</td>
<td>L7</td>
</tr>
<tr>
<td>Small employers and own account workers</td>
<td>L8, L9</td>
</tr>
<tr>
<td>Lower supervisory and technical occupations</td>
<td>L10, L11</td>
</tr>
<tr>
<td>Semi-routine occupations</td>
<td>L12</td>
</tr>
<tr>
<td>Routine occupations</td>
<td>L13</td>
</tr>
<tr>
<td>Never worked and long-term unemployed</td>
<td>L14</td>
</tr>
</tbody>
</table>

The three residual categories: L15 (full time students), L16 (occupation
not stated or inadequately described) and L17 (not classifiable for other reasons) are excluded when the classification is collapsed into its analytical classes.

The categories can be further grouped into:
- Managerial and professional occupations L1-L6
- Intermediate occupations L7-L9
- Routine and manual occupations L10-L13

This results in the exclusion of those who have never worked and the long term unemployed, in addition to the groups mentioned above.

The main differences between NS-SEC and SEG that users need to be aware of are:
- The introduction of SOC2000 which includes various new technology occupations not previously defined in SOC90,
- Definitional variations in employment status in particular with reference to the term ‘supervisor’,
- The inclusion of armed forces personnel in the appropriate occupation group,
- The separate classification of full-time students, whether or not they have been or are presently in paid employment, and
- The separate classification of long term unemployed who previously were classified by their most recent occupation.

This change has resulted in a discontinuity in time series data. The operational categories of NS-SEC can be aggregated to produce an approximated version of the previous Socio-economic Group. These approximations have been shown to achieve an overall continuity level of 87%.

The Health Survey for England generally uses the five category system of NS-SEC (when sample sizes allow) in which respondents are classified as managerial and professional, intermediate, small employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. In analyses presented in this report it is the NS-SEC of the household reference person which is used.

**Obesity**
See Body mass index

**Odds ratio**
See Logistic regression

**Overweight**
See Body mass index

**Peak Expiratory Flow (PEF)**
In spirometry, the maximum speed of air moving out of the lungs during a forced expiration, measured in litres per second. See Spirometry

**Percentile**
The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 percent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median. See Quintile, Tertile

**Personal care plan**
A personal care plan is a written agreement between a patient and their health professional about the care and support required to manage a long term condition. The plans enable people to manage the treatment of their illness and the services they receive by creating a personalised package of care. Personal care plans are initially developed and agreed with a health care professional, and are then reviewed annually to ensure that they still meet the requirements of the patient.
**Potassium**
The intake of potassium (K) can be estimated by measuring urinary excretion. This was analysed using a spot urine sample. There is an inverse association between potassium intake and blood pressure, i.e. an increased intake of potassium may help to reduce high blood pressure. See also Urine, Sodium, Creatinine

**p value**
A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result (p<0.05). It should be noted that the p value is dependent on the sample size, so that with large samples differences or associations which are very small may still be statistically significant. Results should therefore be assessed for their importance on the magnitude of the differences or associations as well as on the p value itself.

**Quintile**
A quintile is a statistical value of a data set that represents one fifth of a given population. Quintiles are used to create cut-off points to divide a distribution into five equal parts, i.e. the first quintile represents the lowest fifth of the data (1-20%), the next quintile represents 21-40% etc.

**Region**
See Government Office Region, Strategic Health Authority

**Serum creatinine**
Serum creatinine is a metabolic product of protein breakdown filtered by the kidneys, and is used to assess kidney function. See eGFR

**Sodium**
The intake of sodium (Na) can be estimated by measuring urinary excretion. This was analysed using a spot urine sample. There is an association between sodium intake and blood pressure. See also Urine, Potassium, Creatinine

**Spearhead PCTs**
Spearhead Primary Care Trusts (PCTs) are the most health deprived areas of England. They are areas in the bottom fifth nationally for three or more of the following indicators:
- Male life expectancy at birth
- Female life expectancy at birth
- Cancer mortality rate in those aged under 75
- Cardiovascular disease (CVD) mortality rate in those aged under 75
- Index of multiple deprivation 2004 (LA summary), average score.

These local authority areas have been mapped onto primary care trust boundaries to identify Spearhead PCTs. This report uses Spearhead status as designated in 2008.

**Spirometry**
Spirometry is the measurement of lung function. Survey participants are asked to carry out a forced manoeuvre where they fill their lungs as deeply as possible, then force the air out as fast and as hard as possible until all the air is expelled. Participants are asked to carry out a minimum of three technically acceptable manoeuvres, with the aim that two of these are reproducible, i.e. measurements are within 150ml.

In the HSE 2010 this was carried out using high specification spirometers (NDD Easy-on-PC) that were connected directly to nurse laptops. The spirometers use ultrasonic detection of airflow as a participant blows into the mouthpiece: the flow is measured by ultrasonic waves transmitted through filters located either side of the mouthpiece (spirette). It is possible for nurses to view time volume and flow volume curves for the blows in real time on their computer screens, and detailed information is available about each blow, so that technique can be adjusted if necessary for subsequent blows. As well as instant feedback about each blow, the software provides an overall session quality, which can be used to monitor nurse performance. See FEV₁, FEV₁/FVC, FVC
**Standardisation**

In this report, standardisation refers to standardisation (or ‘adjustment’) by age. See Age standardisation.

**Strategic Health Authority (SHA)**

From July 2006, a new configuration of Strategic Health Authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries are the same as those of the Government Office Regions with the exception of the South East, which has been divided into South East Coast SHA and South Central SHA. SHAs have been used for sampling and weighting in the 2010 HSE, and in regional analyses in most recent HSE reports. Note that they cannot be used where sub-group sample sizes are not sufficient to allow robust regional analysis.

**Systolic blood pressure**

When measuring blood pressure, the systolic arterial pressure is defined as the peak pressure in the arteries, which occurs near the beginning of the cardiac cycle. See also Blood pressure, Diastolic blood pressure.

**Tertile**

A tertile is a statistical value of a data set that represents one third of a given population. Tertiles are used to create cut-off points to divide a distribution into three equal parts, i.e. the first tertile represents the lowest third of the data (1-33%), the middle tertile represents 34%-67% etc.

**Unit of alcohol**

Alcohol consumption is reported in terms of units of alcohol; one unit of alcohol is 10ml by volume of pure alcohol. Participants are asked about the alcoholic drinks they have had, and these are converted to units. This conversion was revised in 2006 and 2007; see the 2007 report, Volume 1 Chapter 7, for full details of the revised method and the conversion of drinks to units.

www.ic.nhs.uk/pubs/hse07healthylifestyles

**Urine analysis**

A spot urine sample was collected from adults (16 and over) in the core sample. This was used for the analysis of dietary Sodium, Potassium and Creatinine, and for Albumin. Epidemiological, clinical and animal-experimental evidence shows a direct relationship between dietary electrolyte consumption and blood pressure (BP).

**Vitamin D**

Vitamin D is formed by the action of ultra violet light on the skin. This is the most important source as few foods contain significant amounts of vitamin D. Vitamin D undergoes changes in both the liver and the kidneys before working as a hormone in controlling the amount of calcium absorbed by the intestine. It is also essential for the absorption of phosphorous and for normal bone mineralisation and structure. Vitamin D is also involved in the process of cell division in many other body tissues.

**Waist circumference**

Waist circumference is a measure of deposition of abdominal fat i.e. central obesity. A raised waist circumference has been taken to be greater than 102cm in men and greater than 88cm in women. According to NICE guidelines, for men, waist circumference of less than 94 cm is defined as ‘low’ waist measurement, between 94 and102cm is ‘high’ and more than 102cm is ‘very high’. For women, waist circumference of less than 80cm is defined as ‘low’ waist measurement, between 80 and 88cm is ‘high’ and more than 88cm is ‘very high’. These waist circumference categories, in combination with BMI, have been used to identify categories of health risk.


**Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and over. Validation involved both student and general population samples, and focus groups.

**Z-score**

Z-scores were used to measure the normality or abnormality of spirometry measures. The z-score (also called the standard deviation score, or SDS) equals the measured value minus the predicted value, divided by the between-subject standard deviation. By definition in healthy subjects, the mean z-score should equal 0 (and the standard deviation should equal 1), with 95% of healthy subjects falling within ±1.96 standard deviations from the mean. With spirometry, the distribution of interest is one-sided, i.e. the focus is only on those with results below the predicted value.
National Centre for Social Research
www.natcen.ac.uk

The National Centre for Social Research is the largest independent social research institute in Britain, specialising in social survey and qualitative research for the development and evaluation of policy. NatCen specialises in research in public policy fields such as health, housing, employment, crime, education and political and social attitudes. Projects include ad hoc and continuous surveys, using face-to-face, telephone, online and postal methods; many use advanced applications of computer assisted interviewing. NatCen has approximately 275 staff, a national panel of over 1,000 interviewers, and 150 nurses who work on health-related surveys.

Research Department of Epidemiology and Public Health, UCL Medical School
www.ucl.ac.uk/epidemiology

The Research Department of Epidemiology and Public Health, chaired by Professor Richard Watt, is a leading centre for research into the social determinants of health. The department has a strong interdisciplinary structure. The Department houses over 180 staff in 13 main research groups, including the Joint Health Surveys Unit, part of the Health and Social Surveys Research Group. Collaborative research is conducted through the International Institute for Society and Health and across the Division.

The Department’s research programme is concerned particularly with social factors in health and illness and inequalities in these, including national cross-sectional surveys of health and behaviour (such as diet), longitudinal studies of cardiovascular disease (Whitehall studies) and the English Longitudinal Study of Ageing (ELSA); international studies of cardiovascular disease and diabetes; socio-dental indicators of need; and the socio-economic and policy implications of an ageing population.