A survey carried out on behalf of the Health and Social Care Information Centre

Joint Health Surveys Unit

Department of Epidemiology and Public Health, UCL
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Health Survey for England

2013

Volume 2

Methods and documentation

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THE HEALTH AND SOCIAL CARE INFORMATION CENTRE
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Foreword

This report presents the findings of the twenty-third annual Health Survey for England. I am pleased to present this important research, which has been undertaken on behalf of the Health and Social Care Information Centre (HSCIC).

The Health Survey for England is an authoritative source of statistics about the health of the population, and the results are widely used within government and the health service, as well as by researchers and academics. Information from the Health Survey is used to inform policy making, monitor progress towards goals in public health and to look at changes over time.

Each year the survey collects information about a new representative sample of the general population living in private households, both adults and children. People are included whether or not they are patients being treated by the NHS. As well as collecting comprehensive details about people’s health and lifestyles, the survey includes objective measures of health, such as height and weight, and blood pressure measurements. This means we can look at how people’s health is related to their characteristics and circumstances, and we can identify cases where people have problems that have not been picked up by a doctor.

One of the key topics covered in this report is social care. Older people were asked about their need for help with a range of everyday activities, and whether they received the help they need. This report looks at patterns of help provided, and the aids and equipment that can support people to live independently. With an ageing population, government policy aims to help people maintain their independence in their own homes for as long as possible. The survey results provide important information to help assess the impact of social care reforms currently under way.

There are also new findings in the report on a range of health topics, including eyesight, end of life care, the use of prescribed medicines and the health of shift workers. Updates on regular topics are available, including obesity, smoking, and fruit and vegetable consumption, among both adults and children.

I would like to thank everyone who has contributed to this valuable report: colleagues in the HSCIC and our counterparts in the Joint Health Surveys Unit of NatCen Social Research and UCL; the dedicated and skilled team of interviewers and nurses; and finally the anonymous participants from across England who gave up their time to take part in the survey and various health tests. All of these contribute to produce a source of public health information of enormous value and benefit to protect and improve the health of every one of us.

Andy Williams

Chief Executive
Health and Social Care Information Centre
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: Gary Boodhna, Sally Bridges, Robin Darton, Sue Faulding, Catherine Henderson, Jennifer Mindell, Alison Moody, Linda Ng Fat, Caireen Roberts, Alice Ryley, Shaun Scholes, Joanne Thompson, Laura Weston, Raphael Wittenberg.
- Cathy Coshall, Claire Deverill and Nick di Paolo whose hard work and support have been crucial in preparing and managing the survey data.
- The programmers, Sandra Beeson, Malisha Beg, Hannah Bridges and Sven Sjodin.
- Other research colleagues, especially Kevin Pickering, Evie Calcutt, David Hussey and Barbara Carter-Szatynska.
- Operations staff, especially Emma Fenn, Sue Roche, Megan Hodges and the Field Area Managers.

We should also like to express our thanks to Linda Wilson, Julie Day and the staff at the Department of Blood Sciences at the Royal Victoria Infirmary, Newcastle University Hospitals Trust, and to Colin Feyerabend, Mira Doig and the 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 Health and Social Care Information Centre at all stages of the project, and in particular the contributions made by Paul Brown, Chinyere Agu, Vicky Cooper, David Cracknell, Robert Dobson, Paul Eastwood, Jonathan Hope, Vicky Jones, Lorraine Gray, Alison Neave, Paul Niblett, Ben Pace, Gemma Ramsay, Liz Selfridge, Graham Swinton, Bethan Thomas, Steve Webster and Sam Widdowfield.

Rachel Craig, Jennifer Mindell
Notes

1 The data used in the report have been weighted. The weighting is described in Volume 2, Chapter 7 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 Four different non-response weights have been used: for the interview stage, for the nurse visit, and for the blood and cotinine samples.

4 Apart from tables showing age breakdowns, data for adults have been age-standardised for men and for women separately. This allows comparisons between groups, (such as different regions or household income categories), after adjusting for the effects of any differences in their age distributions. When comparing data for the two sexes, it should be remembered that no standardisation has been introduced to remove the effects of the sexes’ different age distributions. See Volume 2, Chapter 8.4 of this report.

5 The following conventions have been used in tables:
   - no observations (zero value)
   - 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.

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

7 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.

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

9 ‘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.

10 The group on which the figures in each table are based is stated at the upper left corner of the table.

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

Rachel Craig, Kevin Pickering, Claire Deverill, Cathy Coshall, Alison Moody, Julie Day, Mira Doig

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 2013 survey is the twenty third. 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 2 have been included as well as older children.

The HSE is part of a programme of surveys currently commissioned by the Health and Social Care Information Centre (HSCIC), 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 (e.g. 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;
7. (since 1995) measure the height of children at different ages, replacing the National Study of Health and Growth; and
8. (since 1995) 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. In addition there are modules of questions on specific issues that vary from year to year. In some 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 children; there was no boost in 2013.

The Health Survey for England has been designed and carried out since 1994 by the Joint Health Surveys Unit of NatCen Social Research and the Research Department of Epidemiology and Public Health at UCL.

1.2 The 2013 survey

1.2.1 Topics

The focus for the 2013 survey was social care. A short module of questions on social care has been included since 2011 as part of the core, and additional funding was obtained to include the full module in 2013. This provides additional detail on tasks for which help was provided, patterns of care, payment, and aids and equipment used.
As well as core topics, further additional short modules of questions were also included, covering eyesight, end of life care, shift work, average weekly alcohol consumption, well-being, and physical activity.

Social care

A new module of social care questions was developed in 2010 with questions for older people about their need for care, receipt of care and payment for care, and questions for all adults about their provision of informal care. A ‘short’ version of this is now included each year in the HSE, because time within the core interview is limited. However, additional funding was obtained in 2013 to include the full module, which allows more detail about some of the core questions, and includes additional areas such as patterns of care and aids, equipment and adaptations to the home.

Social care affects the daily lives of several million people in England. Around 5 million people provide unpaid care to family and friends. Some 1.6 million work in the social care sector, providing formal care. Some 1.1 million receive care arranged by their local authority and at least a further 270,000 buy care privately. While those who need care and support are of all ages, many are older people needing help because of problems associated with long-term physical or mental ill-health, disability or problems relating to old age.

Under successive governments there have been substantial developments in policy on adult social care and how it is funded. The current Coalition Government published *A vision for adult social care* in 2010 and a White Paper *Caring for our future* in July 2012. Further reforms to adult social care were announced in this White Paper and enacted in the Care Act 2014. The Coalition Government also established a Commission on Funding of Care and Support, which reported in July 2011.

The reforms to adult social care announced in the White Paper *Caring for our future* will have a substantial impact on the assessment of care needs, determination of eligibility for care, financing, commissioning and provision of adult social services. The reforms include the introduction of national minimum eligibility criteria from April 2015 and care accounts associated with the life-time cap on care costs from April 2016. It is expected that new responsibilities for local authorities will affect patterns of care, and it is important in this context to have robust information on the patterns of care and duration of care received by older people.

Equipment and home adaptations to aid daily living can be an important means to enable people with disabilities and frail older people to maintain their independence. The government has in recent years introduced initiatives to help older and disabled people to access relatively low-cost simple aids to daily living by establishing new models of assessment and delivery. Recent research has suggested that assistive equipment and adaptations can have significant benefits in terms of improving individuals’ quality of life and reducing the demand for health and social care services.

1.2.2 Summary of survey design

As with all previous years, the 2013 HSE involved a stratified random probability sample of households. The sample comprised 9,408 addresses selected at random in 588 postcode sectors. Adults and children were interviewed at households identified at the selected addresses. 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. Addresses were issued over 12 months from January to December 2013, and fieldwork was completed in early March 2014. For further details on sampling see Section 2.

A total of 8,795 adults and 2,185 children were interviewed. A household response rate of 64% was achieved. 6,183 adults and 1,455 children had a nurse visit. It should be noted that, as in 2011 and 2012, there was no child boost sample in 2013. Thus the scope for analyses of some data for children may be limited by relatively small sample sizes.

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

1.3 Reports on the Health Survey for England 2013

This volume reports on the methods used in the HSE 2013, and is one of two volumes based on the survey, published as a set as ‘The Health Survey for England 2013’:
1. Volume 1: Health, social care and lifestyles
2. Volume 2: Methods and documentation

1.4 Availability of further data

As with surveys from previous years, a copy of the HSE 2013 data will be deposited with the UK Data Service. Copies of anonymised data files can be made available for specific research projects through the Data Service.

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

2 Sample design

2.1 Overview of the sample design

The sample for the HSE 2013 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 HSE series, the 2013 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.

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 sorted by former Government Office Regions (described throughout the report as regions) and, within each region, by local authority ordered by the percentage of adults in the 2001 Census from NS-SEC groups 1 and 2. PSUs in smaller regions (the North East and East Midlands) were oversampled to provide a minimum sample size (of approximately 700 adults). To obtain the stratified sample, the PSUs were selected by sampling from the sorted list at fixed intervals (although different fixed intervals for the smaller regions) from a random starting point.
Initially 600 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 PSUs in each group were randomly allocated to the 12 months of the year (i.e. 50 per month) so that each quarter provided a nationally representative sample.

The initial sample design included a ‘reserve’ for the final quarter of the year. The intention was that, if the response rate achieved in the early months of the year was high and the target number of achieved interviews (8,000 adults) was likely to be exceeded, some points could be withdrawn in the final quarter of the year without affecting the representative coverage of the sample. In fact in 2013 the numbers of interviews achieved in the first three quarters were sufficiently high that the reserve points could be withdrawn for the final quarter. Therefore a total of 588 PSUs were issued throughout the year (50 per month in the first nine months, 46 per month for the final quarter).

2.3 Sampling addresses, dwelling units and households

Within each of the PSUs, a sample of 16 addresses was selected. In total, therefore, 9,408 (= 588 x 16) addresses were issued.

When visited by interviewers, 9.8% of the selected addresses in the sample were found not to contain private households (Table 1, ineligible addresses type a). Table 2 provides more detail about non-responding households; examples of addresses that did not include private households 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.

2.4 Sampling individuals within households

In the HSE sample, all adults aged 16 years and over at each household were selected for the interview (up to a maximum of ten adults per household). 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.

The application of selection 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 and saliva samples are included in Appendix B.
# Health Survey for England 2013: Contents

## Household data
- Household size, composition and relationships
- Accommodation tenure and number of bedrooms
- Economic status/occupation of Household
- Reference Person

## Household income
- Household income
- Type of dwelling and area
- Smoking in household
- Car ownership

## Individual level information

### Age

<table>
<thead>
<tr>
<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>
</table>

### Interviewer visit
- General health, longstanding illness, limiting longstanding illness, acute sickness
- Personal care plans
- Self-reported height and weight
- Doctor-diagnosed hypertension, diabetes
- Eyesight
- Use of services
- Social care (including extended questions)
- End of life care
- Fruit and vegetable consumption
- Smoking
- Drinking (heaviest drinking day last week, regular drinking)
- Economic status/occupation (including shift patterns), educational achievement
- Ethnic origin
- Reported birth weight
- Height measurement
- Weight measurement
- Consent to linkage to NHS Central Register/Hospital Episodes Statistics

### Self-completion
- Warwick-Edinburgh mental well-being scale
- Physical activity (short questionnaire)
- Perception of own weight/child's weight
- Sexual orientation, religion

### Nurse visit
- Immunisations
- Prescribed medicines and vitamin supplements
- Nicotine replacement products
- Waist and hip circumference
- Blood pressure
- Saliva sample
- Blood sample (non-fasting), including for flu vaccinations

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*a* This module was administered by self-completion for children aged 8-15.

*b* This module was administered by self-completion for those aged 16-17 and some aged 18-24.
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, social care, fruit and vegetable consumption, alcohol consumption and smoking. Older participants (aged 65 and over) were also asked extended questions about social care. Additional questions were included on eyesight, end of life care, and regular drinking to supplement core questions about the heaviest drinking day in the last week and frequency of alcohol consumption. Self-reported height and weight was established early in the interview, to provide a comparison with the height and weight measurements which were taken later.

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 general health and fruit and vegetable consumption.

Participants aged 8 and over were asked to fill in a self-completion booklet during the interview. There were four 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. 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.

<table>
<thead>
<tr>
<th>Booklet for adults</th>
<th>Warwick-Edinburgh mental well-being scale (WEMWBS), short International Physical Activity Questionnaire (IPAQ), perception of own and (if appropriate) child’s weight, sexual orientation, religion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booklet for young adults</td>
<td>Smoking, drinking, WEMWBS, IPAQ, perception of own and (if appropriate) child’s weight, sexual orientation, religion.</td>
</tr>
<tr>
<td>Booklet for children aged 13-15</td>
<td>Smoking, drinking, perception of weight.</td>
</tr>
<tr>
<td>Booklet for children aged 8-12</td>
<td>Smoking, drinking, perception of weight, cycling safety.</td>
</tr>
</tbody>
</table>

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 who were interviewed.

At the nurse visit, questions were asked about prescribed medicines and use of nicotine replacement products. For infants, additional information was collected on immunisations and measurements at birth. Nurses took waist and hip measurements for those aged 11 and over and measured the blood pressure of those aged 5 and over.

Adults aged 16 and over were asked to provide non-fasting blood samples for the analysis of HDL and total cholesterol and glycated haemoglobin, and saliva samples (for the analysis of cotinine, a derivative of nicotine). Samples of saliva were also taken from children aged 4-15 (for the analysis of cotinine). Written consent was obtained for these samples. Details of the analysis of these samples are provided in Section 9.

3.4 Change to longstanding illness questions

In 2012, the questions on longstanding illness were changed. The Equalities Data Review, published in 2007, identified a need to improve the co-ordination, comparability, quality,
accessibility and presentation of disability statistics through developing and applying a principled approach to data collection and its propagation. The harmonised standards are designed to be consistent with a conceptual framework of disability. They take account of the needs of national and European administrations for data continuity and the definitions and guidelines contained in UK and EU legislation, including the Equality Act and the EU-SILC (European Union Statistics on Income and Living Conditions) regulation. The harmonised disability questions have been designed for use in social surveys, as recommended by the Disability, Health and Carers Primary Standards in 2011.\textsuperscript{18} The aim of the standards is to cover the following issues:

- consistent collection of impairment/disability data
- continuity with estimates currently derived from national household survey sources
- to have a strong relationship with the 2011 Census question on disability
- to meet the relevant European data requirements.

The work also reflects the future standardisation of the secondary harmonised questions to allow the interaction between impairment and social barriers to be formally measured, improving the scope for public bodies to monitor Disability Equality Duties.

Appendix D shows the questions used in the HSE up to 2011 on longstanding illness and whether it limits daily activities, and the new questions introduced from 2012 onwards. The new questions explicitly ask about physical and mental health, separate the concept of disability from illnesses or health conditions, and refer to illnesses or conditions ‘lasting or expected to last 12 months or more’ rather than ‘over a period of time’.

The new questions meet government requirements for the classification of disability for the core population with rights under the Equality Act. The definition of a person with a disability under this classification is someone who says they have a longstanding physical or mental health condition, and that it reduces their ability to carry out day-to-day activities. A derived variable (LimLast) is created in the dataset identifying this group with a disability as ‘those with a limiting longstanding illness’.

To maintain comparability with a key measure in the HSE and to provide important health-related information that is much used in secondary analyses, one of the original questions has been retained, asking about exactly what illnesses and conditions people have, though this is not part of the new harmonised suite of questions.

\section*{4 Fieldwork procedures}

\subsection*{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.

A small incentive, in the form of a £5 voucher, was enclosed with the advance letter to encourage participation.

\subsection*{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 attempted to interview all adults (up to a maximum of ten) and up to two children aged 0-15 (see Section 2.4). The interviewer sought parents’ and children’s consent to interview the 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 was obtained from the household reference person (HRP)\(^{19}\) 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.

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, 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 and saliva 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 Obtaining informed consent

It is important to ensure that participants aged 16 and over give informed consent for all stages of the interview and nurse visit process. For some elements of the survey, verbal consent was sought: for taking part in the survey at all, for answering modules of questions (and any individual question), for completing the self-completion booklet, and for measurements such as height, weight, blood pressure and waist and hip. Verbal consent was not recorded; it is assumed that those who took part in the survey, and answered individual questions or provided physical measurements had consented to do so. A proportion of participants did decline to take part in some of these survey elements, although they had consented to take part in the study and complete other elements.

Written consent was required for:
- taking biological measurements (blood and saliva samples)
- passing on information to others, for instance sending biological sample results to the participant’s GP
- storing blood samples for future use
- using personal details for matching to administrative data.

Written consent was obtained in a booklet (see Appendix A to this volume), which is signed by the participant and countersigned by the interviewer or nurse. These consents are recorded in the CAPI interview. The consent booklets were supplemented by information leaflets, and by information provided by the interviewer or nurse.

Parents gave consent on behalf of their children aged 0-15; children also had to give their assent for an element to go ahead. This is described in more detail in the next section.
4.5 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. The child’s assent was also required.

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. Children indicated their assent to these procedures by initialling a box on their consent form, if they were able to do so; if not, parents initialled to indicate that the child had given their assent.

4.6 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 60-65 minutes. Nurse visits were conducted with a single individual at a time, and the nurse visit for adults who took part in all the measurements averaged 30 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. When children were interviewed without adults, the average interview length was around 10-15 minutes for a single child aged 8-15, and around 20 minutes for two children of this age.

4.7 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 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 after leaving the participant’s home. 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. Where permission was not obtained, the Survey Doctor wrote to the participant where this was deemed clinically appropriate.
5 Fieldwork quality control and ethical approval

5.1 Quality control measures

5.1.1 Training interviewers and nurses

Interviewers were fully briefed on the administration of the survey. They were given training, including a practice session, on measuring height and weight, and were required to pass an accreditation test for these measures before working on the study.

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 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 followed. 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 approval

Ethical approval for the 2013 survey was obtained from the Oxford A Research Ethics Committee (reference number 12/SC/0317).
6 Survey response

6.1 Introduction to response analysis

This section looks at the response of sampled households (Section 6.2), and at the response of eligible individuals within those households, first 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.

Participants were asked to co-operate in a sequence of operations, beginning with a face-to-face interview, progressing to a nurse visit and ending with a request for a saliva sample among children and blood and saliva samples among adults. 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 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). 90.3% of selected households were eligible.

- 64% of eligible households (5,416) were described as ‘co-operating’; households in this category are those where at least one eligible person was interviewed at Stage 1, the interviewer stage.
- 51% of eligible households were described as ‘all interviewed’ where all eligible persons were interviewed.
- 45% of eligible households were ‘fully co-operating’ 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.

9.7% of selected households were ineligible. Table 2 gives detailed outcomes for these and other non-responding households.

6.3 Individual response for adults

6.3.1 Overall response

There were 8,795 individual interviews with adults, and 6,183 adults had a nurse visit.

To calculate the response rate for individuals, this number of interviews 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 (10,120 adults in 5,416 households, average 1.87 per household)
• non co-operating households where information on the number of adults is known (3,601 adults in 2,211 households, average 1.63)
• non co-operating households about which nothing is known (864 households).

The most reasonable assumption is to attribute to the last group the same average number of adults (1.80) as for all households where the number of adults is known (the sum of the first two groups); this gives an estimate of 1,554 adults in these households. Summing this with the first two groups, this gives an estimated total of 15,275 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 5,219 co-operating households. The proportions are 47% men and 53% women. Applying these proportions to the estimated total of adults gives ‘set’ samples of 7,162 men and 8,113 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 sample were as shown in Table 5 (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>Men</td>
</tr>
<tr>
<td></td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>55</td>
</tr>
<tr>
<td>Height measured</td>
<td>48</td>
</tr>
<tr>
<td>Weight measured</td>
<td>48</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>38</td>
</tr>
<tr>
<td>Waist and hip measured</td>
<td>37</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>38</td>
</tr>
<tr>
<td>Gave blood sample</td>
<td>30</td>
</tr>
<tr>
<td>Gave saliva sample</td>
<td>37</td>
</tr>
</tbody>
</table>

Response to the interview was 58% overall, being 55% among men and 60% 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 7, 8 and 9 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.

In co-operating households, response was highest among the oldest age groups (95% of both men and women aged 65 and over were interviewed), and lowest among those aged 16-24 (64% of men and 73% of women were interviewed).

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.
6.4 Individual response for children aged 0-15

6.4.1 Overall response among children

Interviews were carried out with 2,185 children (1,100 boys and 1,085 girls) aged 0-15, and 1,455 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 in the households where no information was known about household members, the proportion of households with children, and the number of children per household, was as for the households where it was known, and that the proportion of boys and girls was the same. This results in a ‘set sample’ of 3,505 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 62% among boys and 63% 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 6 (at the end of the chapter) and summarised in Table C 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>83</td>
<td>91</td>
<td>87</td>
</tr>
<tr>
<td>Height measured</td>
<td>73</td>
<td>80</td>
<td>76</td>
</tr>
<tr>
<td>Weight measured</td>
<td>72</td>
<td>76</td>
<td>74</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>57</td>
<td>64</td>
<td>61</td>
</tr>
<tr>
<td>Waist and hip measured</td>
<td>56</td>
<td>62</td>
<td>59</td>
</tr>
<tr>
<td>Blood pressure measured</td>
<td>57</td>
<td>63</td>
<td>60</td>
</tr>
<tr>
<td>Gave blood sample</td>
<td>45</td>
<td>47</td>
<td>46</td>
</tr>
<tr>
<td>Gave saliva sample</td>
<td>55</td>
<td>60</td>
<td>58</td>
</tr>
</tbody>
</table>

### Table C

**Response among all children aged 0-15**

<table>
<thead>
<tr>
<th></th>
<th>Boys %</th>
<th>Girls %</th>
<th>All children %</th>
</tr>
</thead>
<tbody>
<tr>
<td>Interviewed</td>
<td>62</td>
<td>63</td>
<td>62</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>42</td>
<td>44</td>
<td>43</td>
</tr>
<tr>
<td>Weight measured</td>
<td>48</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>41</td>
<td>42</td>
<td>42</td>
</tr>
</tbody>
</table>

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 allow analysis by age. Among selected children aged 0-15 in co-operating households, the proportion who were interviewed was high, at 92% of eligible
boys and 93% of eligible girls. The proportion interviewed was lower among children aged 11-15 (86% of boys and 90% of girls) than among those aged under 11 (95% of both boys and girls).

Tables 10, 11 and 12 show the proportion of boys, girls and all children in co-operating households who participated in the key survey stages, by age. These are summarised in Table D below.

<table>
<thead>
<tr>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>92</td>
<td>93</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>73</td>
<td>75</td>
</tr>
<tr>
<td>Weight measured</td>
<td>72</td>
<td>73</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>62</td>
<td>61</td>
</tr>
<tr>
<td>Gave saliva sample (aged 4 and over)</td>
<td>52</td>
<td>52</td>
</tr>
<tr>
<td>Blood pressure measured (aged 5 and over)</td>
<td>56</td>
<td>56</td>
</tr>
<tr>
<td>Waist and hip measured (aged 11 and over)</td>
<td>59</td>
<td>58</td>
</tr>
</tbody>
</table>

The majority of children who were eligible (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. 62% of children co-operated with the nurse visit. 

6.5 Variations in survey response

6.5.1 Regional variations in response

As in previous years, response varied by region. Household response was highest in the North East (70%) and was lowest in London (60%).

6.5.2 Response by type of dwelling

Table 4 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 (68%), and lowest among households living in flats (58% in purpose-built flats or maisonettes and converted flats or maisonettes). While the rate of refusals did not vary greatly across the main dwelling types, the level of no contact and other reasons for non-response were considerably higher in flats and maisonettes than in houses.

6.6 Age and sex profile of the sample

Tables 13 and 14 compare the age and sex profiles of responding adults and children in the sample at the two survey stages (interview and nurse visit) with the mid-2012 population estimates.22

Overall the 2013 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 under-represented at both interview and nurse visit relative to their proportions in the population, while men aged 55 and over were over-represented. The pattern was similar among
women, with those aged under 25 under-represented at both stages, while women aged 65 and over were slightly over-represented. 

As Table 14 shows, among children aged 0-15, both the sex and age profiles of the achieved HSE sample were generally close to the population estimates. Both boys and girls aged 14-15 were slightly under-represented.

7 Weighting the data

7.1 Background

Before 2003, the weighting strategy for the HSE sample 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 2013 data.

7.2 Calculation of the sample weights

7.2.1 Address selection weights

The two least populated regions (the North East and East Midlands) were each over-sampled to ensure a minimum sample size of approximately 700 adults. Address selection weights (wadd) were calculated that corrected for this over-sampling so that the weighted number of addresses in each region was in the correct proportion. Note that the address selection weight also corrected for the removal of the reserve sample of twelve points from the fourth quarter.

7.2.2 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. The dwelling unit selection weights (wdu) 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.

7.2.3 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 (whh) adjust for this selection of households and ensure that households in multi-occupied dwelling units are not under-represented in the issued sample. The weights were calculated as the number of households identified at the dwelling unit.

Composite selection weights were calculated as the product of the dwelling unit selection weights (wdu) and household selection weights (whh). The composite selection weights were trimmed at 4 to avoid any large values. These were combined with the address selection weights (wadd) to give the initial weights for the calibration weighting (w1).
7.2.4 Calibration weighting

Calibration weighting was used to ensure that the weighted distribution of household members in participating households matched Office for National Statistics (ONS) 2012 mid-year population estimates for sex/age groups and region as shown in Tables E and F below. The composite selection weights \( w_i \), described in Section 7.2.3, 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 sample \( w_{t\text{_hhld}} \). Thus the final household weight \( w_{t\text{_hhld}} \) adjusts for dwelling unit and household selection, and for the age/sex and region profiles of participating households.

Note that the ONS mid-2012 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 2011 Census.

<table>
<thead>
<tr>
<th>Age (grouped)</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
</tr>
<tr>
<td>0-4</td>
<td>1,736,916</td>
<td>6.6</td>
</tr>
<tr>
<td>5-10</td>
<td>1,871,219</td>
<td>7.1</td>
</tr>
<tr>
<td>11-15</td>
<td>1,577,676</td>
<td>6.0</td>
</tr>
<tr>
<td>16-24</td>
<td>3,188,447</td>
<td>12.1</td>
</tr>
<tr>
<td>25-34</td>
<td>3,623,605</td>
<td>13.8</td>
</tr>
<tr>
<td>35-44</td>
<td>3,608,581</td>
<td>13.8</td>
</tr>
<tr>
<td>45-54</td>
<td>3,687,831</td>
<td>14.1</td>
</tr>
<tr>
<td>55-64</td>
<td>2,986,035</td>
<td>11.4</td>
</tr>
<tr>
<td>65-74</td>
<td>2,310,294</td>
<td>8.8</td>
</tr>
<tr>
<td>75+</td>
<td>1,652,016</td>
<td>6.3</td>
</tr>
<tr>
<td>Total</td>
<td>26,242,620</td>
<td>26.925,036</td>
</tr>
</tbody>
</table>

7.2.5 Child selection and adjustment weights

At participating households in the 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 \( w_3 \) were calculated as the number of children within the household divided by the number selected. 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 \( w_{t\text{_hhld}} \)) by the number of children in the achieved sample (weighted by \( w_{t\text{_hhld}} \times w_3 \)), 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 sample was relatively high (93%), no additional non-response weighting was undertaken for the sample of children.
7.2.6 Non-response weights for adults

There were no selection weights for adult participants in the sample since all adults in responding households were selected. However, non-response weights were calculated to reduce bias from adult non-response (87% 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,6 region, and social class of household reference person (HRP).19 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.

7.2.7 Combining the weights

The interview weights for the sample of adults and children were then calculated as: $w_{int} = wt_{hhld} \times w_5$ for adults; and $w_{int} = wt_{hhld} \times w_3 \times w_4$ for children.

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

7.2.8 Nurse visit weights

Not all those interviewed went 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 wt_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, region, 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 $w_{nurse} = w_{int} \times w_6$. 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.

7.2.9 Blood weights

Almost 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 wt_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; region; social class of HRP; smoking status and general health.

The weights for non-participation for the 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 $w_{blood} = w_{nurse} \times w_7$. These weights were re-scaled so that the weighted blood sample size was the same as the achieved sample size.
7.2.10 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. A regression model was fitted, weighted by wt_nurse; the outcome variable was whether or not a usable saliva sample was obtained, and the following were used as covariates: age group, sex, household type, region, social class of HRP, smoking status (for adults) and general health.

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

The weights were trimmed at the 1% tails to remove extreme values. The weights for the saliva sample were calculated as \( wt_{\text{cotinine}} = wt_{\text{nurse}} \times w_j \). These weights were re-scaled so that the weighted cotinine sample size is the same as the achieved sample size.

7.3 Selecting the appropriate weight

Four different weights have been provided, for data from different stages of the survey:

- Interview stage
- Nurse visit
- Saliva sample (adults and children)
- Blood sample (adults only)

If questions from different stages of the survey are combined in analysis, the weights for the latest stage of the survey should be used (that is, the latest in the list above). For instance, if blood sample results are being cross-tabulated with questions from the interview stage, the blood sample weight should be used; or if waist circumference results (from the nurse visit) are cross-tabulated with BMI data from the interview, the nurse visit weight should be used.

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 (for instance, current liver disease may reflect previous heavy drinking, although no alcohol is currently consumed). Similarly, current behaviour may be influenced by advice or treatment for particular health conditions (for instance, not smoking currently because of advice relating to lung disease caused by previous smoking).

8.2 Weighted and unweighted data and bases in report tables

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2013 data in this report are weighted (apart from response tables). 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 7.2.5). 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.27

In this report, chapters focus mainly on 2013 results. Trend data on key measures can be found in Health Survey for England 2013 Trend Tables on the Health and Social Care Information Centre website.13

8.3 Reporting age variables

8.3.1 Defining age for data collection

Some sections of the data collected in the HSE 2013 are age specific, with different questions directed to different age groups. The participant’s date of birth was ascertainment. 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 2013 and was interviewed on October 1 2013 would be classified as being aged 24.75 or 24¾).

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.

8.4 Age standardisation

Adult data have been age-standardised throughout the 2013 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 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 2012 population estimates for England. The age-standardised proportion \( p_i \) 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 \( i \):

\[
p_i' = \frac{\sum_i N_i p_i}{\sum_i N_i}
\]

Therefore \( p \) can be viewed as a weighted mean of \( p \), 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:

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

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

8.5.1 Introduction

For most tables in this report, three standard analysis breakdowns have been used as well as age. These are region, equivalised household income and Index of Multiple Deprivation.

8.5.2 Region

Analysis by region is provided throughout the report. The former Government Office Regions have been used.

Both observed and age-standardised data are provided by region in the tables. Observed data can be used to examine actual prevalence or mean values within a region, needed, for example, for planning services. 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 regions are often relatively small, and caution should be exercised in examining regional differences. In 2013, the smaller regions (the North East, East Midlands) were over-sampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this.

8.5.3 Equivalised household income

The second standard breakdown is equivalised household income. Household income was established by means of a show card (see field documents in 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. For adults, this is based on the number of adults apart from the household reference person, and for dependent children, it is based 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.

It should be noted that around 19% of adults live in households where no information is provided on income, and are therefore excluded from the breakdown by equivalised household income.

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

8.5.4 Index of Multiple Deprivation

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to others according to their level of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation:

- Income Deprivation
- Employment Deprivation
- Health Deprivation and Disability
- Education Skills and Training Deprivation
- Barriers to Housing and Services
- Living Environment Deprivation
- Crime.

Individual domains can be used in isolation as measures of each specific form of deprivation, as well as using the single overall Index of Multiple Deprivation (IMD).

The Index is used widely to analyse patterns of deprivation, identify areas that would benefit from special initiatives or programmes and as a tool to determine eligibility for specific
funding streams. In this report quintiles of IMD are used to give an area-level measure of socio-economic status, as opposed to the household-level measure of equivalised household income.

8.6 Significance testing

Significance testing is carried out on the results in the 2013 report. The term ‘significant’ refers to statistical significance at the 95% level and is not intended to imply substantive importance.

Significance tests are carried out in order to test the relationship between variables in a cross tabulation, usually an outcome variable nested within sex, cross-tabulated with an explanatory variable such as age (in categories), income groups or region. The test is for the main effects only (using a Wald test\textsuperscript{30}). For example the test might examine whether there is a statistically significant relationship between smoking prevalence and age (after controlling for sex) and between smoking prevalence and sex (after controlling for age).

It is worth noting that the test does not establish whether there is a statistically significant difference between any particular pair of subgroups (e.g. the highest and lowest subgroups). Rather it seeks to establish whether the variation in the outcome between groups that is observed could have happened by chance or whether it is likely to reflect some ‘real’ differences in the population.

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.

Using this method of statistical testing, differences which are significant at the 5% level indicate that there is sufficient evidence in the data to suggest that the differences in the sample reflect a true difference in the population.

A second test of significance looks at the interaction between sex and the variable under consideration. If the interaction is statistically significant (p<0.05) this indicates that there is likely to be an underlying difference in the pattern of results for men and women, and this will normally be commented on in the report text.

8.7 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 6, regression analyses have been performed to examine the association between fair or poor self-reported general health (the outcome variable), and a variety of predictor variables including age, education 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. reporting having fair or poor health) for each category of the independent variable (e.g. education status). 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.
In Volume 1, Chapter 9, a multinomial logistic regression has been used. In this analysis, the outcome variable representing secondhand smoke exposure levels (SHS) had three categories (rather than binary outcome variables in most logistic regressions). Multinomial logistic regression coefficients can be suitably transformed to allow interpretation as relative risk ratios (RRRs) rather than odds ratios. RRRs express the ratio of the probability of one outcome category over the probability of the baseline outcome category. Further detail about this analysis is given in Volume 1, Chapter 9, and in the Glossary, Appendix C to this volume.

8.8 Design effects and true standard errors

The HSE 2013 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 2013 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 15-28 for selected survey estimates presented in the topic chapters.

9 Quality control of blood and saliva analytes

9.1 Introduction

9.1.1 Key conclusions

This section describes the assay of analytes for the HSE 2013 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 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 analytes and saliva cotinine levels were acceptable for the HSE 2013.

9.1.2 Analysing laboratories

As in previous years, the Royal Victoria Infirmary (RVI), Newcastle University Hospitals Trust, was the analysing laboratory used in the HSE 2013 for the blood sample analyses. Salivary cotinine analyses for the HSE 2013 were 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 tube (no anticoagulant) and 4ml EDTA (ethylene diamine tetra-acetic acid) tube. The order of priority for collecting samples was first the 6ml plain tube (no anticoagulant), followed by the 4ml EDTA tube. After collection, the tubes were posted to the Blood Sciences 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 and high density lipoprotein (HDL) cholesterol. 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) or lower for possible future analysis.

9.1.4 Saliva samples

A saliva sample was obtained from participants aged four and over. Saliva samples were collected for analysis of cotinine (a metabolite of nicotine that shows recent exposure to tobacco or 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. In such cases 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 29 shows reference ranges used for each of the blood analytes measured in the HSE 2013. 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.

Ranges are also given for salivary cotinine.

Table 29

9.2.2 Blood sample analytical methods and equipment

Total cholesterol

Measurement of total cholesterol was carried out in the Blood Sciences Department at the RVI using a Cholesterol Oxidase assay method. A Roche Modular P analyser calibrated to the Centre for Disease Control (CDC) guidelines was used throughout HSE 2013. The Roche Modular P analyser has been used in HSE since 12th April 2010; before this, an Olympus 640 analyser was used.
The effect of this change of equipment was that measured concentrations of total cholesterol were on average 0.1mmol/L higher.\textsuperscript{31}

**HDL cholesterol**

HDL cholesterol analysis was carried out in the Blood Sciences Department at the RVI using a direct method (no precipitation). A Roche Modular P analyser was used throughout HSE 2013. The Roche Modular P analyser has been used in HSE since 12th April 2010; before this, an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of HDL cholesterol were on average 0.1mmol/L lower.\textsuperscript{31}

**Glycated haemoglobin**

Glycated haemoglobin (HbA\textsubscript{1c}) analysis was carried out in the Blood Sciences Department at the RVI using the Tosoh G8 analyser throughout HSE 2013. The Tosoh G8 analyser has been used in HSE since 26th August 2010; before this a Tosoh G7 analyser was used, and the change made no impact on measured concentrations. Both were calibrated using Diabetes Control and Complications Trial (DCCT) standards until 3rd October 2011, when International Federation of Clinical Chemistry (IFCC) standardisation was introduced.

### 9.2.3 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\textdegree 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).\textsuperscript{32} 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. This assay is therefore preferable for samples from non-smokers.\textsuperscript{32}

A disadvantage of LC-MS/MS is that it does not have the dynamic range of the GC-NPD assay used in earlier HSE years.\textsuperscript{32} Therefore since 2011 the laboratory has been 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 1 to 1,000ng/ml, and any that were below 1ng/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 50ng/ml. Any of these that were over-range were then re-assayed using the high calibration range assay of 1 to 1,000ng/ml, provided there was sufficient saliva available from that participant.

In November 2013 the range of the high range assay was changed to 1-750ng/ml as it was a more appropriate range for the cotinine levels seen in the majority of the samples and achieved better linearity on the calibration curve.
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 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 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.33,34,35

The tables providing IQC results show the assayed value compared with the target value, and the acceptable range is also provided so that, where the assayed and target values differ, it is possible to check that they are still within expected limits. The final columns of the tables show the SD and CV.

9.3.2 Non-fasting blood samples

Total and HDL cholesterol

Two levels of internal quality control were assayed throughout the day. Tables 30 and 31 show the monthly IQC results for total and HDL cholesterol.

Glycated haemoglobin (HbA1c)

Before October 2011, the analytical methods used for glycated haemoglobin measurement in the United Kingdom were 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 were DCCT standardised until October, when the standard changed to International Federation of Clinical Chemistry (IFCC) values. The former were reported as HbA1c %, and the latter as HbA1c mmol/mol. Throughout the survey year, the participants’ results were reported in both formats to participants who agreed to receive them and/or agreed for them to be sent to their GPs.

Two levels of internal quality control were run at the beginning and end of each run and at regular intervals throughout. Table 32 shows the monthly IQC results for glycated haemoglobin.

9.3.3 Saliva samples

Cotinine

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-50ng/ml), and 16 for the high range assay (which was 1-1,000ng/ml up to November 2013 and 1-750ng/ml thereafter). Six QC samples, two each at a set concentration to represent Low, Medium and High levels for the calibration level used, were also analysed with each analytical batch. As a consequence of the change to the range of the high assay, the medium QC concentration was lowered to 200ng/ml and the high QC to 500ng/ml from November 2013. The low range assay remains the same at 0.1-50ng/ml with the same QC levels.

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 (0.1ng/ml) where the bias must be no greater than ±20%. A summary of the quality control samples results is collated and presented in Tables 33-34.
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 RVI laboratory participates in the Welsh External Quality Assessment Schemes (WEQAS) on a routine basis. The WEQAS scheme does not include cotinine (tested by ABS laboratory); there is no EQA scheme for cotinine results.

For the blood samples, the standard deviation index (SDI) is reported here in addition to the target and achieved values to conform with best practice across Europe. The SDI is an index of total error, including components of inaccuracy and imprecision. It is calculated as:

\[
\text{SDI} = \frac{(\text{Laboratory result} - \text{Target value})}{(\text{WEQAS standard deviation} \times CF)}
\]

where CF is a method-specific comparability factor. This adjustment ensures that each laboratory can compare their results with others using their own method, the peer reference method, and the overall mean of all groups. The target values reported in Tables 35-37 are the reference values, or (if reference values are absent from the report) the mean for the specific method used by RVI.

A score between -1 and 1 SDI is good; between 1 and 2 or between -2 and -1 SDI is acceptable. A score greater than 2 or below -2 is unacceptable and would trigger an investigation by the laboratory. In two cases the SDI indicated that the variation was outside acceptable limits; the laboratory investigations suggested that despite the SDI there were no particular causes for concern. Footnotes have been included in the tables relating to the specific instances.

Each of the figures presented in Tables 35-37 corresponds to an individual EQA sample.

9.4.2 Non-fasting blood samples

The Blood Sciences laboratory participates in the WEQAS scheme. Table 35 shows the monthly EQA results for total cholesterol, Table 36 for HDL cholesterol, and Table 37 for glycated haemoglobin. The target and achieved values are shown, along with SDI.

Tables 35-37

9.4.3 Saliva samples

Cotinine

There was no external quality control scheme available in 2013 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.
9.5 European comparison study

The HSE is part of the European Health Examination Survey (EHES) consortium, which aims to standardise national health examination surveys so that the data can be compared internationally. As part of this, 198 blood samples from HSE 2012 and 2013 were reanalysed for total cholesterol and HDL-cholesterol at the EHES laboratory in Helsinki. These were in two parts:

- part 1: 158 samples June 2012 – August 2013 (covering an approximate 12 month period)
- part 2: 40 samples August 2013 – January 2014 (extending the period to approximately the end of the 2013 fieldwork period).

The methods and equipment for total and HDL-cholesterol assays in the EHES laboratory, as in the RVI (see Section 9.2.2), have been calibrated to Communicable Disease Control (CDC) guidelines. This is regarded as the ‘gold standard’.

The results from the UK and Helsinki laboratories showed a very high correlation. They also showed mean systematic error well within the acceptable set limits of 3% for total cholesterol and 5% for HDL cholesterol. It was noted that the mean bias for part 2 results was greater than the mean bias for the overall period, although still within the acceptable limits.

The intention is to continue to send a small subsample of HSE blood samples to the EHES laboratory each year, and continue this international comparison. The next set of results will be monitored to ensure that the higher level of bias evident in part 2 of the comparison above is not part of a continuing trend.

References and notes


12. http://discover.ukdataservice.ac.uk/series/?sn=2000021
A household is defined as one person living alone or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or sitting room or dining area.

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 2009 and subsequent years.

For some blood sample analyses it is necessary for participants to fast for a period before the sample is taken as the composition of the blood sample is affected by recent intake of food or drink. However, for the analyses in the HSE, ‘non-fasting’ blood samples can be used and participants do not have to fast before the nurse visit.


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.

Adults and parents were required to give fully informed consent. Assent from children indicated that they had been given an age-appropriate explanation that they could understand (even if not as comprehensive as for an adult), and that the child was happy for the procedure to go ahead.

The ‘set’ sample of children is calculated as follows:
- In the 5,416 co-operating households, 1,539 households had children (712 with one child, 827 with two), giving 2,366 eligible children in total in these households.
- In the 2,211 non-co-operating households where some information about residents was established, there were 194 households with one child and 294 households with two or more children; this gave a total of 782 eligible children.
- In the 864 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 households where this was known, giving an estimate of 357 eligible children.
- The ‘set’ sample is therefore 3,505 children.
- Sex of children was only known in co-operating households; 51% of the children were boys and 49% were girls. These proportions have been applied to the total set sample of children, giving 1,787 boys and 1,717 girls.

Mid-2012 population estimates, the most recent available at the time of weighting the sample, were obtained from ONS. See: www.ons.gov.uk/ons/reel/pop-estimate/population-estimates-for-england-and-wales/mid-2012/mid-2012-population-estimates-for-england-and-wales.html


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.


29 See McLennan D et al, 2011, (reference 28); Chapter 3.

30 The Wald test is statistical test used to calculate the significance of parameters in a statistical model. The Wald test is used in analysis of HSE data in this report to establish whether the association amongst particular variables is statistically significant. For example the test might help to establish whether there is a statistically significant relationship between smoking prevalence and age (after controlling for sex) and between smoking prevalence and sex (after controlling for age). The test calculates the statistical significance of parameters in a logistic regression model of smoking prevalence in order to establish whether age and sex are significantly associated with smoking prevalence.

31 In the HSE 2010 dataset, a variable CHOLFLAG showed whether the cholesterol was collected pre or post change. From HSE 2011 onwards, the variables CHOLVAL2 and CHOLVAL12 have been used instead of CHOLVAL and CHOLVAL1, to indicate this revised measurement.


33 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. This differs from 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/mltirule.htm#westgard.


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<td>Reference intervals for blood and saliva analytes</td>
</tr>
<tr>
<td>30</td>
<td>Internal quality control results for total cholesterol</td>
</tr>
<tr>
<td>31</td>
<td>Internal quality control results for HDL cholesterol</td>
</tr>
<tr>
<td>32</td>
<td>Internal quality control results for glycated haemoglobin (HbA\textsubscript{1c})</td>
</tr>
<tr>
<td>33</td>
<td>Internal quality control results for saliva cotinine – LC-MS/MS: low calibration range</td>
</tr>
<tr>
<td>34</td>
<td>Internal quality control results for saliva cotinine – LC-MS/MS: high calibration range</td>
</tr>
<tr>
<td>35</td>
<td>External quality assessment results for total cholesterol</td>
</tr>
<tr>
<td>36</td>
<td>External quality assessment results for HDL cholesterol</td>
</tr>
<tr>
<td>37</td>
<td>External quality assessment results for glycated haemoglobin (HbA\textsubscript{1c})</td>
</tr>
</tbody>
</table>
### Table 1

**Household response, by calendar quarter**

**Selected addresses/eligible households 2013**

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Survey quarter</th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Jan-Mar N %</td>
<td>Apr-Jun N %</td>
<td>Jul-Sep N %</td>
<td>Oct-Dec N %</td>
<td>Total N %</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Issued sample</strong></td>
<td></td>
<td>2400 251 2149</td>
<td>2400 222 2178</td>
<td>2400 239 2161</td>
<td>2208 205 2003</td>
<td>9408</td>
<td>917 91</td>
<td></td>
</tr>
<tr>
<td>Selected addresses</td>
<td>2400 10 90</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Ineligible addresses – type a</td>
<td>222 9 91</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total eligible households</td>
<td>2178 91</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>8491 90</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Household response</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households b</td>
<td>1395 1121 981</td>
<td>65 52 46</td>
<td>1400 1114 971</td>
<td>64 51 45</td>
<td>1376 1102 972</td>
<td>64 51 45</td>
<td>5416 4350 3838</td>
<td>64 51 45</td>
</tr>
<tr>
<td>All interviewed</td>
<td>1400 1114 971</td>
<td>64 51 45</td>
<td>1376 1102 972</td>
<td>64 51 45</td>
<td>1245 1013 914</td>
<td>62 51 45</td>
<td>4516 3450 3388</td>
<td>62 51 45</td>
</tr>
<tr>
<td>Fully co-operating c</td>
<td>1395 1121 981</td>
<td>65 52 46</td>
<td>1400 1114 971</td>
<td>64 51 45</td>
<td>1376 1102 972</td>
<td>64 51 45</td>
<td>5416 4350 3838</td>
<td>64 51 45</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>754 60 81</td>
<td>35 70 4 27</td>
<td>778 50 85</td>
<td>36 90 5</td>
<td>785 40 94</td>
<td>36 90 5</td>
<td>3075 3641 1865</td>
<td>36 90 5</td>
</tr>
<tr>
<td>No contact</td>
<td>47 4 2</td>
<td>55 30 3</td>
<td>55 30 3</td>
<td>58 30 3</td>
<td>58 30 3</td>
<td>58 30 3</td>
<td>204 204 102</td>
<td>204 204 102</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td>6 2 2</td>
<td>0 0 0</td>
<td>7 2 0</td>
<td>0 0 0</td>
<td>5 0 0</td>
<td>9 0 0</td>
<td>27 27 13</td>
<td>27 27 13</td>
</tr>
<tr>
<td>Refusal</td>
<td>620 6 2</td>
<td>36 20 54</td>
<td>630 29 108</td>
<td>29 70 34</td>
<td>628 29 105</td>
<td>29 70 34</td>
<td>2483 2483 1390</td>
<td>2483 2483 1390</td>
</tr>
<tr>
<td>Other non-response</td>
<td>81 2 2</td>
<td>4 1 2</td>
<td>86 3 2</td>
<td>4 1 2</td>
<td>94 4 2</td>
<td>4 1 2</td>
<td>361 361 180</td>
<td>361 361 180</td>
</tr>
<tr>
<td><strong>Base: all eligible households</strong></td>
<td>2149 2178 2161</td>
<td>90 91 90</td>
<td>2149 2178 2161</td>
<td>90 91 90</td>
<td>2003 91</td>
<td>8491 90</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.
<table>
<thead>
<tr>
<th>Category</th>
<th>Description</th>
<th>N</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Ineligible</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Vacant/empty</td>
<td></td>
<td>612</td>
<td>6.5</td>
</tr>
<tr>
<td>Address occupied, but no resident household</td>
<td></td>
<td>134</td>
<td>1.4</td>
</tr>
<tr>
<td>Non-residential address</td>
<td></td>
<td>131</td>
<td>1.4</td>
</tr>
<tr>
<td>Demolished/derelict</td>
<td></td>
<td>34</td>
<td>0.4</td>
</tr>
<tr>
<td>Not yet built/under construction</td>
<td></td>
<td>6</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Total ineligible</strong></td>
<td></td>
<td>917</td>
<td>9.7</td>
</tr>
<tr>
<td><strong>No contact</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>No contact with anyone at address after 6+ calls</td>
<td></td>
<td>186</td>
<td>2.2</td>
</tr>
<tr>
<td>Unable to locate address</td>
<td></td>
<td>7</td>
<td>0.1</td>
</tr>
<tr>
<td>Inaccessible/ not attempted</td>
<td></td>
<td>11</td>
<td>0.1</td>
</tr>
<tr>
<td><strong>Total no contact</strong></td>
<td></td>
<td>204</td>
<td>2.4</td>
</tr>
<tr>
<td><strong>Unknown eligibility</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Contact made, but not with responsible resident</td>
<td></td>
<td>21</td>
<td>0.2</td>
</tr>
<tr>
<td>Unknown whether address is eligible or residential due to non-contact</td>
<td></td>
<td>1</td>
<td>0.0</td>
</tr>
<tr>
<td>Unable to confirm eligibility due to language barrier</td>
<td></td>
<td>2</td>
<td>0.0</td>
</tr>
<tr>
<td>Other unknown eligibility</td>
<td></td>
<td>3</td>
<td>0.0</td>
</tr>
<tr>
<td><strong>Total unknown eligibility</strong></td>
<td></td>
<td>27</td>
<td>0.3</td>
</tr>
<tr>
<td><strong>Refusal</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Office refusal (household contacted office before interviewer made contact)</td>
<td></td>
<td>470</td>
<td>5.5</td>
</tr>
<tr>
<td>Information refused about number of dwelling units at address</td>
<td></td>
<td>21</td>
<td>0.2</td>
</tr>
<tr>
<td>Information refused about people in household</td>
<td></td>
<td>139</td>
<td>1.6</td>
</tr>
<tr>
<td>Information refused about whether resident(s) eligible</td>
<td></td>
<td>0</td>
<td>0.0</td>
</tr>
<tr>
<td>Refusal before household interview</td>
<td></td>
<td>1634</td>
<td>19.2</td>
</tr>
<tr>
<td>Refusal after completion of household questionnaire</td>
<td></td>
<td>10</td>
<td>0.1</td>
</tr>
<tr>
<td>Broken appointment - no recontact</td>
<td></td>
<td>209</td>
<td>2.5</td>
</tr>
<tr>
<td><strong>Total refusals</strong></td>
<td></td>
<td>2483</td>
<td>29.2</td>
</tr>
<tr>
<td><strong>Others with no interview</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Physically or mentally unable/ incompetent</td>
<td></td>
<td>73</td>
<td>0.9</td>
</tr>
<tr>
<td>Language difficulties</td>
<td></td>
<td>71</td>
<td>0.8</td>
</tr>
<tr>
<td>Away/in hospital throughout field work period</td>
<td></td>
<td>50</td>
<td>0.6</td>
</tr>
<tr>
<td>Ill at home during survey period</td>
<td></td>
<td>34</td>
<td>0.4</td>
</tr>
<tr>
<td>Full or partial interview but respondent requested data be deleted</td>
<td></td>
<td>3</td>
<td>0.0</td>
</tr>
<tr>
<td>Other reasons why unproductive</td>
<td></td>
<td>130</td>
<td>1.5</td>
</tr>
<tr>
<td><strong>Total other</strong></td>
<td></td>
<td>361</td>
<td>4.3</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td></td>
<td>3992</td>
<td></td>
</tr>
</tbody>
</table>
### Table 3
#### Household response, by region

**Selected addresses/eligible households 2013**

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Region</th>
<th>North East</th>
<th>North West</th>
<th>Yorkshire &amp; the Humber</th>
<th>East Midlands</th>
<th>West Midlands</th>
<th>East of England</th>
<th>London</th>
<th>South East Coast</th>
<th>South West</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
<td>N %</td>
</tr>
<tr>
<td>Issued sample</td>
<td>Selected addresses</td>
<td>786</td>
<td>1248</td>
<td>926</td>
<td>802</td>
<td>943</td>
<td>1007</td>
<td>1287</td>
<td>1449</td>
<td>960</td>
<td>9408</td>
</tr>
<tr>
<td></td>
<td>Eligible addresses – type a</td>
<td>82</td>
<td>10</td>
<td>157</td>
<td>13</td>
<td>107</td>
<td>12</td>
<td>76</td>
<td>9</td>
<td>99</td>
<td>10</td>
</tr>
<tr>
<td></td>
<td>Total eligible households</td>
<td>704</td>
<td>90</td>
<td>1091</td>
<td>87</td>
<td>819</td>
<td>88</td>
<td>726</td>
<td>91</td>
<td>844</td>
<td>90</td>
</tr>
</tbody>
</table>

#### Household response

| Co-operating households b   | 496 | 70  | 737 | 68  | 516 | 63  | 488 | 67  | 534 | 63  | 576 | 61  | 690 | 60  | 832 | 62  | 547 | 83  | 5416 | 64  |
| All interviewed             | 398 | 57  | 644 | 59  | 427 | 52  | 396 | 55  | 433 | 51  | 456 | 49  | 517 | 45  | 660 | 49  | 419 | 48  | 4350 | 51  |
| Fully co-operating c        | 334 | 47  | 576 | 53  | 370 | 45  | 353 | 49  | 370 | 44  | 398 | 42  | 470 | 41  | 596 | 44  | 371 | 43  | 3838 | 45  |

| Non-responding households   | 208 | 30  | 354 | 32  | 303 | 37  | 238 | 33  | 310 | 37  | 361 | 39  | 459 | 40  | 519 | 38  | 323 | 37  | 3075 | 36  |
| No contact                  | 20  | 0   | 14  | 1   | 24  | 3   | 9   | 1   | 21  | 2   | 18  | 2   | 39  | 3   | 39  | 3   | 20  | 2   | 204  | 2   |
| Unknown eligibility         | 4   | 1   | 0   | 0   | 2   | 0   | 1   | 0   | 2   | 0   | 5   | 1   | 6   | 1   | 5   | 0   | 2   | 0   | 27   | 0   |
| Refusal                     | 174 | 25  | 293 | 27  | 222 | 27  | 207 | 29  | 252 | 30  | 307 | 33  | 340 | 30  | 419 | 31  | 269 | 31  | 2483 | 29  |
| Other non-response          | 10  | 1   | 47  | 4   | 55  | 7   | 21  | 3   | 35  | 4   | 31  | 3   | 74  | 6   | 56  | 4   | 32  | 4   | 361  | 4   |

Base: all eligible households 704 1091 819 726 844 937 1149 1351 870 8491

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.

### Table 4
#### Household response, by dwelling type

**Eligible households 2013**

<table>
<thead>
<tr>
<th>Household response</th>
<th>Dwelling type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Detached house</td>
<td></td>
</tr>
<tr>
<td>Co-operating households a</td>
<td>68</td>
<td>66</td>
</tr>
<tr>
<td>All interviewed</td>
<td>52</td>
<td>53</td>
</tr>
<tr>
<td>Fully co-operating b</td>
<td>47</td>
<td>46</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Non-responding households</th>
<th>Detached house</th>
<th>Semi-detached house</th>
<th>Terraced house (including end of terrace)</th>
<th>Flat or maisonette – purpose built</th>
<th>Flat or maisonette – conversion</th>
<th>Other type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Co-operating households a</td>
<td>32</td>
<td>34</td>
<td>35</td>
<td>42</td>
<td>42</td>
<td>72</td>
<td>36</td>
</tr>
<tr>
<td>All interviewed</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>8</td>
<td>6</td>
<td>6</td>
<td>2</td>
</tr>
<tr>
<td>Fully co-operating b</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Non-contact</td>
<td>28</td>
<td>30</td>
<td>28</td>
<td>28</td>
<td>26</td>
<td>58</td>
<td>29</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td>3</td>
<td>3</td>
<td>5</td>
<td>6</td>
<td>9</td>
<td>7</td>
<td>4</td>
</tr>
</tbody>
</table>

Base: all eligible households 1799 2783 2307 1145 286 163 8491

a Households where at least one person was interviewed.
b All eligible household members were interviewed, had height and weight measured and had a nurse visit.
### Table 5

**Summary of adults’ individual response to the survey, by sex**

*Estimated adult sample (‘set’ sample of adults aged 16 and over) 2013*

<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>3925</td>
<td>55</td>
<td>4870</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>820</td>
<td>11</td>
<td>505</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>2417</td>
<td>34</td>
<td>2738</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-completion</td>
<td>3609</td>
<td>42</td>
<td>4565</td>
</tr>
<tr>
<td>Height</td>
<td>3462</td>
<td>44</td>
<td>4278</td>
</tr>
<tr>
<td>Weight</td>
<td>3493</td>
<td>48</td>
<td>4087</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>2717</td>
<td>38</td>
<td>3466</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>2673</td>
<td>37</td>
<td>3320</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>2693</td>
<td>38</td>
<td>3372</td>
</tr>
<tr>
<td>Blood sample</td>
<td>2147</td>
<td>30</td>
<td>2537</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>2629</td>
<td>37</td>
<td>3243</td>
</tr>
</tbody>
</table>

*Base: set sample*<sup>a</sup> 7162 8113 15275

<sup>a</sup> For the method of estimating the adult ‘set’ sample, see section 6.3. Estimated bases have been rounded to whole numbers.

### Table 6

**Summary of children’s individual response to the survey, by sex**

*Estimated child sample (‘set’ sample of children aged 0-15) 2013*

<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>1100</td>
<td>62</td>
<td>1085</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>120</td>
<td>7</td>
<td>93</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>567</td>
<td>32</td>
<td>539</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>748</td>
<td>42</td>
<td>754</td>
</tr>
<tr>
<td>Weight</td>
<td>862</td>
<td>48</td>
<td>847</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>741</td>
<td>41</td>
<td>714</td>
</tr>
</tbody>
</table>

*Base: set sample*<sup>a</sup> 1787 1717 3505

<sup>a</sup> For the method of estimating the child ‘set’ sample, see section 6.4. Estimated bases have been rounded to whole numbers.
### Table 7

**Men 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>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Interviewed</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>64</td>
<td>80</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>36</td>
<td>20</td>
</tr>
<tr>
<td>Height</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>55</td>
<td>71</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>4</td>
<td>4</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>36</td>
<td>21</td>
</tr>
<tr>
<td>Weight</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>54</td>
<td>70</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>6</td>
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<tr>
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<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
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</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
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</tr>
<tr>
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<td>43</td>
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<tr>
<td>Waist/hip</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>34</td>
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</tr>
<tr>
<td>Refused/not obtained</td>
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<td>25</td>
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</tr>
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<td>Ineligible – medical grounds</td>
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<td>0</td>
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<td>1</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
<td>8</td>
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<td>50</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>33</td>
<td>49</td>
</tr>
<tr>
<td>Refused/not obtained</td>
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</tr>
<tr>
<td>No nurse visit</td>
<td>65</td>
<td>50</td>
</tr>
</tbody>
</table>

**Bases**

Men aged 16 and over in co-operating households  | 611 | 678 | 701 | 865 | 717 | 651 | 462 | 4745

---

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

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

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

*Women aged 16 and over in co-operating households* 2013

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
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<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Interviewed</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
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<td>89</td>
</tr>
<tr>
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<td>27</td>
<td>11</td>
</tr>
<tr>
<td>Height</td>
<td>%</td>
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<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Not contacted/not obtained&lt;sup&gt;a&lt;/sup&gt;</td>
<td>27</td>
<td>11</td>
</tr>
<tr>
<td>Weight</td>
<td>%</td>
<td>%</td>
</tr>
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<td>Measured</td>
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<td>72</td>
</tr>
<tr>
<td>Refused</td>
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<td>8</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>3</td>
<td>6</td>
</tr>
<tr>
<td>Not contacted/not obtained&lt;sup&gt;a&lt;/sup&gt;</td>
<td>29</td>
<td>14</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>46</td>
<td>59</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>7</td>
<td>5</td>
</tr>
<tr>
<td>Not interviewed</td>
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<tr>
<td>Waist/hip</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
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<td>55</td>
</tr>
<tr>
<td>Refused/not obtained</td>
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<td>1</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>43</td>
<td>56</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>56</td>
<td>44</td>
</tr>
<tr>
<td>Blood sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Sample taken</td>
<td>24</td>
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</tr>
<tr>
<td>Ineligible – medical grounds</td>
<td>3</td>
<td>4</td>
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<td>Unsuccessful attempt at sample</td>
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<td>4</td>
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<tr>
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<td>13</td>
<td>10</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>55</td>
<td>41</td>
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<tr>
<td>Saliva sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>42</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>56</td>
<td>44</td>
</tr>
</tbody>
</table>

**Bases**

*Women aged 16 and over in co-operating households*

|         | 651 | 848 | 884 | 953 | 793 | 688 | 558 | 5375 |

<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

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 2013

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Interviewed</td>
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<td></td>
</tr>
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<td>Interviewed</td>
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<td>85</td>
</tr>
<tr>
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<td>3</td>
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<td>Not contacted/not obtained</td>
<td>31</td>
<td>15</td>
</tr>
<tr>
<td>Weight</td>
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<td></td>
</tr>
<tr>
<td>Measured</td>
<td>58</td>
<td>71</td>
</tr>
<tr>
<td>Refused</td>
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<td>8</td>
<td>6</td>
</tr>
<tr>
<td>Not interviewed</td>
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<td>39</td>
</tr>
<tr>
<td>Waist/hip</td>
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<td></td>
</tr>
<tr>
<td>Measured</td>
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<tr>
<td>Blood sample</td>
<td></td>
<td></td>
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<tr>
<td>Sample taken</td>
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<td>40</td>
</tr>
<tr>
<td>Ineligible – medical grounds</td>
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<td>3</td>
</tr>
<tr>
<td>Unsuccessful attempt at sample</td>
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<td>3</td>
</tr>
<tr>
<td>Refused</td>
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<td>9</td>
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<td>No nurse visit b</td>
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<td>45</td>
</tr>
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</tr>
<tr>
<td>Measured</td>
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<td>51</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>No nurse visit b</td>
<td>61</td>
<td>46</td>
</tr>
</tbody>
</table>

Bases

All adults aged 16 and over in co-operating households 1262 1526 1645 1818 1510 1339 1020 10120

a Includes non-responders to interview as well as those where measurements not obtained.
b Includes non-responders to interview.
<table>
<thead>
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<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
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</thead>
<tbody>
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<td></td>
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<td>2-4</td>
</tr>
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<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>97</td>
<td>96</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Height^</td>
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<tr>
<td>Measured</td>
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<td>76</td>
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<tr>
<td>Refused</td>
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<td>5</td>
</tr>
<tr>
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<td>14</td>
</tr>
<tr>
<td>Not contacted/not obtained^</td>
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<td>4</td>
</tr>
<tr>
<td>Weight^</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
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<td>71</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>5</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>20</td>
<td>18</td>
</tr>
<tr>
<td>Not contacted/not obtained^</td>
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<td>6</td>
</tr>
<tr>
<td>Nurse visit^</td>
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</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>68</td>
<td>61</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>5</td>
<td>8</td>
</tr>
<tr>
<td>Not interviewed</td>
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<td>31</td>
</tr>
<tr>
<td>Saliva sample^</td>
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<tr>
<td>Obtained</td>
<td>38</td>
<td>53</td>
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<tr>
<td>Refused/not obtained</td>
<td>23</td>
<td>14</td>
</tr>
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<td>No nurse visit^</td>
<td>39</td>
<td>33</td>
</tr>
<tr>
<td>Blood pressure^</td>
<td></td>
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</tr>
<tr>
<td>Measured</td>
<td>56</td>
<td>51</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>11</td>
<td>7</td>
</tr>
<tr>
<td>No nurse visit^</td>
<td>33</td>
<td>42</td>
</tr>
<tr>
<td>Waist/hip^</td>
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</tr>
<tr>
<td>Measured</td>
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</tr>
<tr>
<td>Refused/not obtained</td>
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</tr>
<tr>
<td>No nurse visit^</td>
<td>38</td>
<td></td>
</tr>
</tbody>
</table>

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

*b* Includes non-responders to interview.

---

### Bases in co-operating households

<table>
<thead>
<tr>
<th>Bases in co-operating households</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
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<td>164</td>
</tr>
<tr>
<td>2 All eligible boys aged 2-15</td>
<td>249</td>
</tr>
<tr>
<td>3 All eligible boys aged 4-15</td>
<td>82</td>
</tr>
<tr>
<td>4 All eligible boys aged 5-15</td>
<td>140</td>
</tr>
<tr>
<td>5 All eligible boys aged 11-15</td>
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</table>
### Girls in co-operating households: response to the stages of the survey, by age

**Eligible girls aged 0-15 in co-operating households**

<table>
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<th>Age group</th>
<th>Total</th>
</tr>
</thead>
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<td>0-1</td>
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<td>Height(^2)</td>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Weight(^1)</td>
<td></td>
<td></td>
</tr>
<tr>
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<td></td>
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</tr>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
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</tr>
<tr>
<td>Nurse visit(^1)</td>
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<td></td>
</tr>
<tr>
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<td></td>
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</tr>
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</tr>
<tr>
<td>Saliva sample(^3)</td>
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<td></td>
</tr>
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</tr>
<tr>
<td>Blood pressure(^4)</td>
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<tr>
<td>Waist/hip(^5)</td>
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</table>

**Bases in co-operating households**

<table>
<thead>
<tr>
<th></th>
<th>0-1</th>
<th>2-4</th>
<th>5-6</th>
<th>7-10</th>
<th>11-15</th>
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<tbody>
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<td>223</td>
<td>147</td>
<td>273</td>
<td>365</td>
<td>1164</td>
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<td>147</td>
<td>273</td>
<td>365</td>
<td></td>
<td>1008</td>
</tr>
<tr>
<td>3 All eligible girls aged 4-15</td>
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<td>147</td>
<td>273</td>
<td>365</td>
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<td>855</td>
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<tr>
<td>4 All eligible girls aged 5-15</td>
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<td>365</td>
<td></td>
<td></td>
<td>785</td>
</tr>
<tr>
<td>5 All eligible girls aged 11-15</td>
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<td></td>
<td>365</td>
<td></td>
<td>365</td>
</tr>
</tbody>
</table>

\(^a\) Includes non-responders to interview as well as those where measurements not obtained.

\(^b\) Includes non-responders to interview.
### Table 12

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

_Eligible children aged 0-15 in co-operating households_ 2013

<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>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
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<tbody>
<tr>
<td><strong>Interviewed</strong></td>
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<td></td>
<td></td>
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<td></td>
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<td>Interviewed</td>
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<td>97</td>
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<td>88</td>
<td>93</td>
<td>93</td>
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<td>5</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.
### Table 13

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**Bases**

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<sup>a</sup> Mid-population estimates for England excluding those in institutions (Source: ONS). Base shown in thousands.

<sup>b</sup> Note that the percentages for age groups within sex are based on all participants of that sex (they may not sum to 100% because of rounding). The ‘All men’ and ‘All women’ percentages are based on all adults.

### Table 14

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<sup>a</sup> Mid-year population estimates for England (Source: ONS). Base shown in thousands.

<sup>b</sup> Note that the percentages for age groups within sex are based on all participants 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 15

**True standard errors and 95% confidence intervals for social care variables: need for and receipt of help for tasks**

**Aged 65 and over** 2013

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<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
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<td>1.5</td>
<td>31.7</td>
</tr>
<tr>
<td></td>
<td>Received help last month</td>
<td>29.8</td>
<td>1183</td>
<td>988</td>
<td>1.5</td>
<td>26.9</td>
</tr>
</tbody>
</table>

<sup>a</sup> ADLs: Activities of Daily Living.

<sup>b</sup> IADLs: Instrumental Activities of Daily Living.
<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted 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></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
</tr>
<tr>
<td>Men 16+</td>
<td>Self-reported eyesight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excellent</td>
<td>36.2</td>
<td>3922</td>
<td>4315</td>
<td>0.9</td>
<td>34.4 38.0 1.2</td>
</tr>
<tr>
<td></td>
<td>Very good</td>
<td>30.1</td>
<td>3922</td>
<td>4315</td>
<td>0.8</td>
<td>28.5 31.7 1.2</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>25.6</td>
<td>3922</td>
<td>4315</td>
<td>0.8</td>
<td>24.0 27.2 1.2</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>6.6</td>
<td>3922</td>
<td>4315</td>
<td>0.4</td>
<td>5.8 7.4 1.1</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>1.2</td>
<td>3922</td>
<td>4315</td>
<td>0.2</td>
<td>0.9 1.5 1.0</td>
</tr>
<tr>
<td></td>
<td>Blind</td>
<td>0.05</td>
<td>3919</td>
<td>4312</td>
<td>0.04</td>
<td>0.00 0.12 1.0</td>
</tr>
<tr>
<td></td>
<td>Partially sighted</td>
<td>0.32</td>
<td>3919</td>
<td>4312</td>
<td>0.08</td>
<td>0.15 0.48 1.0</td>
</tr>
<tr>
<td></td>
<td>Total blind/partially sighted</td>
<td>0.25</td>
<td>3919</td>
<td>4312</td>
<td>0.08</td>
<td>0.10 0.40 1.0</td>
</tr>
<tr>
<td>Women 16+</td>
<td>Self-reported eyesight</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Excellent</td>
<td>29.7</td>
<td>4867</td>
<td>4550</td>
<td>0.8</td>
<td>28.1 31.3 1.2</td>
</tr>
<tr>
<td></td>
<td>Very good</td>
<td>32.3</td>
<td>4867</td>
<td>4550</td>
<td>0.7</td>
<td>30.8 33.7 1.1</td>
</tr>
<tr>
<td></td>
<td>Good</td>
<td>29.6</td>
<td>4867</td>
<td>4550</td>
<td>0.7</td>
<td>28.1 31.0 1.1</td>
</tr>
<tr>
<td></td>
<td>Fair</td>
<td>6.2</td>
<td>4867</td>
<td>4550</td>
<td>0.4</td>
<td>5.4 6.9 1.0</td>
</tr>
<tr>
<td></td>
<td>Poor</td>
<td>2.0</td>
<td>4867</td>
<td>4550</td>
<td>0.2</td>
<td>1.6 2.4 0.9</td>
</tr>
<tr>
<td></td>
<td>Blind</td>
<td>0.03</td>
<td>4867</td>
<td>4550</td>
<td>0.03</td>
<td>0.00 0.09 1.2</td>
</tr>
<tr>
<td></td>
<td>Partially sighted</td>
<td>0.41</td>
<td>4867</td>
<td>4550</td>
<td>0.09</td>
<td>0.23 0.60 1.0</td>
</tr>
<tr>
<td></td>
<td>Total blind/partially sighted</td>
<td>0.34</td>
<td>4867</td>
<td>4550</td>
<td>0.10</td>
<td>0.14 0.54 1.2</td>
</tr>
</tbody>
</table>

* This total includes a small number who spontaneously reported that they were certified blind/partially sighted at the question about their eyesight, and were not asked which category they were in.
## Table 17

True standard errors and 95% confidence intervals for end of life care for someone close who died in last five years: relationship of person who died to the participant

Aged 16 and over who had someone close to them die in the last five years 2013

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men 16+</td>
<td>The participant's...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent</td>
<td>20.2</td>
<td>920</td>
<td>991</td>
<td>1.4</td>
<td>17.5 22.9 1.1</td>
</tr>
<tr>
<td></td>
<td>Brother/ sister</td>
<td>8.5</td>
<td>920</td>
<td>991</td>
<td>0.9</td>
<td>6.7   10.4 1.0</td>
</tr>
<tr>
<td></td>
<td>Spouse/ partner</td>
<td>5.9</td>
<td>920</td>
<td>991</td>
<td>0.7</td>
<td>4.6   7.3 0.9</td>
</tr>
<tr>
<td></td>
<td>Child</td>
<td>3.1</td>
<td>920</td>
<td>991</td>
<td>0.6</td>
<td>1.9   4.3 1.1</td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
<td>47.8</td>
<td>920</td>
<td>991</td>
<td>2.0</td>
<td>44.0  51.7 1.2</td>
</tr>
<tr>
<td></td>
<td>Friend</td>
<td>13.4</td>
<td>920</td>
<td>991</td>
<td>1.2</td>
<td>11.0  15.7 1.1</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>1.1</td>
<td>920</td>
<td>991</td>
<td>0.4</td>
<td>0.3   1.8 1.1</td>
</tr>
<tr>
<td>Women 16+</td>
<td>The participant's...</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Parent</td>
<td>19.1</td>
<td>1271</td>
<td>1175</td>
<td>1.2</td>
<td>16.6  21.5 1.1</td>
</tr>
<tr>
<td></td>
<td>Brother/ sister</td>
<td>10.6</td>
<td>1271</td>
<td>1175</td>
<td>0.9</td>
<td>8.9   12.3 1.0</td>
</tr>
<tr>
<td></td>
<td>Spouse/ partner</td>
<td>6.4</td>
<td>1271</td>
<td>1175</td>
<td>0.7</td>
<td>5.0   7.8 1.0</td>
</tr>
<tr>
<td></td>
<td>Child</td>
<td>3.7</td>
<td>1271</td>
<td>1175</td>
<td>0.6</td>
<td>2.6   4.8 1.0</td>
</tr>
<tr>
<td></td>
<td>Other relative</td>
<td>45.5</td>
<td>1271</td>
<td>1175</td>
<td>1.5</td>
<td>42.5  48.6 1.1</td>
</tr>
<tr>
<td></td>
<td>Friend</td>
<td>12.1</td>
<td>1271</td>
<td>1175</td>
<td>0.9</td>
<td>10.3  13.9 1.0</td>
</tr>
<tr>
<td></td>
<td>Other</td>
<td>2.5</td>
<td>1271</td>
<td>1175</td>
<td>0.5</td>
<td>1.6   3.4 1.0</td>
</tr>
</tbody>
</table>

## Table 18

True standard errors and 95% confidence intervals for number of prescribed medicines taken in the last week

Aged 16 and over, had nurse visit 2013

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted 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></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Men 16+</td>
<td>None</td>
<td>57.4</td>
<td>5097</td>
<td>5661</td>
<td>0.8</td>
<td>55.8  58.9 1.2</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>11.9</td>
<td>5097</td>
<td>5661</td>
<td>0.5</td>
<td>10.9  12.8 1.1</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>8.8</td>
<td>5097</td>
<td>5661</td>
<td>0.4</td>
<td>8.0   9.6 1.1</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>5.1</td>
<td>5097</td>
<td>5661</td>
<td>0.3</td>
<td>4.5   5.7 1.1</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4.6</td>
<td>5097</td>
<td>5661</td>
<td>0.3</td>
<td>4.0   5.1 1.0</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>3.4</td>
<td>5097</td>
<td>5661</td>
<td>0.2</td>
<td>2.9   3.8 1.0</td>
</tr>
<tr>
<td></td>
<td>6</td>
<td>2.5</td>
<td>5097</td>
<td>5661</td>
<td>0.2</td>
<td>2.1   2.9 1.0</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>2.1</td>
<td>5097</td>
<td>5661</td>
<td>0.2</td>
<td>1.7   2.4 1.0</td>
</tr>
<tr>
<td></td>
<td>8 or more</td>
<td>4.4</td>
<td>5097</td>
<td>5661</td>
<td>0.3</td>
<td>3.9   4.9 1.0</td>
</tr>
<tr>
<td></td>
<td>At least one</td>
<td>42.6</td>
<td>5097</td>
<td>5661</td>
<td>0.8</td>
<td>41.1  44.2 1.2</td>
</tr>
<tr>
<td></td>
<td>At least three</td>
<td>22.0</td>
<td>5097</td>
<td>5661</td>
<td>0.6</td>
<td>20.8  23.1 1.1</td>
</tr>
<tr>
<td>Women 16+</td>
<td>None</td>
<td>49.6</td>
<td>6542</td>
<td>5978</td>
<td>0.7</td>
<td>48.3  51.0 1.1</td>
</tr>
<tr>
<td></td>
<td>1</td>
<td>16.6</td>
<td>6542</td>
<td>5978</td>
<td>0.5</td>
<td>15.6  17.6 1.0</td>
</tr>
<tr>
<td></td>
<td>2</td>
<td>10.0</td>
<td>6542</td>
<td>5978</td>
<td>0.4</td>
<td>9.2   10.7 1.0</td>
</tr>
<tr>
<td></td>
<td>3</td>
<td>6.1</td>
<td>6542</td>
<td>5978</td>
<td>0.3</td>
<td>5.5   6.7 1.0</td>
</tr>
<tr>
<td></td>
<td>4</td>
<td>4.2</td>
<td>6542</td>
<td>5978</td>
<td>0.2</td>
<td>3.8   4.7 0.9</td>
</tr>
<tr>
<td></td>
<td>5</td>
<td>3.4</td>
<td>6542</td>
<td>5978</td>
<td>0.2</td>
<td>3.0   3.9 0.9</td>
</tr>
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<td>6</td>
<td>2.5</td>
<td>6542</td>
<td>5978</td>
<td>0.2</td>
<td>2.2   2.9 0.9</td>
</tr>
<tr>
<td></td>
<td>7</td>
<td>2.1</td>
<td>6542</td>
<td>5978</td>
<td>0.2</td>
<td>1.8   2.4 0.9</td>
</tr>
<tr>
<td></td>
<td>8 or more</td>
<td>5.4</td>
<td>6542</td>
<td>5978</td>
<td>0.3</td>
<td>4.8   6.0 1.0</td>
</tr>
<tr>
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<td>At least one</td>
<td>50.4</td>
<td>6542</td>
<td>5978</td>
<td>0.7</td>
<td>49.0  51.8 1.1</td>
</tr>
<tr>
<td></td>
<td>At least three</td>
<td>23.8</td>
<td>6542</td>
<td>5978</td>
<td>0.6</td>
<td>22.7  24.9 1.0</td>
</tr>
</tbody>
</table>
### Table 19

**True standard errors and 95% confidence intervals for proportion of people in employment who reported shift working\(^a\)**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Unweighted 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><strong>Men 16+</strong></td>
<td>Most of the time</td>
<td>22.2</td>
<td>3716</td>
<td>4012</td>
<td>0.8</td>
<td>20.6</td>
<td>23.8</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>11.0</td>
<td>3716</td>
<td>4012</td>
<td>0.6</td>
<td>9.8</td>
<td>12.3</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>66.7</td>
<td>3716</td>
<td>4012</td>
<td>0.9</td>
<td>64.9</td>
<td>68.6</td>
</tr>
<tr>
<td></td>
<td>Any shift work</td>
<td>33.3</td>
<td>3716</td>
<td>4012</td>
<td>0.9</td>
<td>31.4</td>
<td>35.1</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Most of the time</td>
<td>14.0</td>
<td>4478</td>
<td>4124</td>
<td>0.6</td>
<td>12.8</td>
<td>15.2</td>
</tr>
<tr>
<td></td>
<td>Occasionally</td>
<td>8.1</td>
<td>4478</td>
<td>4124</td>
<td>0.5</td>
<td>7.2</td>
<td>8.9</td>
</tr>
<tr>
<td></td>
<td>Never</td>
<td>78.0</td>
<td>4478</td>
<td>4124</td>
<td>0.8</td>
<td>76.5</td>
<td>79.4</td>
</tr>
<tr>
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<td>Any shift work</td>
<td>22.0</td>
<td>4478</td>
<td>4124</td>
<td>0.8</td>
<td>20.6</td>
<td>23.5</td>
</tr>
</tbody>
</table>

\(^a\) Shift work defined as ‘outside the hours of 7am to 7pm in your (main) job’.

### Table 20

**True standard errors and 95% confidence intervals for self-reported general health, by shift working\(^a\)**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%</th>
<th>Unweighted 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><strong>Men 16+</strong></td>
<td>Any shift work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General health very good</td>
<td>32.0</td>
<td>1181</td>
<td>1335</td>
<td>1.4</td>
<td>29.2</td>
<td>34.7</td>
<td>1.1</td>
</tr>
<tr>
<td>Good</td>
<td>40.3</td>
<td>1181</td>
<td>1335</td>
<td>1.7</td>
<td>36.9</td>
<td>43.6</td>
<td>1.3</td>
</tr>
<tr>
<td>Fair</td>
<td>19.7</td>
<td>1181</td>
<td>1335</td>
<td>1.2</td>
<td>17.3</td>
<td>22.2</td>
<td>1.2</td>
</tr>
<tr>
<td>Bad</td>
<td>6.2</td>
<td>1181</td>
<td>1335</td>
<td>0.7</td>
<td>4.8</td>
<td>7.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Very bad</td>
<td>1.8</td>
<td>1181</td>
<td>1335</td>
<td>0.4</td>
<td>1.1</td>
<td>2.6</td>
<td>1.0</td>
</tr>
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<td>Never shift work</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General health very good</td>
<td>36.1</td>
<td>2535</td>
<td>2677</td>
<td>1.2</td>
<td>33.7</td>
<td>38.5</td>
<td>1.3</td>
</tr>
<tr>
<td>Good</td>
<td>43.4</td>
<td>2535</td>
<td>2677</td>
<td>1.2</td>
<td>40.9</td>
<td>45.8</td>
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</tr>
<tr>
<td>Fair</td>
<td>14.8</td>
<td>2535</td>
<td>2677</td>
<td>0.8</td>
<td>13.2</td>
<td>16.3</td>
<td>1.2</td>
</tr>
<tr>
<td>Bad</td>
<td>4.7</td>
<td>2535</td>
<td>2677</td>
<td>0.4</td>
<td>3.9</td>
<td>5.5</td>
<td>1.0</td>
</tr>
<tr>
<td>Very bad</td>
<td>1.1</td>
<td>2535</td>
<td>2677</td>
<td>0.2</td>
<td>0.7</td>
<td>1.5</td>
<td>1.0</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Any shift work</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>General health very good</td>
<td>29.7</td>
<td>966</td>
<td>907</td>
<td>1.5</td>
<td>26.8</td>
<td>32.6</td>
<td>1.0</td>
</tr>
<tr>
<td>Good</td>
<td>42.5</td>
<td>966</td>
<td>907</td>
<td>1.6</td>
<td>39.3</td>
<td>45.7</td>
<td>1.0</td>
</tr>
<tr>
<td>Fair</td>
<td>20.9</td>
<td>966</td>
<td>907</td>
<td>1.4</td>
<td>18.1</td>
<td>23.8</td>
<td>1.1</td>
</tr>
<tr>
<td>Bad</td>
<td>4.8</td>
<td>966</td>
<td>907</td>
<td>0.7</td>
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<td>6.2</td>
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</tr>
<tr>
<td>Very bad</td>
<td>2.1</td>
<td>966</td>
<td>907</td>
<td>0.5</td>
<td>1.2</td>
<td>3.1</td>
<td>1.0</td>
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<td>Never shift work</td>
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<td>3510</td>
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<td>Fair</td>
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<td>Bad</td>
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<tr>
<td>Very bad</td>
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<td>3510</td>
<td>3215</td>
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<td>1.1</td>
<td>2.0</td>
<td>1.0</td>
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</table>

\(^a\) Shift work defined as ‘outside the hours of 7am to 7pm in your (main) job’.
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<th>Base</th>
<th>Characteristic</th>
<th>%/ Mean</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
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<td></td>
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</tr>
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<td>3924</td>
<td>4316</td>
<td>0.5</td>
<td>7.2 9.2</td>
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</tr>
<tr>
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<td>Less than 1 portion</td>
<td>3.1</td>
<td>3924</td>
<td>4316</td>
<td>0.3</td>
<td>2.5 3.8</td>
<td>1.2</td>
</tr>
<tr>
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<td>1 portion or more but less than 2</td>
<td>17.5</td>
<td>3924</td>
<td>4316</td>
<td>0.6</td>
<td>16.3 18.8</td>
<td>1.1</td>
</tr>
<tr>
<td></td>
<td>2 portions or more but less than 3</td>
<td>16.6</td>
<td>3924</td>
<td>4316</td>
<td>0.6</td>
<td>15.3 17.8</td>
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<td>3924</td>
<td>4316</td>
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<td>15.5 18.1</td>
<td>1.1</td>
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<td>4316</td>
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<td>11.5 13.8</td>
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<td>3924</td>
<td>4316</td>
<td>0.8</td>
<td>23.5 26.6</td>
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<td>4316</td>
<td>0.0</td>
<td>3.6 3.8</td>
<td>1.3</td>
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<td>4549</td>
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<td>4.7 6.1</td>
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<td>4549</td>
<td>0.3</td>
<td>2.7 3.7</td>
<td>1.0</td>
</tr>
<tr>
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<td>1 portion or more but less than 2</td>
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<td>4866</td>
<td>4549</td>
<td>0.5</td>
<td>13.4 15.5</td>
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<td>4866</td>
<td>4549</td>
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<td>16.5 18.8</td>
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<td>4866</td>
<td>4549</td>
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<td>16.7 18.8</td>
<td>0.9</td>
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<td>4866</td>
<td>4549</td>
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<td>12.9 14.9</td>
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<td>26.2 29.1</td>
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<td>Women 16+</td>
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<td>4866</td>
<td>4549</td>
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<td>3.9 4.0</td>
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</table>

Table 21

True standard errors and 95% confidence intervals for adult daily fruit and vegetable consumption

Aged 16 and over 2013
### Table 22

True standard errors and 95% confidence intervals for children's daily fruit and vegetable consumption

**Children aged 5-15**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%/ Mean</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
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<tbody>
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<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys 5-15</td>
<td>Portions per day</td>
<td>None</td>
<td>9.0</td>
<td>701</td>
<td>717</td>
<td>1.3</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less than 1 portion</td>
<td>4.1</td>
<td>701</td>
<td>717</td>
<td>0.7</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 portion or more but less than 2</td>
<td>19.8</td>
<td>701</td>
<td>717</td>
<td>1.6</td>
<td>16.6</td>
</tr>
<tr>
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<td></td>
<td>2 portions or more but less than 3</td>
<td>22.2</td>
<td>701</td>
<td>717</td>
<td>1.7</td>
<td>18.9</td>
</tr>
<tr>
<td></td>
<td></td>
<td>3 portions or more but less than 4</td>
<td>18.8</td>
<td>701</td>
<td>717</td>
<td>1.7</td>
<td>15.5</td>
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<td></td>
<td>4 portions or more but less than 5</td>
<td>10.5</td>
<td>701</td>
<td>717</td>
<td>1.2</td>
<td>8.1</td>
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<td></td>
<td></td>
<td>5 portions or more</td>
<td>15.7</td>
<td>701</td>
<td>717</td>
<td>1.6</td>
<td>12.6</td>
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<tr>
<td></td>
<td>Mean portions per day</td>
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<td>701</td>
<td>717</td>
<td>0.1</td>
<td>3.2</td>
<td>3.5</td>
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<tr>
<td>Girls 5-15</td>
<td>Portions per day</td>
<td>None</td>
<td>4.3</td>
<td>716</td>
<td>683</td>
<td>0.8</td>
<td>2.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Less than 1 portion</td>
<td>4.1</td>
<td>716</td>
<td>683</td>
<td>0.8</td>
<td>2.4</td>
</tr>
<tr>
<td></td>
<td></td>
<td>1 portion or more but less than 2</td>
<td>18.6</td>
<td>716</td>
<td>683</td>
<td>1.5</td>
<td>15.7</td>
</tr>
<tr>
<td></td>
<td></td>
<td>2 portions or more but less than 3</td>
<td>20.8</td>
<td>716</td>
<td>683</td>
<td>1.8</td>
<td>17.3</td>
</tr>
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<td></td>
<td>3 portions or more but less than 4</td>
<td>20.8</td>
<td>716</td>
<td>683</td>
<td>1.6</td>
<td>17.6</td>
</tr>
<tr>
<td></td>
<td></td>
<td>4 portions or more but less than 5</td>
<td>14.3</td>
<td>716</td>
<td>683</td>
<td>1.5</td>
<td>11.3</td>
</tr>
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<td></td>
<td></td>
<td>5 portions or more</td>
<td>17.2</td>
<td>716</td>
<td>683</td>
<td>1.5</td>
<td>14.1</td>
</tr>
<tr>
<td></td>
<td>Mean portions per day</td>
<td>3.6</td>
<td>716</td>
<td>683</td>
<td>0.1</td>
<td>3.5</td>
<td>3.8</td>
</tr>
</tbody>
</table>
### Table 23

**True standard errors and 95% confidence intervals for adult cigarette smoking status**

<table>
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<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted 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>Current cigarette smoker</td>
<td>24.0</td>
<td>3890</td>
<td>4265</td>
<td>0.9</td>
<td>22.3 25.7 1.3</td>
</tr>
<tr>
<td></td>
<td>Used to smoke cigarettes regularly</td>
<td>27.8</td>
<td>3890</td>
<td>4265</td>
<td>0.8</td>
<td>26.2 29.4 1.2</td>
</tr>
<tr>
<td></td>
<td>Never regularly smoked cigarettes</td>
<td>48.2</td>
<td>3890</td>
<td>4265</td>
<td>0.9</td>
<td>46.3 50.1 1.2</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Current cigarette smoker</td>
<td>17.3</td>
<td>4835</td>
<td>4514</td>
<td>0.7</td>
<td>15.9 18.7 1.2</td>
</tr>
<tr>
<td></td>
<td>Used to smoke cigarettes regularly</td>
<td>23.0</td>
<td>4835</td>
<td>4514</td>
<td>0.6</td>
<td>21.7 24.3 1.0</td>
</tr>
<tr>
<td></td>
<td>Never regularly smoked cigarettes</td>
<td>59.7</td>
<td>4835</td>
<td>4514</td>
<td>0.9</td>
<td>58.0 61.4 1.2</td>
</tr>
</tbody>
</table>

### Table 24

**True standard errors and 95% confidence intervals for adult saliva cotinine levels**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean% Unweighted 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>Saliva cotinine (ng/ml)</td>
<td>268.0</td>
<td>457</td>
<td>588</td>
<td>8.8</td>
<td>250.6 285.3 1.3</td>
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<tr>
<td></td>
<td>Current smokers*: mean</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Non-smokers*: geometric mean</td>
<td>0.1</td>
<td>1914</td>
<td>1930</td>
<td>0.0</td>
<td>0.1 0.1 1.3</td>
</tr>
<tr>
<td></td>
<td>% with cotinine level 12ng/ml or more</td>
<td></td>
<td></td>
<td></td>
<td></td>
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</tr>
<tr>
<td></td>
<td>All</td>
<td>24.3</td>
<td>2454</td>
<td>2603</td>
<td>1.1</td>
<td>22.1 26.5 1.3</td>
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<td>Current smoker</td>
<td>95.3</td>
<td>457</td>
<td>588</td>
<td>1.1</td>
<td>93.2 97.4 1.2</td>
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<td></td>
<td>Ex-smoker</td>
<td>6.1</td>
<td>804</td>
<td>698</td>
<td>1.0</td>
<td>4.1 8.1 1.1</td>
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<td></td>
<td>Never smoker</td>
<td>2.2</td>
<td>1185</td>
<td>1302</td>
<td>0.5</td>
<td>1.3 3.1 1.1</td>
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<tr>
<td><strong>Women 16+</strong></td>
<td>Saliva cotinine (ng/ml)</td>
<td>239.6</td>
<td>468</td>
<td>465</td>
<td>9.1</td>
<td>221.6 257.5 1.2</td>
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<td>Current smokers*: mean</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Non-smokers*: geometric mean</td>
<td>0.1</td>
<td>2503</td>
<td>2255</td>
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<td>0.1 0.1 1.4</td>
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<td>Cotinine level 12ng/ml or more</td>
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<tr>
<td></td>
<td>All</td>
<td>17.8</td>
<td>3037</td>
<td>2785</td>
<td>0.8</td>
<td>16.2 19.3 1.1</td>
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<td></td>
<td>Current smoker</td>
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<td>468</td>
<td>465</td>
<td>1.5</td>
<td>89.6 95.5 1.2</td>
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<td>Ex-smoker</td>
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<td>626</td>
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<td>4.7 8.8 1.1</td>
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<td>Never smoker</td>
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<td>1794</td>
<td>1680</td>
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<td>0.6 2.0 1.3</td>
</tr>
</tbody>
</table>

---

*a* Smokers who report that they did not use nicotine replacement products.

*b* Self-reported and cotinine-validated non-smokers.
### Table 25

**True standard errors and 95% confidence intervals for children's cigarette smoking status**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Boys 5-15</td>
<td>Have ever smoked</td>
<td>8.3</td>
<td>1175</td>
<td>1216</td>
<td>0.89</td>
<td>6.6</td>
<td>10.1</td>
<td>1.12</td>
</tr>
<tr>
<td>Girls 5-15</td>
<td>Have ever smoked</td>
<td>6.9</td>
<td>1190</td>
<td>1149</td>
<td>0.76</td>
<td>5.4</td>
<td>8.4</td>
<td>1.02</td>
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</table>

### Table 26

**True standard errors and 95% confidence intervals for children's saliva cotinine levels, for cotinine-validated non-smokers aged 4-15**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/% Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
<th>Lower</th>
<th>Upper</th>
</tr>
</thead>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Boys 4-15</td>
<td>Saliva cotinine (ng/ml)</td>
<td>0.13</td>
<td>1034</td>
<td>1076</td>
<td>0.01</td>
<td>0.11</td>
<td>0.14</td>
<td>1.32</td>
</tr>
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<td></td>
</tr>
<tr>
<td></td>
<td>% with undetectable cotinine</td>
<td>59.2</td>
<td>1034</td>
<td>1076</td>
<td>1.94</td>
<td>55.4</td>
<td>63.0</td>
<td>1.29</td>
</tr>
<tr>
<td>Girls 4-15</td>
<td>Saliva cotinine (ng/ml)</td>
<td>0.12</td>
<td>1092</td>
<td>1050</td>
<td>0.01</td>
<td>0.11</td>
<td>0.13</td>
<td>1.17</td>
</tr>
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<td>Geometric mean</td>
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<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>% with undetectable cotinine</td>
<td>62.9</td>
<td>1092</td>
<td>1050</td>
<td>1.75</td>
<td>59.5</td>
<td>66.3</td>
<td>1.17</td>
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</tbody>
</table>

*a* All aged 4-7 are assumed not to smoke currently. Those aged 8-15 are included if:

i) they said that they did not currently smoke (i.e. did not smoke at least one cigarette a week; those who smoked sometimes but not every week are included as non-smokers), and

ii) this is confirmed by a cotinine level of less than 12ng/ml.
### Table 27

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

**Aged 16 and over**

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean/ %</th>
<th>Unweighted 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><strong>BMI</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Mean BMI (kg/m²)</td>
<td>27.4</td>
<td>3341</td>
<td>3688</td>
<td>0.1</td>
<td>27.2</td>
<td>27.6</td>
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<td>BMI status</td>
<td></td>
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</tr>
<tr>
<td>Underweight</td>
<td>1.7</td>
<td>3341</td>
<td>3688</td>
<td>0.2</td>
<td>1.2</td>
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<tr>
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<td>3341</td>
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<td>29.3</td>
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<td>3341</td>
<td>3688</td>
<td>0.9</td>
<td>39.3</td>
<td>43.0</td>
</tr>
<tr>
<td>Obese, excluding morbidly obese</td>
<td>24.4</td>
<td>3341</td>
<td>3688</td>
<td>0.8</td>
<td>22.8</td>
<td>25.9</td>
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<td>24.3</td>
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<td><strong>Women 16+</strong></td>
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<td>Mean BMI (kg/m²)</td>
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<td>3763</td>
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<td>26.7</td>
<td>27.1</td>
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<tr>
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<td>4006</td>
<td>3763</td>
<td>0.3</td>
<td>1.6</td>
<td>2.6</td>
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<td>39.0</td>
<td>42.5</td>
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<td>4006</td>
<td>3763</td>
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<td>31.7</td>
<td>34.9</td>
</tr>
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<td>22.4</td>
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### Table 28

**True standard errors and 95% confidence intervals for children’s BMI and BMI status**

**Children aged 2-15**

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<th>Characteristic</th>
<th>Mean/ %</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
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<tr>
<td>Body mass index</td>
<td>18.2</td>
<td>726</td>
<td>727</td>
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<td></td>
<td></td>
</tr>
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<td>Neither overweight nor obese</td>
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<td>66.5</td>
<td>73.8</td>
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<td>727</td>
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<td>16.7</td>
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<tr>
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<td>726</td>
<td>727</td>
<td>1.5</td>
<td>12.7</td>
<td>18.7</td>
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<td>Body mass index</td>
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<td>725</td>
<td>689</td>
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<td>18.2</td>
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<td></td>
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</tr>
<tr>
<td>Neither overweight nor obese</td>
<td>70.9</td>
<td>725</td>
<td>689</td>
<td>2.0</td>
<td>67.0</td>
<td>74.9</td>
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<tr>
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<td>725</td>
<td>689</td>
<td>1.4</td>
<td>11.6</td>
<td>17.0</td>
</tr>
<tr>
<td>Obese</td>
<td>14.7</td>
<td>725</td>
<td>689</td>
<td>1.6</td>
<td>11.7</td>
<td>17.8</td>
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</table>

a Based on UK National percentiles classification
### Table 29

Reference intervals for blood and saliva analytes

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<th>Reference interval</th>
<th>Units</th>
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<tr>
<td><strong>Total cholesterol</strong></td>
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<tr>
<td>Males</td>
<td>3.5-5.1 mmol/L</td>
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</tr>
<tr>
<td>Females</td>
<td>3.5-5.1 mmol/L</td>
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</tr>
<tr>
<td><strong>HDL cholesterol</strong></td>
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<td></td>
</tr>
<tr>
<td>Males</td>
<td>0.9-1.4 mmol/L</td>
<td></td>
</tr>
<tr>
<td>Females</td>
<td>1.1-1.7 mmol/L</td>
<td></td>
</tr>
<tr>
<td><strong>Blood</strong></td>
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<td></td>
</tr>
<tr>
<td><strong>Total glycated haemoglobin (HbA1c)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Males</td>
<td>Non diabetic, &lt;48 mmol/mol</td>
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</tr>
<tr>
<td>Females</td>
<td>Non diabetic, &lt;48 mmol/mol</td>
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</tr>
<tr>
<td><strong>Saliva</strong></td>
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<tr>
<td>Cotinine</td>
<td></td>
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<tr>
<td>No exposure to tobacco</td>
<td>Undetectable, &lt;0.1 ng/ml</td>
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<tr>
<td>Passive smoking</td>
<td>0.1 to less than 12 ng/ml</td>
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</tr>
<tr>
<td>Personal tobacco use</td>
<td>≥ 12 ng/ml</td>
<td></td>
</tr>
</tbody>
</table>

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a Analyses by the Department of Blood Sciences, Royal Victoria Infirmary, Newcastle University Hospitals Trust.
b Analyses by ABS Laboratories, Welwyn Garden City.
## Table 30

### Internal quality control results for total cholesterol

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
<th>Assayed value (mmol/L)</th>
<th>Acceptable range (mmol/L)</th>
<th>SD&lt;sup&gt;a&lt;/sup&gt; (mmol/L) achieved</th>
<th>CV&lt;sup&gt;b&lt;/sup&gt; (%) achieved</th>
</tr>
</thead>
<tbody>
<tr>
<td>January 2013</td>
<td>2.6</td>
<td>2.64</td>
<td>2.5-2.7</td>
<td>0.05</td>
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<tr>
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<td>6.71</td>
<td>6.4-6.9</td>
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<td>1.88</td>
</tr>
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<td>2.6</td>
<td>2.64</td>
<td>2.5-2.7</td>
<td>0.05</td>
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<td>1.88</td>
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<tr>
<td>April</td>
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<td>2.61</td>
<td>2.5-2.7</td>
<td>0.06</td>
<td>2.18</td>
</tr>
<tr>
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<td>6.61</td>
<td>6.4-6.9</td>
<td>0.12</td>
<td>1.88</td>
</tr>
<tr>
<td>May</td>
<td>2.6</td>
<td>2.57</td>
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<td>August</td>
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<td>2.5-2.7</td>
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<tr>
<td>September</td>
<td>2.6</td>
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</table>

<sup>a</sup> Standard deviation.  
<sup>b</sup> Coefficient of variation.
Table 31

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
<th>Assayed value (mmol/L)</th>
<th>Acceptable range (mmol/L)</th>
<th>SD (^a) (mmol/L) achieved</th>
<th>CV (^b) (%) achieved</th>
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<tr>
<td>January 2013</td>
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<td>0.79</td>
<td>0.7-0.9</td>
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<td>2.09</td>
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\(^a\) Standard deviation.

\(^b\) Coefficient of variation.
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<sup>a</sup> Standard deviation.

<sup>b</sup> Coefficient of variation.
### Table 33
Internal quality control results for saliva cotinine – LC-MS/MS: low calibration range

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<sup>a</sup> Standard deviation.  
<sup>b</sup> Coefficient of variation.

### Table 34
Internal quality control results for saliva cotinine – LC-MS/MS: high calibration range

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<sup>a</sup> Standard deviation.  
<sup>b</sup> Coefficient of variation.  
<sup>c</sup> From the end of November 2013 the range of the high range assay was changed to 1-750, and therefore the targets were changed.  
<sup>d</sup> Only one valid result, therefore SD and CV were not calculated.
### Table 35
External quality assessment results for total cholesterol

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### Table 35 continued

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^a Reference values.

^b Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS).

The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and 1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

^c The high SDI triggered an investigation in the laboratory. This particular sample gave high results for a number of parameters, not just total cholesterol, confirmed by repeat analysis. The other two EQA samples analysed at the same time gave acceptable performance, and therefore sample integrity was thought to be a possible explanation, particularly as a number of tests were affected in a similar way. Results were considered not to be a true reflection of analytical performance.

^d Method specific mean used, as no reference value was given for this sample.
### External quality assessment results for HDL cholesterol

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### Table 36 continued

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^a Reference values.

^b Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

^c Method specific mean used, as no reference value was given for this sample.
### Table 37

**External quality assessment results for glycated haemoglobin (HbA<sub>1c</sub>)**

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<td>42&lt;sup&gt;c&lt;/sup&gt;</td>
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<sup>a</sup> Reference values.

<sup>b</sup> Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

<sup>c</sup> Method specific mean used, as no reference value was given for this sample.

<sup>d</sup> The high SDI triggered an investigation in the laboratory. The result for this sample was noted to be high compared to IFCC. However it did not cause particular concern as the result was acceptable when compared to the method mean for the equipment (TOSOH G8), and IQC result was valid.
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)
Self-completion booklets
8-12 year olds
13-15 year olds
Young adult
Adult
Data linkage consent form
Nurse questionnaire
Nurse consent forms
Adult
Child
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 2013 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. We would only have to tell someone else what you say if, during the interview, you tell us about possible harm to yourself or others.

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.

How long will the survey take?
This varies from person to person and depends on how many people there are in a household. The interviewer will discuss this with you and will arrange a time to suit you.

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) and waist and hip circumferences (for all those aged 11 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.

The nurse will have to get your written permission before a sample of saliva or blood 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 give consent, your blood pressure and blood sample 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 Health and Social Care Information Centre’s website: www.ic.nhs.uk/pubs/hse11report.

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

What if I don’t speak English?
The survey is carried out in English, so we are not able to include people who do not speak English well enough to take part.

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 A Research Ethics Committee (Reference no. 12/SC/0317).

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 Emma Fenn using the details below, or contact Carol Babicz, Freelance Resources Supervisor on 01277 690118 in office hours, or email info@natcen.ac.uk.

For further information, please contact:
- Emma Fenn
  Kings House
  101-135 Kings Road
  Brentwood, Essex
  CM14 4LX
  Tel: 0800 526 397

- Dr. Jennifer Mindell
  Department of Epidemiology and Public Health
  UCL (University College London)
  1-19 Torrington Place
  London
  WC1E 6BT
  Tel: 020 7679 5646

www.healthsurveyforengland.org

Thank you very much for your help with this survey
* * * * *
We would like to hear your views!
To give feedback about the survey go to www.healthsurveyforengland.org
Any feedback you give us will be completely anonymous and will not be linked to your survey answers.

www.healthsurveyforengland.org
The Health Survey for England 2013
Information for participants

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

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

The Second Stage

A registered nurse/midwife will ask you some further questions and will ask permission to take some measurements. The measurements are described overleaf. Like the first stage of the survey, the nurse visit is entirely voluntary and you are free to withdraw from the survey at any time. 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. As with information obtained in the first part of the survey, we take care to protect the confidentiality of all information and test results.

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 A Research Ethics Committee (Reference number 12/SC/0317).

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.

The Measurements

- **Blood pressure (Age 5 years and over)**
  Blood pressure is measured using an inflatable cuff that goes around the upper arm. 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. The nurse will tell you your blood pressure along with an indication of its meaning, but a diagnosis cannot be made on measurements taken on a single occasion.

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

- **Blood sample (Age 16 years and over)**
  We would also like to take a sample of blood. The analysis of the blood samples will tell us a lot about the health of the population. You are, of course, free to choose not to give a blood sample and the nurse will ask for your written permission before a blood sample is taken.

What will happen to the blood sample I give?

The blood sample will be tested for a number of biological markers, including 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 long-term blood sugar levels. Some blood samples may also be tested for the presence of flu antibodies. The blood samples will **not** be tested for the HIV 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. We will need your consent to do this. Note that if you don’t want your results sent to your GP, we will not be able to let them know if we find anything serious (although we would be able to let you know, unless you have asked us not to tell you).

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.

Will any genetic tests be made?

The blood samples will not be tested for the HIV 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 Health and Social Care Information Centre and from a 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, please contact one of the people below, or contact Carol Babicz, Field Services Manager, on 01277 690 118 in office hours, or email info@natcen.ac.uk.

Emma Fenn
NatCen Social Research
Kings House 101-131 Kings Road
Brentwood, CM14 4LX
Tel: 0800 526 397

Dr Jennifer Mindell
Dept Epidemiology and Public Health
UCL Medical School,
London WC1E 6BT
Tel: 020 7679 5646

Thank you very much for your help with this survey
* * * * *
We would like to hear your views!

To give feedback about the survey go to www.healthsurveyforengland.org
Any feedback you give us will be completely anonymous and will not be linked to your survey answers.
The Health Survey for England 2013 - Household Questionnaire

Point
SAMPLE POINT NUMBER.
Range: 1..997

Address
ADDRESS NUMBER.
Range: 1..97

Household
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.

HHSize
Derived household size.
Range: 1..12

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

HOUSEHOLD COMPOSITION GRID: INFORMATION COLLECTED FOR EACH HOUSEHOLD MEMBER (MAXIMUM 12)

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

Name
First name from WhoHere

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

2
The Health Survey for England 2013 - Household Questionnaire

DoB
What is (name of respondent's) date of birth?
Enter Date in numbers, E.g. 02/01/1972.

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

(IF AgeOf = NONRESPONSE)
AgeEst
INTERVIEWER CODE: ASK IF NECESSARY (are you / is he/she) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
Range: 0..120

(IF Aged 16 or over)
MarStat
Are you (is he/she) single, that is, never married and never registered in a same-sex civil partnership, married, separated, but still legally married, divorced, widowed, in a registered same-sex civil partnership, separated, but still legally in a same-sex civil partnership, formerly in a same-sex civil partnership which is now legally dissolved, surviving partner from a same-sex civil partnership?

(IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed))
Couple
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD

(IF AgeOf = 16 – 17)
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?

(IF AgeOf = 0 – 15)
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?

Par2
Which other person in this household is (name of respondent's) parent or have legal parental responsibility for him/her on a permanent basis?

SelCh
INTERVIEWER: Is this child selected for an individual interview?

Nat1Par
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).

Nat2Par
From this card please tell me what is the relationship of (name of respondent) to (just tell me the number beside the answer that applies to (name of respondent)).

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

(IF AgeOf = NONRESPONSE)
AgeEst
INTERVIEWER CODE: ASK IF NECESSARY (are you / is he/she) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
Range: 0..120

(IF Aged 16 or over)
MarStat
Are you (is he/she) single, that is, never married and never registered in a same-sex civil partnership, married, separated, but still legally married, divorced, widowed, in a registered same-sex civil partnership, separated, but still legally in a same-sex civil partnership, formerly in a same-sex civil partnership which is now legally dissolved, surviving partner from a same-sex civil partnership?

(IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed))
Couple
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD

(IF AgeOf = 16 – 17)
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?

DogPar
Can I check, do either of (name of respondent's) dogs, or someone who has legal parental responsibility for him/her, live in this household?

Nat1Par
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).

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From this card please tell me what is the relationship of (name of respondent) to (just tell me the number beside the answer that applies to (name of respondent)).

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

(IF AgeOf = NONRESPONSE)
AgeEst
INTERVIEWER CODE: ASK IF NECESSARY (are you / is he/she) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER? IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
Range: 0..120

(IF Aged 16 or over)
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(IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed))
Couple
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD

(IF AgeOf = 16 – 17)
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?

DogPar
Can I check, do either of (name of respondent's) dogs, or someone who has legal parental responsibility for him/her, live in this household?

Nat1Par
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).

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From this card please tell me what is the relationship of (name of respondent) to (just tell me the number beside the answer that applies to (name of respondent)).

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

(IF AgeOf = 16 – 17)
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?

DogPar
Can I check, do either of (name of respondent's) dogs, or someone who has legal parental responsibility for him/her, live in this household?

Nat1Par
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).

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(IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed))
Couple
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD

(IF AgeOf = 16 – 17)
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?

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Can I check, do either of (name of respondent's) dogs, or someone who has legal parental responsibility for him/her, live in this household?

Nat1Par
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).

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From this card please tell me what is the relationship of (name of respondent) to (just tell me the number beside the answer that applies to (name of respondent)).

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The Health Survey for England 2013 - Household Questionnaire

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL

SHOW CARD A1
What is (name of respondent's) relationship to (name)? Just tell me the number on this card.

ARRAY [1..12]
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/parent's partner
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

ASK ALL

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

(Codetable of all household members)
1-12 Person numbers of household members
97 Not a household member

HHResp
INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?

(Codetable of adult household members)
1-12 Person numbers of household members
97 Not a household member

{IF More than one person coded at HHldr}

HiHNum
You have told me that (name) and (name) jointly own or rent the accommodation. Which of you who has the highest income (from earnings, benefits, pensions and any other sources)?

(Codetable of joint householders)
1-12 Person numbers of household members
13 Two people have the same income

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The Health Survey for England 2013 - Household Questionnaire

**Car**

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

**INCLUDE:** ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

1. Yes
2. No

(IF Car = Yes)

**NumCars**

How many are available?

1. One
2. Two
3. Three or more

**SrcInc**

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 of these 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. Job-Seekers Allowance
6. Employment and Support Allowance
7. Income Support
8. Pension Credit
9. Working Tax Credit
10. Child Tax Credit
11. Child Benefit
12. Housing Benefit
13. Council Tax Benefit
14. Other state benefits
15. Interest from savings and investments (e.g. stocks & shares)
16. Other kinds of regular allowance from outside your household (e.g. maintenance, student’s grants, rent)
17. No source of income

**AttDisab**

SHOW CARD A6

Can I just check, do you or any of your household receive any of these listed on this card? Please only think about people aged 16+ in your household. From April 2013, PERSONAL INDEPENDENCE PAYMENTS (PIP) HAVE BEEN INTRODUCED. IF A RESPONDENT IS RECEIVING PERSONAL INDEPENDENCE PAYMENTS, PLEASE CODE THE CORRECT TYPE BELOW AND PRESS <CTRL+M> AND TYPE ‘PIP’ IN THE REMARK BOX.

1. Attendance Allowance
2. Disability Living Allowance OR 2aPersonal Independence Payments – care component
3. Disability Living Allowance OR 3a Personal Independence Payments – mobility component
4. None of these
EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON

HStWork
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

H2WkStrt
If a job or a place on a Government training scheme had been available in the (four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?
1 Yes
2 No

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

Other: Please specify.

HStWork
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?

Additional notes:

- If any paid work or Government training scheme had been available in the (four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?
- If a job or place on a Government training scheme had been available in the (four 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?

HStWork
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?

Additional notes:

- If any paid work or Government training scheme had been available in the (four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?
- If a job or place on a Government training scheme had been available in the (four 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?
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**TFillTime**
What kind of work do you (Household Reference Person) do most of the time?

**TFillUsed**
IF RELEVANT: What materials or machinery do you (Household Reference Person) use?

**TFillSkill**
What skills or qualifications are needed for the job?

**TFillEmploy**
Were you (Household Reference Person) working full-time or part-time?

**TFillDirct**
Can I just check, are you (Household Reference Person) a Director of a limited company?

**TFillEmpStat**
Are you (Household Reference Person) a manager, foreman or supervisor?

**TFillEmployee**
How many people were/will be employed at the place where you usually work(s)?

**TFillEverJob**
Have you (Household Reference Person) ever been in paid employment or self-employed?

**TFillPayLast**
Which year did you (Household Reference Person) leave last paid job?

**TFillPayMon**
Which month did you leave?

**TFillJobTitle**
What is the name or title of the job?
The Health Survey for England 2013 - Household Questionnaire

(IF Employee)

Did your employer make or do at the place where you usually work?

1. Yes
2. No

(IF Employee)

What does your employer make or do?

Text: Maximum 100 characters

(IF Self Employed)

What do you make or do?

Text: Maximum 100 characters

(IF ShiftA = 1 OR 2) OR (IF HDirec = 1 OR 2)

What type of shift pattern do you work?

1. Three-shift working
2. Continental shifts
3. Two-shift system with ‘earlies’ and ‘lates’/double day shifts
4. Sometimes night and sometimes day shifts
5. Split shifts
6. Morning shifts
7. Evening or twilight shifts
8. Night shifts
9. Weekend shifts
10. Other type of shift work

(IF ShiftTypA = Other)

Other type of shift work

Text: Maximum 50 characters

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General Health

ASK ALL

OwnDoB

What is your date of birth? INTERVIEWER EXPLAIN IF NECESSARY: I'm just checking your date of birth again, because it's important to be sure that I've noted it down correctly. ENTER DATE IN NUMBERS, E.G. 02/01/1972. IF (Name) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

OwnAge

Can I just check, your age is (computed age)?

1 Yes

2 No

(IF OwnDoB = Not known/Refused)

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))

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)

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

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

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**General Health**

**III12m**
This question asks you about any health conditions, illnesses or impairments you may have. Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1. Yes
2. No

*(IF III12m = Yes THEN RECORD UP TO SIX CONDITIONS OR ILLNESSES)*

**IllsTxt[i]**
What is (are) the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
IF VAGUE ANSWER SUCH AS ‘bad back’, ASK ‘can you say a little more about that?’

Open Answer: up to 100 characters

Variable names for text are IllsTxt[1]-IllsTxt[6]

**More[i]**
(Can I check) do you have any other physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1. Yes
2. No

*(IF ILL12m = Yes)*

**IllAff**
SHOW CARD B1
The purpose of this question is to establish the type of impairment(s) you experience currently as a result of your health condition or illness. In answering this question, you should consider whether you are affected in any of these areas while receiving any treatment or medication or using devices to help you such as a hearing aid for example.
Do any of your conditions or illnesses affect you in any of the following areas?
Please read out the number that applies.
CODE ALL THAT APPLY
1. Vision (for example blindness or partial sight)
2. Hearing (for example deafness or partial hearing)
3. Mobility (for example walking short distances or climbing stairs)
4. Dexterity (for example lifting and carrying objects, using a keyboard)
5. Learning or understanding or concentrating
6. Memory
7. Mental health
8. Stamina or breathing or fatigue
9. Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger’s syndrome)
10. Other (PLEASE SPECIFY)
11. None of the above (spontaneous only)
12. Refusal (spontaneous only)

*(IF IllAff = Other)*

**IllOth**
What other area(s) do any of your conditions or illnesses affect you in?
Text: Maximum 100 characters

*(IF III12m = Yes)*

**ReducAct**
This question asks about whether your health condition or illness currently affects your ability to carry out normal day-to-day activities, either a lot or a little or not at all. In answering this question, you should consider whether you are affected while receiving any treatment or medication for your condition or illness and/or using any devices such as a hearing aid, for example.
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities?
READ OUT...
1. Yes, a lot
2. Yes, a little
3. Not at all

*(IF ReducAct = yes a lot OR yes a little)*

**AffLng**
For how long has your ability to carry out day-to-day activities been reduced...
READ OUT...
1.Less than six months
2.Between six months and 12 months
3.or, 12 months or more?

*(IF More[1] = yes AND (ReducAct = yes a lot OR yes a little)) THEN ask RedAct up to 6 times for all conditions listed in IllsTxt[1] - IllsTxt[6]*

**RedAct1-10**
Does your <textfill answer from IllsTxt1,2,3 etc> reduce your ability to carry out day-to-day activities...
READ OUT
1. yes, a lot
2. yes, a little
3. not at all

*(IF LastFort = Yes)*

**DaysCut**
How many days was this in all during these 2 weeks, including Saturdays and Sundays?
Range: 1..14
**Personal Care Plans**

**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

**LastYr**

Was this in the last 12 months or longer ago?

1. In last 12 months
2. Longer ago

**PlanAg**

Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?

1. Yes, have agreed 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

**OffPlan**

Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?

1. Yes
2. No

**WhyNoPl**

Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn’t want one or is there some other reason?

1. Did not want a personal care plan
2. Still discussing a plan, not yet agreed
95. Other reason - SPECIFY

**NoPlOth**

INTERVIEWER: Specify other reason. Text: Maximum 50 characters

---

**Self-reported height and weight**

**IntroHW**

Now follows some questions about your height and weight.

Press c1 Enter to Continue.

**EHtCh**

How tall are you without shoes? You can tell me in metres or in feet and inches.

INTERVIEWER: RECORD 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

1. Metres
2. Feet and inches

(IF EHtCh = Metres)

**EHtM**

INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.

Range: 0.01..2.44

(ELSE IF EHtCh = Feet and inches)

**EHtFt**

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.

Range: 0..7

**EHtIn**

INTERVIEWER: PLEASE RECORD HEIGHT. ENTER INCHES. YOU CAN ENTER HALF INCHES, IF GIVEN, WITH A .5 DECIMAL.

Range: 0..11

ENDIF

**EWtCh**

How much do you weigh without clothes and shoes? You can tell me in kilograms or in stones and pounds.

INTERVIEWER: RECORD IN KILOGRAMS OR IN STONES AND POUNDS. IF RESPONDENT DOESN'T KNOW WEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE WEIGHT USE <CTRL+R>.

1. Kilograms
2. Stones and pounds

(IF EWtCh = Kilograms)

**EWtKg**

INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.

Range: 1.0..210.0

(ELSE IF EWtCh = Stones and pounds)

**EWtSt**

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.

Range: 1..32

**EWtL**

INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.

Range: 0..13

ENDIF
The Health Survey for England 2013 – Individual Questionnaire

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

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

(IF (DocNurBP=Yes) AND (NoPregBP <> No)) AgeBP
How old were you when you were first told by a (doctor/nurse) that you had high blood pressure?
INTERVIEWER: Type in age in years.
Numeric: 0..100

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

OptOff
LikePlan
Would you like the opportunity to discuss a Personal Care Plan with a health professional?
1 Yes
2 No
3 Don’t know

(IF PlanAg = Yes) Careimp
Has your Care Plan improved the health or social care services you receive?
IF YES: Would you say they have improved a great deal or to some extent?
1 Yes - improved a great deal
2 Yes - improved to some extent
3 No - not improved
4 Don’t know / can’t say

ASK ALL WHO HAVE A LONG-TERM CONDITION

OptOff
SHOWCARD B2
There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. 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 (OptOff = Other))
OptOff:
INTERVIEWER: Please specify.
Text: Maximum 50 characters

OptDone
SHOWCARD B3
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 (OptDone = Other))
OptDone:
INTERVIEWER: Please specify.
Text: Maximum 50 characters

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**Diabetes**

**ASK ALL AGED 16+**

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

(IF EverDi=Yes)

**TypeD**
Were you told by a doctor that you had diabetes?
1. Yes
2. No

(IF EverDi=YES)

**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

**DiMed**
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1. Yes
2. No
**Eye Care**

ASK ALL 16+

1. **Vision**
   Do you ever wear glasses or contact lenses?
   1) Yes
   2) No
   3) **INTERVIEWER CODE**: Certified as partially sighted or blind

2. **Eye**
   (IF Vision = 1 - using glasses or corrective lenses if use them) Is your eyesight …
   **INTERVIEWER**: Read out…
   1. …excellent,
   2. …very good,
   3. …good,
   4. …fair,
   5. …or, poor?
   6. **SPONTANEOUS CODE**: Certified as partially sighted or blind

3. **Cert Blind**
   Are you certified as partially sighted (sight impaired) or blind (severely sight impaired)?
   1. Yes, partially sighted
   2. Yes, blind
   3. No

4. **Cert Cond**
   Is your blindness/partial sightedness due to one of the following conditions?
   **CODE ALL THAT APPLY**
   **INTERVIEWER**: READ OUT …
   1. …age related macular degeneration,
   2. …cataract,
   3. …diabetic retinopathy,
   4. …glaucoma,
   5. …stroke or other neurological condition,
   6. …other (PLEASE SPECIFY)

5. **Why No ET**
   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)**

6. **Other No ET**
   **INTERVIEWER**: PLEASE SPECIFY.

7. **Eye Oft**
   How often do you have your eyesight tested?
   1. Every 6 months
   2. Once a year
   3. Once every two years
   4. Less than every two years
   5. Only when a problem with sight
   6. Never
The Health Survey for England 2013 – Individual Questionnaire

Eye care

(IF EyeOft = Responses 1-5)

EyeHosp
Do you currently attend an eye hospital or clinic for treatment?
1. Yes
2. No

LastTest
SHOWCARD E2
(Textfill: IF EyeHosp=1: Excluding current treatment at an eye hospital or clinic). Which of these best describes your last eye sight test?
1. An NHS sight test at an Optician (you did not pay for).
2. A private sight test at an Optician which you paid for.
3. A private sight test at an Optician which your employer paid for.
4. An NHS eye examination at home (which you did not pay for).
5. Don’t know/cannot remember (SPONTANEOUS)

ENDIF

ASK ALL

Ocular
SHOWCARD E3
Has a doctor or optician ever told you that you have any of these problems with your eyes?
INTERVIEWER: CODE ALL THAT APPLY.
1. Macular degeneration
2. Cataract
3. Diabetes related eye disease/ Diabetic retinopathy
4. Glaucoma or suspected glaucoma
5. Injury or trauma resulting in loss of vision
6. Other serious eye condition
   a. 96). None of these

(IF Ocular =Code 2)

Surgery
Have you had any surgery for your cataracts?
1. Yes, surgery carried out
2. No, no surgery (yet)

ASK ALL

SeeClo
SHOW CARD E4
Do you have any difficulty seeing ordinary newsprint at arm’s length (Textfill: IF IVision=1 - With your glasses or contact lenses if you use them)?
1. No difficulty
2. Mild difficulty
3. Moderate difficulty
4. Severe difficulty
5. Cannot do

(IF SeeDis >1 OR SeeClo >1)

SeeLim
SHOW CARD E5
How often does this limit the amount or kind of activities that you can do?
1. Always
2. Often
3. Sometimes
4. Rarely
5. Never
Use of Services

ASK ALL AGED 16+
NDocTalk
The next few questions are about your GP and how often you use certain health services.
During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone? INTERVIEWER: Exclude consultations made on behalf of others.

1. Yes
2. No

(IF NDocTalk = Yes) THEN
NChats
How many times did you talk to a doctor in these two weeks?
Range: 1..97

ENDIF

ASK ALL
OutPat
During the last 12 months, did you attend hospital as an out patient, day patient or casualty? SELECT ALL THAT APPLY

1. Out patient
2. Day patient
3. Casualty/ Accident and Emergency
4. None of these

(IF OutPat = 1) 
OutNpa
In the last 12 months, how many times have you attended hospital as an out patient?
Enter number 1-50

(IF OutPat = 2)
OutNpb
In the last 12 months, how many times have you attended hospital as a day patient?
Enter number 1-50

(IF OutPat = 3)
OutNpc
In the last 12 months, how many times have you attended hospital as an accident and emergency patient?
Enter number 1-50

ENDIF

ASK ALL
InPat
And during the last year, have you been in hospital as an inpatient, overnight or longer?

1. Yes
2. No

(IF InPat = 1)
InPatNo
In the last 12 months, how many times have you been in hospital as an inpatient, overnight or longer?
Enter number 1-50

ENDIF
Social care

A1: Help needed

ASK ALL AGED 65+

Intro

The next few questions are about tasks that some people may need help with and about help that you may have received in the last month. Please think only about help you need because of long-term physical or mental ill-health, disability or problems relating to old age.

For each task, I’d like you to tell me which option applies to you.

1. I can do this without help from anyone
2. I have difficulty doing this but manage on my own
3. I can only do this with help from someone
4. I cannot do this

TasksA

SHOW CARD F1

Thinking about getting in and out of bed on your own, please look at this card and tell me the option which best applies to you.

INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts.

1. I can do this without help from anyone
2. I have difficulty doing this but manage on my own
3. I can only do this with help from someone
4. I cannot do this

Tasks [Repeat for tasks B to M]

Still looking at Showcard F1, what about…

(B) washing your face and hands
(C) having a bath or a shower, including getting in and out of the bath or shower
(D) dressing or undressing, including putting on shoes and socks
(E) using the toilet
(F) eating, including putting up food
(G) taking the right amount medicine at the right time
(H) getting around indoors
(I) getting up and down stairs
(J) getting out of the house, for example to go to the doctors or visit a friend
(K) shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
(L) doing routine housework or laundry
(M) doing paperwork or paying bills

EXPLAIN IF NECESSARY: Do not include help from special aids or equipment such as wheelchairs or stair lifts (only for tasks B, C, D, E, H, I, J, L).

INTERVIEWER: Do not include help that has always been received because of the way household responsibilities are divided (only for tasks K, L, M).

For following tasks include additional instruction:

(C) having a bath or a shower: INTERVIEWER: If respondent says they can do one but not the other, ask them to think about the washing facilities they have.

(G) taking the right amount of medicine at the right time: INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

ASK IF NECESSARY: Thinking about (insert shortened task B to M listed above in bold), please look at this card and tell me the option which best applies to you.

1. I can do this without help from anyone
2. I have difficulty doing this but manage on my own
3. I can only do this with help from someone
4. I cannot do this

BladProb

Do you suffer from problems with your bladder?

SHOWCARD F2

Please tell me the number which best applies to you.

EXPLANATION ON SHOWCARD - ONLY READ OUT IF NECESSARY: This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or problems using aids or appliances to manage bladder problems or incontinence. (If you can manage a catheter without assistance please select ‘No, no problems’).

1. Yes I have problems
2. I just have the occasional accident
3. No, no problems
**A2 – Who helps with ADL/IADLS**

For HelpInf and HelpForm, tasks A to M regrouped into following categories:

1. Having a bath or shower
2. Getting in and out of bed / washing your face and hands / dressing or undressing / eating / taking the right amount of medicine at the right times
3. Getting around indoors / getting up and down stairs
4. Using the toilet
5. Getting out of the house / shopping for food / doing routine housework or laundry / doing paperwork or paying bills

**Intro**

I am now going to ask you some questions about who helps you with different things. I will show you two lists of people who may have helped you.

**HelpInf**

SHOWCARD F4

In the last month, who has helped you with (insert list of tasks in group)?

First, please tell me about all of the people from this list who have helped you. Please only think about help received because of long-term physical or mental ill-health, disability or problems relating to old age.

INTERVIEWER: Probe fully.

**CODE ALL THAT APPLY:**

1. Husband/Wife/Partner
2. Son (including step son, adopted son or son in law)
3. Daughter (including step daughter, adopted daughter or daughter in law)
4. Grandchild (including Great grandchildren)
5. Brother / Sister (including step / adopted / in laws)
6. Niece / Nephew
7. Mother / father (including mother-in-law/ father-in-law)
8. Other family member
9. Friend
10. Neighbour
11. None of the above

Repeat for task groups 1-3 where help has been received for at least one task within the group.
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MoreFam
INTERVIEWER: Code whether any more relationships at HelpInf, if so repeat HelpFam/NamFam/SexFam for each (up to three in total).

{IF HelpForm= Home care worker / home help / personal assistant}
Hhelp
You have told me that a home care worker/home help/personal assistant helped you in the last month. Do you have just one person helping you, or do you have more than one?
1 One
2 More than one

{IF Hhelp = More than one}
Hhelpb
Do they all help with the same kinds of things, or do you have different people helping with different things?
1 All help with same kind of things
2 Different people help with different things

{IF Hhelp = Different people help with different things}
Hhelpc1
I'd like you to think about the home care workers, home helps or personal assistants who help with different things, so that I can ask you about each of them later. Thinking of the first home care worker/home help/personal assistant, what sort of thing do they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/bathing/personal care
4 Meals/eating
5 Getting out of the house/shopping
6 Cleaning/laundry
7 Other

Hhelpc2
Thinking of the second home care worker/home help/personal assistant, what sort of thing do they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/bathing/personal care
4 Meals/eating
5 Getting out of the house/shopping
6 Cleaning/laundry
7 Other

MoreHC
Are there any more home care workers, home helps or personal assistants who help you with different kinds of things?
1 Yes
2 No

A3 – Hours of care (Intensity)

FOR FORMAL PROVIDERS IDENTIFIED AT HelpForm ALLOW A PRECISE ANSWER (because likely to be linked to payment amounts which are not asked in SHORT):

{ASK FOR EVERYONE IDENTIFIED AT HelpForm}
HrsForm
Thinking about (person who helps), in the last week how many hours have they helped you in person with these kinds of tasks?
INTERVIEWER EXPLAIN IF NECESSARY: not including help over the phone or by internet
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff ‘live in’ ‘sleep in’, INCLUDE ALL HOURS THEY ARE ON DUTY
ENTER NUMBER OF HOURS. IF LESS THAN 1 HOUR ENTER 0.5.
IF RESPONDENT DOES NOT GIVE PRECISE ANSWER INTERVIEWER CODE DK

{IF Identified at HelpForm:
INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff ‘live in’ ‘sleep in’, INCLUDE ALL HOURS THEY ARE ON DUTY
INTERVIEWER NOTE:
ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE ‘1-4 hours’
IF 2 PEOPLE HELP AT THE SAME TIME, CODE DOUBLE THE HOURS
INTERVIEWER INSTRUCTION: If Home care worker/ Personal Assistant or other care staff ‘live in’ ‘sleep in’, INCLUDE ALL HOURS THEY ARE ON DUTY]
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(IF HelpHours = don’t know or refusal)
HelpHourB
Can you tell me whether in the last week your [helper's name] helped you in person with these tasks for:
READ OUT:
1. Less than 20 hours
2. 20-34 hours
3. Or for 35 hours or more?

For everyone identified at HelpForm (FORMAL PROVIDERS) AND HelpInf (INFORMAL PROVIDERS)
Duration
How long have you been receiving any of the kinds of help we have been talking about? Would you say it is for less than a year, or one year or more?
INTERVIEWER EXPLAIN IF NECESSARY: Help from [insert formal/informal helpers]
1. Less than one year
2. One year or more

(IF HelpForm = 1-8 or (HelpInf = 1-9 AND (HelpHours = 0 OR HelpHourB = 2-3)))
Note: There are two routes through this section of questions:
- Route A: Formal providers arranged with involvement from local authority
- Route B: Home care workers where local authority not involved in arrangement and informal providers who provided 20+ hours of care in the last week

A4 – Patterns of care  (If any help received last week: HelpHours>1)

LastWk
(ASKED OF UP TO TWO PROVIDERS IDENTIFIED AT WhProv or at HelpInf/Helpform if only one provider)
SHOWCARD F7
Still thinking only about help received in person, how often did [person who helps] help you last week?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet
1. Every day
2. Two or six times
3. Two or three times
4. Once

If no help received last week: HelpHours=none)

OftHelp
SHOWCARD F8
Still thinking only about help received in person, how often does [person who helps] usually help you?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet
1. Two or more times a week
2. Once a week
3. Once a fortnight/ every two weeks
4. Once a month
5. Less than once a month

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**Payfreq**
INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT
1. per hour
2. per visit
3. per day
4. per week
5. per fortnight
6. per four weeks
7. per calendar month
8. per year

{IF AnyPay = Yes}

Allcost
Does this payment cover all the cost of this help or some of the cost of this help?
EXPLAIN IF NECESSARY: the payment for your (list of relevant formal providers)
1 All
2 Some

HowPay
SHOWCARD F13
How do you usually pay or give money to your (list of relevant formal providers)
for helping you?
CODE ALL THAT APPLY
I use money from:
1 My own personal income, savings, pension or benefit (such as Attendance Allowance)
2 My Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
3 From another source

{ENDIF}

AddPay
(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your (list of relevant formal providers) for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.
INTERVIEWER CODE:
1 Yes, the local authority/council/social services
2 Yes, a family member (with their own money)
3 Yes, other
4 No, nobody else pays

{IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY) (LAPAY=2 OR HOWPAY=2}

LAAmt
How much money is [list of all formal providers who help] paid from the direct payment or personal budget for helping you?
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence)

Route A: Questions for formal providers arranged through local authority – this set of questions is asked once to cover all providers for which the answer to LAhelp was 2 or 3...

{IF LAHelp = 2 OR 3}

AnyPay[1]
Do you (your husband/partner, wife/partner if appropriate) pay or give any money for the help given by your (list of relevant formal providers)? Please include any payments made for this care, even if not made directly to the care provider:
1 Yes
2 No
3 (don't know)

{IF ANYPAY=1 (RESPONDENT OR PARTNER PAYS SOMETHING FOR ANY OF THIS LOCAL AUTHORITY CARE)}

PayAmt
How much money do you [IF PARTNER LIVES IN HHLD: or your partner] pay for the help given by [list of all formal providers who help], Please include any payments made for this care, even if not made directly to the care provider?
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence) AND REFERENCE PERIOD.

Enter amount in pounds and pence on this screen Range: 0…20,000.
Enter reference period for payment on next screen.
RESPONSE:__________________
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**PayFreq**
INTERVIEWER: ENTER REFERENCE PERIOD FOR THE PAYMENT
1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

**IF AnyPay = Yes**

1. All
2. Some

**HowPay**
SHOWCARD E7
How do you usually pay or give money to your (relevant provider) for helping you?
CODE ALL THAT APPLY
I use money from:
1. my own personal income, savings, pension or benefit (such as Attendance Allowance)
2. my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
3. from another source

**IF LOCAL AUTHORITY PAYS ANY MONEY THROUGH A DIRECT PAYMENT OR PERSONAL BUDGET (LAPAY=2 OR HOWPAY=2)**

**DPPay**
How much money is [person who helps] paid from the direct payment or personal budget for helping you?
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence).
INTERVIEWER: Enter amount in pounds and pence on this screen Range: 0…20,000.

**AddPay**
1. Yes, the local authority /council /social services
2. Yes, a family member (with their own money)
3. Yes, other
4. No, nobody else pays

**Route B: Ask once if route A already asked or twice if route A not asked.**

**Priorities**
1. First home care worker/home help/personal assistant NOT arranged via council providing most hours
2. Second home care worker/home help/personal assistant NOT arranged via council providing next greatest number of hours
3. Care at HelpForm (any number of hours)
4. Care at HelpInf (only provides >20 hours. If more than one carer at 3 or 4, then:
   - Priority given to the one with the most hours
   - Priority given to those living in the same household]
   - Priority given in order of listing at HelpInf and HelpForm

AnyPay
Do you (your husband/partner, wife/partner if appropriate) pay or give any money for the help given by your (relevant provider)? Please include any payments made for this care, even if not made directly to the care provider.
1. Yes
2. No
3. (Don't know)

**IF ANYPAY=1 (RESPONDENT OR PARTNER PAYS)**

**PayAmt**
How much money do you pay for the help given by [person who helps]? Please include any payments made for this care, even if not made directly to the care provider.
INTERVIEWER: Record amount and reference period given by respondent.
INTERVIEWER: RECORD AMOUNT GIVEN BY RESPONDENT (pounds and pence).
Enter amount in pounds and pence on this screen Range: 0…20,000.

**Nopay8**
You have told me that no payment was made for [list of all formal providers who help] helping you. Why was this?

UNPROMPTED RESPONSE:
1. They provided their help for free there is no charge for the service
2. Sometimes I give them money or gifts for the help they give me
3. Other

**ENDIF**
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**DPFreq**
1. Per hour
2. Per visit
3. Per day
4. Per week
5. Per fortnight
6. Per four weeks
7. Per calendar month
8. Per year

(IF NOTHING IS PAID FOR THE CARE (ANYPAY=2 AND ADDPAY=6))
**NoPay**
You have told me that no payment was made for [person who helps] helping you. Why was this?
UNPROMPTED RESPONSE:
1. They provided their help for free/there is no charge for the service
2. Sometimes I give them money or gifts for the help they give me
3. Other

**ENDIF**

**Whoans**
INTERVIEWER: WHO ANSWERED THE QUESTIONS IN THIS SECTION?
1. Respondent only
2. Respondent with assistance of another person

**Comments**
INTERVIEWER: Do you have any comments about this section?
1. Yes
2. No

(IF Comments = Yes)
**CommentX**
INTERVIEWER: PLEASE ENTER COMMENTS HERE.
Text: Maximum 100 characters

**END IF**

**A6 – Care services use**

**ASK ALL AGED 65+**
Intro
I’m going to ask you about services that people can make use of.

1. Continue

**MealProv**
In the last month, have you regularly had your main meals provided for you?
EXPLAIN IF NECESSARY: Provided by someone who is not living here with you?
INTERVIEWER: Don’t count meals eaten elsewhere.
1. Yes
2. No

(IF MealProv = Yes)
**Meals**
SHOWCARD F14
Who provided your meals? PROBE: Who else?
INTERVIEWER EXPLAIN IF NECESSARY: Meals on Wheels may be provided by the council or another organization.
CODE ALL THAT APPLY
1. Meals on Wheels
2. Private frozen meal provider such as Wiltshire farm foods
3. Family/friend/neighbour brought me ready prepared meals
4. Other
5. None of these

(IF MEALS=1)
**MWtimesc**
SHOWCARD F15
About how often did you have meals on wheels in the last month?
1. Every day or nearly every day
2. Two to three times a week
3. Once a week
4. Less often

**LunchClub**
In the last month did you attend a lunch club run by the council or a voluntary body?
1. Used in the last month
2. Not used in the last month

(IF LunchClub=1)
**LCTimes**
SHOWCARD F15
About how often did you attend the lunch club(s) in the last month?
1. Every day or nearly every day
2. Two to three times a week
3. Once a week
4. Less often

**DayCen**
And in the last month did you attend a Day Centre? Please include groups or classes run by a day centre but not necessarily held at the day centre building.
1. Used in the last month
2. Not used in the last month

(IF DayCen=1)
**CenTimes**
SHOWCARD F15
About how often did you go to the day centre, including attending classes or groups run by the day centre, in the last month?
1. Every day or nearly every day
2. Two to three times a week
3. Once a week
4. Less often
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(If DAYCEN=1) CenDur
Each time that you have attended the day centre, including attending classes or groups run by the day centre, in the last month, about how many hours did you usually spend there? Was it...READ OUT
1. 1-3 hours,
2. 4-6 hours,
3. or, more than 6 hours

(ASK ALL AGE 65+)
Producede SHOWCARD F16
And in the last month have you had food delivered to you by any of the following? PLEASE CHOOSE ALL THAT APPLY
1. Internet or telephone food delivery e.g. Tesco or Ocado
2. Milkman delivering food
3. Vegetable delivery company (e.g. Abel and Cole or Riverford)
4. Family, friend or neighbour brought shopping to my house
5. Other
6. None of the above

A7 – Aids and Equipment

ASK ALL AGE 65+
INTERVIEWER READ OUT...I’ve just asked you about payments for services that you receive but we are also interested in whether people have any aids or equipment to help them stay in their own homes.

SenAlarm
Do you have an alarm which you can use to call for help. This could be worn round your neck or may be a button or pull cord in your home. Please tell me about any alarms you have even if you have not had to use them? INTERVIEWER IF NECESSARY: Please do not tell me about alarm clocks, timers, smoke or burglar alarms.
1. Yes
2. No

Stairlift
Do you have a stairlift for your use at home? Please include any stairlift which you use for getting up and down stairs on a regular basis, even if it was not installed for you.
1. Yes
2. No
3. Not applicable (no stairs in property/ there is a lift instead/ live on ground floor)

Equip2 SHOWCARD F17
Have you used or received any other equipment or adaptations such as those shown on this card to help you with daily living. Please include similar items which are not listed on the card?
INTERVIEWER: PLEASE ONLY INCLUDE EQUIPMENT RESPONDENT HAS TO USE THEMSELVES. DO NOT INCLUDE STAIRLIFTS
1. Yes
2. No
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(ASK ALL AGE 65+)

HandyMan
In the last three months, have you used or received the Local Authority/council’s Handy man’s service? This is usually a free service sometimes arranged through Age Concern, Help the Aged or Age UK
1. Yes
2. No

(ASK ALL AGE 65+)

ShowType
Please look at this card and tell me whether you currently live in any of these types of accommodation?
1. Wardam maintained / sheltered accommodation
2. Housing with care / extra care housing / very sheltered accommodation
3. Residential care e.g. nursing home or care home
4. Other type of supported housing (Please specify)
5. None of the above

B1 – Identifying providers of care and who is helped

ASK ALL AGED 16+

Intro
The next few questions are about help or support that people provide for others.
1. Continue

ProvHlp
Have you personally provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age? Do not include help given in a professional capacity or as part of a job, but include help or support given to your family, friends or neighbours.
INTERVIEWER: Include help for wife/ husband/ partner
1. Yes
2. No

(IF ProvHlp = Yes)

CheckHlp
Can I just check, are you only including help or support that you give this person/these people because they have long-term physical or mental ill-health, disability or problems relating to old age, or were you thinking about help more generally?
1. Yes, thinking of help/support given because of health/old age
2. No, thinking about help more generally

(IF CheckHlp = Yes)

HelpNo
How many people do you provide this kind of help and support to?
Range: 0..97

(IF HelpNo => 2)

Intro
Now I’d like you to think about the three people you provide the most help and support to.
1. Continue

PrNameA
Just so I can refer to them later on, I’d like to take down their first names. What are their names?
WRITE IN FIRST NAME OF FIRST PERSON CARED FOR
Text: Maximum 50 characters

PrNameB
What are their names?
WRITE IN FIRST NAME OF SECOND PERSON CARED FOR
Text: Maximum 50 characters

PrNameC
What are their names?
WRITE IN FIRST NAME OF THIRD PERSON CARED FOR
Text: Maximum 50 characters

PrRel
Thinking about (name of person respondent helps), what is their relationship to you?
They are my...
1. Husband/Wife/Partner
2. Mother (including mother-in-law)
3. Father (including father-in-law)
4. Son (including step son, adopted son or son in law)
5. Daughter (including step daughter, adopted daughter or daughter in law)
6. Grandparent
7. Grandchild (including Great Grandchildren)
8. Brother / Sister (including step / adopted / in laws)
9. Other family member
10. Friend
11. Neighbour
12. Somebody I help as a professional carer
13. Somebody I help as a voluntary helper
14. Other (PLEASE SPECIFY)

(IF PrRel = Other)

RelOth
Please specify the other relationship.
Text: Maximum 50 characters

(IF (PrRel = Responses 1-10) AND (HelpNo >=1))

PrHHold
Does (name of person respondent helps) live in the same household as you or in a different household?
1. Same household
2. Different household

NumHlp
How do (name of person respondent helps) live in the same household as you or in a different household?
1. Same household
2. Different household

(Intro)

How do (name of person respondent helps) live in the same household as you or in a different household?
INTERVIEWER: If necessary ask for estimate.
Range: 1..130

GendHlp
INTERVIEWER CODE OR ASK: Is (name of person respondent helps) male or female?
1. Male
2. Female

ENDIF

ENDIF

ENDIF
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**B2 - Intensity of care (hours)**

Repeated for each person respondent helps

**Intro**

SHOWCARD F22

I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD F22, how many hours did you spend helping (name of person respondent helps) in the last week?

INTERVIEWER: Please ensure respondent has sufficient time to look at Showcard F22.

1 Continue

**PrHours**

SHOWCARD F23

Thinking only about the types of tasks and activities I showed you on Showcard F22 how many hours did you spend helping (name of person respondent helps) in the last week?

INTERVIEWER: EXPLAIN IF NECESSARY: not help over the phone or by Internet, or doing occasional errands or odd jobs without the respondent.

INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK: 'So that is xx hours in the last week?', CHANGE ANSWER IF NECESSARY.

INTERVIEWER: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE 1-4 hours'

1 No help in the last week
2 Less than one hour
3 1-4 hours
4 5-9 hours
5 10-19 hours
6 20-34 hours
7 35-49 hours
8 50-99 hours
9 100 hours or more

{If PrHours = don't know or refusal}

**PrHours2**

Thinking of the same type of help you give (name of person respondent helps) can you tell me whether in the last week you helped this person?

1 Less than 20 hours
2 20-34 hours
3 Or for 35 hours or more?

{If PrHours = no help in the last week}

**PrUsHrs**

SHOWCARD F24

How many hours do you help (name of person respondent helps) in a usual week?

1 Less than one hour per week
2 1-4 hour per week
3 5-9 hours per week
4 10-19 hours per week
5 20-34 hours per week
6 35-49 hours per week
7 50-99 hours per week
8 100 hours or more

Repeated for each person respondent helps

ASK IF CARE FOR MORE THAN ONE PERSON (AT HELPNO)

**PrAllHr**

Thinking about the total time you spend providing support or help to [insert name of person(s) cared for], about how many hours altogether did you spend last week helping them?

INTERVIEWER: EXPLAIN IF NECESSARY: not help over the phone or by Internet, or doing occasional errands/odd jobs without the respondent.

**B3 - Details of help given, support received and payments for caring**

{If PrAllHours = 20+ hours OR PrHours2 = 20+ hours OR PrUsHrs = 20+ hours}

Prtask

SHOWCARD F25

And looking at card F25, which of the activities do you help or support (name of person respondent helps) because of long-term physical or mental illness, disability or problems relating to old age.

CODE ALL THAT APPLY

1 Getting the person in and out of bed
2 Washing their face and hands
3 Having a bath or a shower, including getting in and out of the bath or shower
4 Dressing or undressing, including putting on shoes and socks
5 Using the toilet
6 Eating, including cutting up food
7 Taking the right amount of medicine at the right times
8 Getting around indoors (please don’t include using the stairs)
9 Getting up and down stairs
10 Getting out of the house, for example to go to the doctors or to visit a friend
11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12 Doing routine housework or laundry
13 Doing paperwork or paying bills

Recpay

(THIS QUESTION IS IN A LOOP FOR UP TO TWO PEOPLE)

SHOWCARD F26

Do you receive any money for helping [your answer at PrRel]/ [answer from PrName1/2/3]?

INTERVIEWER DO NOT INCLUDE GIFTS, TREATS OR OCCASIONAL PAYMENTS OF EXPENSES SUCH AS PETROL MONEY OR LUNCH

CODE ALL THAT APPLY

1 Yes, this person pays me from their own income, pensions or savings
2 Yes, this person pays me from a personal budget or direct payment
3 Yes, I receive a carer’s allowance
4 Yes, I receive money in another way
5 No, I receive no money for helping this person.

{If Recpay = 1,2,3 or 4}
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### B4 - Effects of caring

**ASK OF EACH PERSON RESPONDENT HELPS**

**Intro**
The next few questions are about the effects on you of caring and about any support you may receive with your care responsibilities

1. **Continue**

**Support**

SHOWCARD F28

Do you receive any of these types of support in caring for (name of person respondent helps)?

Please think only about help or support given directly to you.

Please read out the numbers that apply from this card

**CODE ALL THAT APPLY**

1. Help from GP or nurse
2. Access to respite care
3. Help from professional care staff
4. Help from carer's organisation or charity
5. Help from other family members
6. Advice from local authority/social services
7. Help from friends/neighbours
8. None of these

Repeat for each person respondent helps

---

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**[IF HelpNo = 1]**

**HealthA[1]**

**SHOWCARD F29**

In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to your (name of person respondent helps)?

Please read out the numbers that apply from this card

**CODE ALL THAT APPLY**

1. Feeling tired
2. Feeling depressed
3. Loss of appetite
4. Disturbed sleep
5. General feeling of stress
6. Physical strain
7. Short tempered
8. Developed my own health condition
9. Made an existing condition worse
10. Other
11. No, none of these

---

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**[IF HelpNo =>2]**

**HealthA[2]**

**SHOWCARD F29**

In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to the people you care for?

Please read out the numbers that apply from this card

**CODE ALL THAT APPLY**

1. Feeling tired
2. Feeling depressed
3. Loss of appetite
4. Disturbed sleep
5. General feeling of stress
6. Physical strain
7. Short tempered
8. Developed my own health condition
9. Made an existing condition worse
10. Other
11. No, none of these

---

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**[IF(HealthA=1 -10) AND (IF HelpNo=1)]**

**HealthGP[1]**

Have you seen your GP because your health has been affected by the support you give to your (relation from PRel)?

1. Yes
2. No

---

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**[IF(HealthA=1 -10) AND (IF HelpNo>2)]**

**HealthGP[2]**

Have you seen your GP because your health has been affected by the support you give to the people that you care for?

1. Yes
2. No

---

ASK IF AGE 16-65
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Social Care

End of Life Care

Intro
Now some questions about something a little different. The next set of questions are about your experiences of end of life care.
Press <1> Continue

TermIll
In the past five years, has anyone close to you died of a terminal illness?
1. Yes
2. No

{IF TermIll = Yes}

WhatIll
Please could you say what that illness was?
INTERVIEWER: If more than one person, ask about the person who died most recently.

1. Emphysema/other lung disease
2. End stage heart failure
3. End stage liver failure
4. Cancer
5. Motor neurone disease/multiple sclerosis
6. End stage kidney failure
7. HIV/AIDS
8. Other (PLEASE SPECIFY)
9. Don't know illness

{IF WhatIll = Other}

OthIll
INTERVIEWER: Please enter the other illness. Text: maximum 100 characters.

WhnMnth
When did this person die? Please tell me the month and year.
INTERVIEWER: If more than one person, ask about the person who died most recently.

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

WhnYr
INTERVIEWER: Enter year person died.
The Health Survey for England 2013 - Individual Questionnaire

End of Life Care

**WherDie**
SHOW CARD G2
Where did they die?
1. Home (we lived together)
2. Home (theirs)
3. Home (yours)
4. Hospital
5. Hospice
6. Nursing care home
7. Residential care home
8. Other (please specify)

**SpeHelp**
Did you look after or give special help to them in any other way?
1. Yes
2. No

**MaxHelp**
SHOW CARD G4
What was your most maximum level of help for this person?
INTERVIEWER: FOR EXAMPLE HELP MAY INCLUDE company, errands, laundry, shopping, giving lifts, taking to appointments or out for recreation etc.
1. Daily
2. Occasional/intermittent
3. Rare
4. Didn't provide any personal care but they were still close to me
5. Other (please specify)

**ContLife**
SHOW CARD G6
Since this person died, have you been able to continue with your life?
1. I have been able to continue with my life
2. I am starting to continue with my life
3. I have not been able to continue with my life

**PalCare**
Was a palliative care service used for this person?
INTERVIEWER: “A palliative care service aims to comfort, not to cure, to relieve pain and distress for people who are dying and to support patients, families and friends in approaching death and coping with grief. Typical services include: hospice, visits from Marie Curie or/and Macmillan nurses.”
1. Yes
2. No

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The Health Survey for England 2013 - Individual Questionnaire Fruit and Vegetable Consumption

(IF Age of respondent >= 5)
VFInt
Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten

1 Continue

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

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN EITHER BE INCLUDED HERE OR AT THE NEXT QUESTION. YOU CAN RECORD HALF BOWLS OF SALAD, SUCH AS 1.5, 0.5 ETC.

1 Yes
2 No

{IF VegSal = Yes}
VegSalQ
How many cereal bowls full of salad did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegPul
Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans.

1. Yes
2. No

{IF VegPul = Yes}
VegPulQ
SHOWCARD H1
How many tablespoons of pulses did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

VegVeg
Not counting potatoes, did you eat any vegetables yesterday?

Include fresh, raw, tinned and frozen vegetables.

1 Yes
2 No

{IF VegVeg = Yes}
VegVegQ
SHOWCARD H1
How many tablespoons of vegetables did you eat yesterday?

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

Range: 0.5 - 50.0

ENDIF

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The Health Survey for England 2013 - Individual Questionnaire Fruit and Vegetable Consumption

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)

VegDishQ
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'.

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. 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)

FrtDrnkQ
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'.

ENDIF

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

1. Yes
2. No

(IF Frt = Yes)

FrtQ[idx]
How much of this fruit did you eat yesterday?

AMOUNT OF FRUIT CODED ACCORDING TO SIZE ABOVE/FRUIT SIZE LIST

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The Health Survey for England 2013 - Individual Questionnaire Fruit and Vegetable Consumption

IF FrtC = NotLst THEN

FrtOth
What was the name of this fruit?

Text: Maximum 50 characters

FrtNotQ
How much of this fruit did you eat?

Text: Maximum 50 characters

ENDIF

(IF NO. OF FRUITS < 15 THEN)

FrtMor
Did you eat any other fresh fruit yesterday?

1. Yes
2. No

ENDIF

ENDIF

ENDDO

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)

FrtDryQ
SHOWCARD H1
How many tablespoons of dried fruit did you eat yesterday?

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

ENDIF

FrtFroz
Did you eat any frozen or tinned fruit yesterday?

1. Yes
2. No

(IF FrtFroz = Yes)

FrtFrozQ
SHOWCARD H1
How many tablespoons of frozen or tinned fruit did you eat yesterday?

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

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

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)

VegDishQ
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'.

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. About the same as usual

FrtUsual
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. 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)

FrtDrnkQ
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'.

ENDIF

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

1. Yes
2. No

(IF Frt = Yes)

FrtQ[idx]
How much of this fruit did you eat yesterday?

AMOUNT OF FRUIT CODED ACCORDING TO SIZE ABOVE/FRUIT SIZE LIST

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The Health Survey for England 2013 - Individual Questionnaire Smoking

Smoking (Aged 18+)

(IF Age of Respondent = 18 to 24)
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 ADULTS

(IF Age of respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with adult aged 18-24 AND BookChk=1))
YAIntro
INTERVIEWER: Prepare self-completion booklet for young female adults/young male adults by entering serial numbers. Check that you have the correct person number.

YAInt2
At this point, I would now like you to answer some questions by completing all of this booklet on your own. The questions cover smoking, drinking and attitudes to health. I will need to ask you a few more questions from the laptop in a little while, and I will ask you to close the booklet for a few minutes while I do this.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

(IF (Age of Respondent is 18 years or over) OR (BookChk = Asked))
SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
1 Yes
2 No

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

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

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

(IF Estim = grams)
Grams
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS) IN GRAMS.
Range: 1..67
The Health Survey for England 2013 - Individual Questionnaire

**Smoking**

**OthType**

SHOW CARD I1

And do you ever smoke any other type of cigarettes nowadays?

1. filter-tipped cigarettes
2. plain or untipped cigarettes,
3. or hand-rolled cigarettes
4. None

{IF HAND ROLLED AND OTHER TYPE SMOKED NOWADAYS}

DlyHR

You said you smoke about <insert number from DlySmoke> cigarettes on a weekday, about how many of those do you think are hand-rolled?

WKndHR

And you said you smoke about <insert number from WKndSmok> cigarettes on a weekend day, about how many of those do you think are hand-rolled?

{IF HAND ROLLED CIGARETTES AT CigType OR OthType}

HRFill

Do you smoke hand rolled cigarettes with a filter, or without a filter?

1. Always with a filter
2. Always without a filter
3. Sometimes a filter, sometimes not

{IF SmokeNow=Yes}

SmokWhe

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}

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
The Health Survey for England 2013 - Individual Questionnaire

**Smoking**

**FirstCig**
How soon after waking do you usually smoke your first cigarette of the day?

- 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

**SmYrAgo**
Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

- 1. Same as a year ago
- 2. More than a year ago
- 3. Fewer than a year ago

**SmokeCig**
Have you ever smoked cigarettes?

- 1. Yes
- 2. No

{IF SmokEver = YES and SmokeNow = NO}
**QuitReas**
Why did you decide to give up smoking?

- 1. Advice from a GP or health professional
- 2. Advert for a nicotine replacement product
- 3. Government and NHS TV, radio or press advert
- 4. Hearing about a new stop smoking treatment
- 5. Financial reasons (couldn’t afford it)
- 6. Because of the smoking ban in public places and at work
- 7. I knew someone else who was stopping
- 8. Seeing a health warning on cigarette packet
- 9. Family or friends wanted me to stop
- 10. Being contacted by my local NHS Stop Smoking Services
- 11. Health problems I had at the time
- 12. Worried about future health problems
- 13. Pregnancy
- 14. Worried about the effect on my children
- 15. Worried about the effect on other family members
- 16. My own motivation
- 17. Something else
- 18. Cannot remember

{IF SmokeCig = Yes}
**SmokeReg**
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?

- 1. Smoked cigarettes regularly, at least 1 per day
- 2. Smoked them only occasionally
- 3. SPONTANEOUS: Never really smoked cigarettes, just tried them once or twice
The Health Survey for England 2013 - Individual Questionnaire Smoking

(IF SmokeReg = Smoked cigarettes regularly)

NumSmok
About how many cigarettes did you smoke in a day?
INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97
Range: 0..97

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

(IF Estim = grams)
Grams
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/AT WEEKENDS) IN GRAMs.
Range: 1..67

ELSE IF Estim = ounces
Ounces
PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON WEEKDAYS/AT WEEKENDS) IN OUNCEs. FOR FRACTIONS OF OUNCEs RECORD:
1/4 (a quarter) oz as .25
1/3 (a third) oz as .33
1/2 (half) oz as .5
2/3 (two thirds) oz as .66
3/4 (three quarters) oz as .75
0.01..2.40

(IF (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly))
StartSmk
How 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])
EndSmoke
How 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=0)
LongEnd2
How long ago was that?
1. In the last week
2. More than a week and up to a month
3. More than 1 month and up to 2 months
4. More than 2 months and up to 3 months
5. More than 3 months and up to 6 months
6. More than 6 months and up to a year
ENDIF

(IF SmokeYrs=
And for approximately how many years did you smoke cigarettes regularly?
INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE 0.
Range: 0..97

ASK ALL
NRNow
SHOW CARD 18
[Textfill: If SmokeEver=No: 'Some people who have never regularly smoked sometimes use nicotine replacement products. Can I just check...'] Are you using any of these products nowadays?
PROBE: Which others? PROBE UNTIL RESPONDENT SAYS 'NO OTHERS'. CODE ALL THAT APPLY
1. Nicotine chewing gum
2. Nicotine lozenge/mini lozenge
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None

ENDIF

ENDIF

{IF EX-SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NRev}
HelpQuit
SHOWCARD 18
And have you ever used any of these products in the past that you are not using nowadays?
PROBE FULLY: Which others? PROBE FULLY. CODE ALL THAT APPLY
1. Nicotine chewing gum
2. Nicotine lozenge/mini lozenge
3. Nicotine patch
4. Nicotine inhaler/ inhalator
5. Nicotine mouthspray
6. Nicotine nasal spray
7. Another nicotine product
8. Electronic cigarette
9. None

ENDIF

{IF EX-SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NRev}
(IF CURRENT SMOKER AND EVER USED ANY NR PRODUCTS AT NRNow or NREv)

CutDown
Are you currently trying to cut down on how much you smoke but not currently trying to stop?
1 Yes
2 No

(IF CutDown = Yes)

NRCut
Which, if any, of these products are you currently using to help you cut down the amount you smoke?
PROBE FULLY: Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS, CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

(ASK ALL CURRENT SMOKERS WHO HAVE EVER USED NR PRODUCTS AT NRNow or NREv)

NRTemp
SHOWCARD 18
Do you regularly use any of these products in situations when you are not allowed to smoke?
PROBE FULLY: Which others? PROBE UNTIL RESPONDENT SAYS NO OTHERS
CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

PastQuit
Have you ever used any of these products to help you stop smoking during a serious quit attempt?
SHOWCARD 18
PROBE: Which others? CODE ALL THAT APPLY
1 Nicotine chewing gum
2 Nicotine lozenge/mini lozenge
3 Nicotine patch
4 Nicotine inhaler/ inhalator
5 Nicotine mouthspray
6 Nicotine nasal spray
7 Another nicotine product
8 Electronic cigarette
9 None

55108 HSE 2013 | vol 2: METHODS AND DOCUMENTATION | APPENDIX A: FIELDWORK DOCUMENTS

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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
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
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
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

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

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

IF DrnkDay = Yes
DrinkL7
On how many days out of the last seven did you have an alcoholic drink?
Range: 1..7
The Health Survey for England 2013 - Individual Questionnaire

Drinking

(IF DmKDay = 2 to 7 days)

DmKSame
Did you drink more on one of the days/some days than others, or did you drink about the same on both/each of those days?
1 Drank more on one/some day(s) than other(s)
2 Same each day

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

DmKType
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/stout/cider/shandy
2 Strong beer/lager/stout/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

(IF DmKType = Normal strength beer/lager/cider/shandy)

NBRL7
Still thinking about last (answer to WhichDay), how much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

(IF NBRL7=Half pints)

NBRL7Q(1)
ASK OR CODE: How many half pints of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7Q=Small cans)

NBRL7Q(2)
ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7=Large cans)

NBRL7Q(3)
ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7=Bottles)

NBRL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

NBBrL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters

(IF DmKType = Strong beer/lager/cider)

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)

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

(IF SBRL7=Small cans)

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

(IF SBRL7=Large cans)

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

(IF SBRL7=Bottles)

SBRL7Q(4)
ASK OR CODE: How many bottles of strong beer, lager, stout or cider did you drink on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters

DrnkSame
Did you drink more on one of the days/some days than others, or did you drink about the same on both/each of those days?
1 Drank more on one/some day(s) than other(s)
2 Same each day

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

DmKType
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/stout/cider/shandy
2 Strong beer/lager/stout/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

(IF DmKType = Normal strength beer/lager/cider/shandy)

NBRL7
Still thinking about last (answer to WhichDay), how much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

(IF NBRL7=Half pints)

NBRL7Q(1)
ASK OR CODE: How many half pints of normal strength beer, lager, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
Range: 1..97

(IF NBRL7Q=Small cans)

NBRL7Q(2)
ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7=Large cans)

NBRL7Q(3)
ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7=Bottles)

NBRL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

NBBrL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters

DrnkDay = 2 to 7 days

DrnkSame
Did you drink more on one of the days/some days than others, or did you drink about the same on both/each of those days?
1 Drank more on one/some day(s) than other(s)
2 Same each day

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

DmKType
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/stout/cider/shandy
2 Strong beer/lager/stout/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

(IF DmKType = Normal strength beer/lager/cider/shandy)

NBRL7
Still thinking about last (answer to WhichDay), how much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles

(IF NBRL7=Half pints)

NBRL7Q(1)
ASK OR CODE: How many half pints of normal strength beer, lager, cider or shandy (excluding cans and bottles of shandy) did you drink that day?
Range: 1..97

(IF NBRL7Q=Small cans)

NBRL7Q(2)
ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7=Large cans)

NBRL7Q(3)
ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

(IF NBRL7=Bottles)

NBRL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

NBBrL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters
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**Drinking**

(IF DrnkType = Spirits)
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 GLASSES.
Range: 1..97

(IF DrnkType = Sherry)
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

(IF DrnkType = Wine)
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=0 GLASSES
½ BOTTLE=0 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)

F9 for WL7Bt
If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

(IF WineL7= 2 (Glasses))
WL7Gl
CODE THE NUMBER OF GLASSES (drunk as glasses).
Range: 1..97 (ALLOW FRACTIONS)
**Drinking**

**How much (name of 'other' alcoholic drink) did you drink on that day?**

Text: Maximum 30 characters

**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

**DrIntro**

**NBeer**

SHOWCARD J1

I’d like to ask you first about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) during the last 12 months?

(NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)

<F9> FOR INFO ON DRINKS TO BE INCLUDED HERE.

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 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 last 12 months

**NBeerM**

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE ALL THAT APPLY.

1. Half pints
2. Small cans
3. Large cans
4. Bottles

**NBeerQ**

Now I’d like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (eg Tennant’s Extra, Special Brew, Diamond White). How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months?

(STRONG = 6% AND OVER ALCOHOL BY VOLUME. USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.)

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 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 last 12 months

**NBeerS**

How many (half pints/ small cans/ large cans/ bottles) of NORMAL STRENGTH BEER, LAGER, STOUT or CIDER (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

Range 1..97

**NBeerM**

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE. CODE ALL THAT APPLY.

1. Half pints
2. Small cans
3. Large cans
4. Bottles

**SBeer**

Now I’d like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (eg Tennant’s Extra, Special Brew, Diamond White). How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months?

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 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 last 12 months

**SBeerM**

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

FIRST CODE TYPE OF MEASURE AND THEN CODE NUMBER OF EACH MEASURE.

1. Half pints
2. Small cans
3. Large cans
4. Bottles

**DrIntro**

I’d like to ask you whether you have drunk different types of alcoholic drink in the last 12 months.

I’d like to hear about ALL types of alcoholic drinks you have had.

If you are not sure whether a drink you have had goes into a category, please let me know. I do not need to know about non-alcoholic or low alcohol drinks.

(PRESS <F9> AT FOLLOWING QUESTIONS FOR MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE DIFFERENT DRINKS CATEGORIES).
The Health Survey for England 2013 - Individual Questionnaire

**Drinking**

**Wine**

- For each type of measure of strong beer ASK OR RECORD, How many (half pints/ small cans/ large cans/ bottles) of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months? Range: 1-97

**Spirits**

- For other drinks to be included here.

**Sherry**

- For other drinks to be included here.

**Pops**

- For other drinks to be included here.

---

The Health Survey for England 2013 - Individual Questionnaire

**Drinking**

**Wine**

- How often have you had a drink of WINE, including Babycham and champagne, during the last 12 months?
- For other drinks to be included here.

**Spirits**

- How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

**Sherry**

- How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

**Pops**

- How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic cola or other alcoholic fruit or herb-flavoured drinks for e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc.), during the last 12 months?
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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 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 the home or family
95 Doing something else (SPECIFY)

{IF NActiv=Doing something else}

NActivO

INTERVIEWER: PLEASE SPECIFY

{IF (NActiv=School)}

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

{IF (NActiv=Intending to look for work)}

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

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

2WkStrt

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

1 Yes
2 No

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The Health Survey for England 2013 - Individual Questionnaire

**FtPTime**

Are you (were you/will you be) working full-time or part-time?

1. Full-time
2. Part-time

**ShiftA**

Do you do shift work outside the hours of 7am to 7pm in your (main) job?

INTERVIEWER: Read out...

1. ...most of the time,
2. ...occasionally,
3. or never?

**ShifTypA**

SHOWCARD K2

What type of shift pattern do you work? SINGLE CODE

1. Three-shift working
2. Continental shifts
3. Two-shift system with ‘earlies’ and ‘lates’/double day shifts
4. Sometimes night and sometimes day shifts
5. Split shifts
6. Morning shifts
7. Evening or twilight shifts
8. Night shifts
9. Weekend shifts
10. Other type of shift work

**PayLast**

Which year did you leave your last paid job?

WRITE IN.

Range: 1930-2014

**PayMon**

Which month in that year did you leave?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. Can’t remember

**JobTitle**

I’d like to ask you some details about your most recent job/the main job you had/the job you are waiting to take up. What is (was/will be) the name or title of the job?

Text: Maximum 60 characters

The Health Survey for England 2013 - Individual Questionnaire

**FtPTime**

Are you (were you/will you be) working full-time or part-time?

1. Full-time
2. Part-time

**ShiftA**

Do you do shift work outside the hours of 7am to 7pm in your (main) job?

INTERVIEWER: Read out...

1. ...most of the time,
2. ...occasionally,
3. or never?

**ShifTypA**

SHOWCARD K2

What type of shift pattern do you work? SINGLE CODE

1. Three-shift working
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6. Morning shifts
7. Evening or twilight shifts
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9. Weekend shifts
10. Other type of shift work

**PayLast**

Which year did you leave your last paid job?

WRITE IN.

**PayMon**

Which month in that year did you leave?

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December
13. Can’t remember

**JobTitle**

I’d like to ask you some details about your most recent job/the main job you had/the job you are waiting to take up. What is (was/will be) the name or title of the job?

Text: Maximum 60 characters
The Health Survey for England 2013 - Individual Questionnaire

Classification

(IF ShiftTyp = Other)

OthShA
"INTERVIEWER: Please enter other type of shift work.
Text: Maximum 50 characters.

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

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

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

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

(IF Employe = Self-employed)

Dirctr
Can I just check, in this job are you (were you/will you be) a Director of a limited company?
1 Yes
2 No
END

(EIF Employe is an employee OR Dirctr=Yes)

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

NEmploye
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 3-9
3 10-24
4 25-499
5 500+

(EIF Employe = Self-employed AND Dirctr=No)

SNEmploye
Do (did/will) you have any employees?
1 None
2 1 or 2
3 3-9
4 10-24
4 25-499
5 500+

(IF Employe=Employee)

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

(EIF Employe=Self-employed)

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

Isector
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, school or the 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

(EIF NA(Active) non response)

OEmpStat
Derived employment status.
Range: 0..8

SOC, SOCIs, SEG, SIC coded during edit stage

(EIF Age of Respondent is 16+)

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

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The Health Survey for England 2013 - Individual Questionnaire

**Qual**
SHOW CARD K3
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1. Yes
2. No

(IF Qual = Yes)

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

(IF QualA = code 1 OR 2)

**Degree**
SHOW CARD K4
And do you have any of the following qualifications listed on this card?
CODE ALL THAT APPLY
1. Doctorate
2. Masters
3. An undergraduate or first degree,
4. A foundation degree,
5. Graduate membership of a professional institution,
6. Other postgraduate degree or professional qualification

(IF NOT (Degree IN QualA))

**OthQual**
Do you have any qualifications not listed on this card?
1. Yes
2. No

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(IF OthQual = Yes)

**QualB**
What qualifications are these?
INTERVIEWER: RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?
Text: maximum 60 characters

ASK ALL

**NatID**
SHOW CARD K5
How would you describe your national identity?
INTERVIEWER: RECORD ALL THAT APPLY.
1. English
2. Welsh
3. Scottish
4. Irish
5. British
6. Other (please describe)

(IF National id = Other)

**XOrigin**
Please describe.

**Origin**
SHOW CARD K6
What is your ethnic group? Please choose your answer from this card.
1. White – English / Welsh / Scottish / Northern Irish / British
2. White – Irish
3. White – Gypsy or Irish Traveller
4. Any other white background (please describe)
5. Mixed / multiple ethnic groups:
6. White and Black Caribbean
7. White and Black African
8. White and Asian
9. Any other mixed / multiple ethnic background (please describe)
10. Asian / Asian British:
11. Indian
12. Pakistani
13. Bangladeshi
14. Chinese
15. Arab
16. Other ethnic group
17. Any other ethnic group (please describe)

(IF Origin = Any other ethnic group)

**XNational id**
Please describe.
Self-completion placement (Aged 8+)

(If Age of Respondent is 13 years and over and BookChk=Given)
SCIntro
Prepare (cream/pale blue/pale pink/yellow/lilac/grey) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/ FOR YOUNG ADULT MEN AND WOMEN/ FOR ADULT MEN AND WOMEN AGED 18-44/ FOR ADULTS AGED 45+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER.

(Elseif Age of respondent is 8 to 12 years)
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 blue booklet to parent(s). If agrees, prepare blue booklet. Interviewer: Explain to child how to complete and show example in booklet.

ENDIF

(If Any children aged 2-15 interviewed)
SCIntA
Interviewer: Turn to the last page of the self-completion booklet and explain that this final question is about their child, or children.

Press <1> and <Enter> to continue.

(If Age of Respondent is 13 years or over)
SCComp2
I would now like you to answer some more questions by completing this booklet on your own.

Interviewer: Explain how to complete booklet and show example in booklet.
If asked, show booklet to parent(s).

SCCheck
Interviewer: 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)
SCComp3
Interviewer code for each respondent whether self-completion booklet completed.

1 Fully completed
2 Partially completed
3 Not completed

(If SCComp3 = Fully completed or Partially completed)
SC3Acc
Was it completed without assistance?
1 Completed independently
2 Assistance from other household member
3 Assistance from interviewer
4 Assistance from interviewer
5 Interviewer administered

ENDIF
The Health Survey for England 2013 - Individual Questionnaire Measurements

**Measurements**

**ASK ALL Intro**

PREAMBLE: I would now like to measure your height and weight. There is interest in how people's weight, given their height, is associated with their health.

I know you have already told me but it is really important that we get the most accurate and up to date measurements we can, using the same type of scales and measuring equipment for everybody.

INTERVIEWER: IF ASKED, EXPLAIN: We are interested in exploring the difference between people's perceptions of their own height and weight compared with their actual height and weight.

INTERVIEWER: MAKE OUT PALE GREEN MRC FOR EACH PERSON.

**{IF Age >=2} 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} Height**

ENTER HEIGHT.

Range: 60.0..244.0

RelHite

INTERVIEWER CODE ONE ONLY

1 No problems experienced - reliable height measurement obtained
2 Problems experienced - measurement likely to be:
   2 Reliable
   3 Unreliable

**{IF RelHite = Unreliable} 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} OHiNRel**

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters

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The Health Survey for England 2013 - Individual Questionnaire Measurements

IF RespWtsMeas = Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN
IF RespWts = Weight obtained (subject on own) THEN
XWeight
RECORD WEIGHT.
Range: 10.0..200.0
ELSEIF RespWts = Weight obtained (child held by adult) THEN
WTAdult
ENTER WEIGHT OF ADULT ON HIS/HER OWN.
Range: 15.0..200.0
ENDIF

WTChAd
ENTER WEIGHT OF ADULT HOLDING CHILD.
Range: 15.0..200.0
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 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 REWEIGH.
ENDIF

(IF RespWts = Weight refused)
ResNWt
GIVE REASONS FOR REFUSAL.
1 I have already told you my weight
2 Cannot see point/Weight already known/Doctor has measurement
3 Too busy/Taken long enough/already known
4 Respondent too ill/illness
5 Considered intrusive information
6 Respondent too anxious/nervous/shy/embarrassed
7 Child refused to be held by parent
8 Parent refused to hold child
9 Refused (no other reason given)
10 Other

IF RESPONDENT IS <16
Birth
INTERVIEWER: ASK OF [NAME OF CHILD’S] PARENT/LEGAL GUARDIAN:
We are interested in the birth weight of children taking part in this survey. Can you tell me, what was [name of child’s] weight at birth?
INTERVIEWER: IS WEIGHT GIVEN IN KILOGRAMS OR IN POUNDS AND OUNCES?
1 Kilograms
2 Pounds and ounces

(IF Birth = Kilograms)
Birthkg
PLEASE RECORD [name of child’s] BIRTHWEIGHT IN KILOGRAMS.
Range: 1.00..6.75

ELSEIF Birth = Pounds and ounces
BirthO
PLEASE RECORD [name of child’s] BIRTHWEIGHT. ENTER OUNCES.
Range: 0.0..15

BirthWt
COMPUTED: Given birthweight (kg)
Range: 0.00..8.70

(IF BirthWt = [between 0.1kg and 2.5kg])
Premature
Was [name of child] born prematurely?
1 Yes
2 No
The Health Survey for England 2013 - Individual Questionnaire

Nurse Appointment

Now follows the Nurse Appointment module.

1 Continue

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.

ELSE (All other respondents)

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}

NrsApt

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

{IF NrsApt = Agreed nurse could contact}

NrsDate

INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT

NrsDate

INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT.

AptRec

INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD.

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The Health Survey for England 2013 - Individual Questionnaire

Consent

ASK ALL AGED 16+
NHSCan
We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the NHS Central Register. Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE PALE YELLOW CONSENT FORM (LINKING SURVEY ANSWERS TO OTHER INFORMATION) AND ALLOW THEM TIME TO READ THE INFORMATION.

1 Consent given
2 Consent not given

{IF NHSCan = Consent given}
NHSSig
EXPLAIN THE NEED FOR WRITTEN CONSENT:
Before I can pass your details on, I have to obtain written consent from you.

INTERVIEWER: ENTER THE RESPONDENT'S SERIAL NUMBER ON THE TOP OF THE CONSENT FORM.

ASK RESPONDENT TO INITIAL THE BOX AND SIGN THE FORM.

GIVE THE WHITE COPY OF THE FORM TO THE RESPONDENT.

CODE WHETHER SIGNED CONSENT OBTAINED.
1 Consent signed
2 No consent obtained (or only one box initialled)

Thank
Thank you for your help. Before we end the interview I need to collect a little more information for our records.

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 (landline or mobile) as well as writing it on the front of the ARF.

1 Number given
2 Number refused
3 No telephone
4 Number unknown

{IF TPhone=Number given}
TelNo
INTERVIEWER: ENTER THE TELEPHONE NUMBER GIVEN

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

{IF ReInter=Yes}
FstNme
INTERVIEWER: At the Household Grid you recorded the first name of this person as: *textfill name
Is this the respondent's full, complete, first name (ie not initials, not abbreviated, not a nickname)?
ASK IF NECESSARY: Can I check, is *textfill name your complete first name?

1 Yes, complete first name recorded at Household Grid
2 No, complete first name not yet recorded
SurNam
Can I check, {^first name from HH grid}, what is your surname?

(IF ReInter=Yes) – Loop until no further numbers to enter
FilTel
Do you have any other number we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.
  1. Yes
  2. No

(IF FilTel=Yes)
OtherTel
ENTER NUMBER

(IF OtherTel = Number entered)
TypeTel
INTERVIEWER: CODE TYPE OF TELEPHONE NUMBER
  1. Home phone
  2. Work phone
  3. Mobile (any)

(IF PNurse = agree AND (TelNo=response OR OtherTel=response))
NurCon
Would it be okay to pass these phone numbers(s) on to the nurse that will be contacting you?
  1. Yes
  2. No

Email
Do you have an email address we can contact you on? This would only be used for research purposes and would not be passed on to anyone outside of NatCen.
  1. Yes
  2. No

(IF Email = Yes)
EmaAdd
ENTER EMAIL ADDRESS
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.
Text: Maximum 100 characters

(IF Email = Yes)
EmaChk
Just to make sure the email address is correct, please enter again.
INTERVIEWER: enter email address or ask respondent to type it in. Check with the respondent that it is correct.
Text: Maximum 100 characters

SOFTCHECK: IF EmaAdd AND EmaChk are different: INTERVIEWER: THE EMAIL ADDRESSES ARE DIFFERENT AT EmaAdd and EmaChk. PLEASE CHECK.

ENDIF
### Selected Respondent Showcards

<table>
<thead>
<tr>
<th>Weekly Income Range</th>
<th>Monthly Income Range</th>
<th>Annual Income Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>£10 less than £30</td>
<td>£40 less than £130</td>
<td>£520 less than £1,600</td>
</tr>
<tr>
<td>£30 less than £50</td>
<td>£130 less than £230</td>
<td>£1,600 less than £2,600</td>
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<td>£50 less than £70</td>
<td>£220 less than £300</td>
<td>£2,600 less than £3,600</td>
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<tr>
<td>£70 less than £100</td>
<td>£300 less than £430</td>
<td>£3,600 less than £5,200</td>
</tr>
<tr>
<td>£100 less than £150</td>
<td>£430 less than £500</td>
<td>£5,200 less than £7,800</td>
</tr>
<tr>
<td>£150 less than £200</td>
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<td>£7,800 less than £10,400</td>
</tr>
<tr>
<td>£200 less than £250</td>
<td>£870 less than £1,100</td>
<td>£10,400 less than £13,000</td>
</tr>
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<td>£250 less than £300</td>
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<td>£15,600 less than £18,200</td>
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<td>£18,200 less than £20,800</td>
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<td>£400 less than £450</td>
<td>£1,700 less than £2,000</td>
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<tr>
<td>£500 less than £550</td>
<td>£2,200 less than £2,400</td>
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</tr>
<tr>
<td>£550 less than £600</td>
<td>£2,400 less than £2,600</td>
<td>£28,600 less than £31,200</td>
</tr>
</tbody>
</table>

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1 Direct Payments where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)

2 The local authority, council or social services manages the money for you to meet all or some of your social care needs, and you may be able to choose which services to use.

3 Neither of these
CARD F22

1. Helping others to get in and out of bed
2. Helping others to wash their face and hands
3. Having a bath or a shower, including getting in and out of the bath or shower
4. Dressing or undressing, including putting on shoes and socks
5. Using the toilet
6. Eating, including cutting up food
7. Taking the right amount of medicine at the right times
8. Getting around indoors (please don’t include using the stairs)
9. Getting up and down stairs
10. Getting out of the house, for example to go to the doctors or to visit a friend
11. Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12. Doing routine housework or laundry
13. Doing paperwork or paying bills

CARD J2

1. Normal strength (less than 6 % alcohol) beer, lager, stout, cider, or shandy (excluding cans or bottles of shandy)
2. Strong beer, lager, stout or cider (6% alcohol or more) (eg. Tennents Super, Special Brew, Diamond White)
3. Spirits or Liqueurs (e.g. Gin, Whisky, Brandy, Rum, Vodka, Advocaat, Cocktails)
4. Sherry or Martini (including Port, Vermouth, Cinzano and Dubonnet)
5. Wine (including Babycham and Champagne)
6. Alcoholic soft drinks, ‘alcopops’ or pre-mixed alcoholic drinks such as Bacardi Breezer, Metz or Smirnoff Ice
7. Other alcoholic drinks
8. Low alcohol drinks only
Completing the questionnaire

- 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.

Example:

Tick one box

Yes ✓
No

- Sometimes you have to write a number in the box.

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.

Example:

No Go to Q2
Yes ✓

I was 10 years old

Write in

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP
EVERYONE PLEASE ANSWER

Q4: 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 a car
- In the street
- Outdoor areas of pubs or cafes or restaurants
- In the park or playing fields
- Other public places
- In school
- In other places (please write these other places in the box below)

Go to next question

No, none of these

Go to Q6 on page 4

Q5: Does this bother you?

Tick one box:
- Yes
- No

Go to next question

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

Tick one box:
- No
- Yes

Go to Q2

Q2: 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

Q3: Did you smoke any cigarettes last week?

Tick one box:
- No
- Yes

Go to next question

Q4: How old were you when you tried smoking a cigarette, even if it was only a puff or two?

Write in:

Q5: How many cigarettes did you smoke last week?

Write in:

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Drinking

Q6 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 Q8
   No , Go to next question

Q7 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?
   Tick one box
   Yes , Go to next question
   No , Go to Q11 on page 5

Q8 How old were you the first time you had a proper alcoholic drink or alcopop?
   I was years old , Go to next question

Q9 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

Q10 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

Your weight

Q11 Given your age and height, would you say that you are...
   Tick one box
   About the right weight
   Too heavy
   Too light?
   Not sure

Q12 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
Thank you for answering these questions.

Please give the booklet back to the interviewer.

About you

Q13
Which of these would you say you are?
Tick all boxes which apply

- English
- Welsh
- Scottish
- Irish
- British
- Or something else?
(Please write in the box below)

Q14
What is your religion or belief?
Tick one box

- No religion
- Christian - Catholic
- Christian - all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion
(Please write in the box below)
Completing the questionnaire

- 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.

Example:

- Sometimes you have to write a number in the box.

Example:

- 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.

Example:

When you have finished answering the questionnaire, please seal it in the brown envelope and hand it back to the interviewer. If you have any questions or need help, please ask the interviewer.

THANK YOU AGAIN FOR YOUR HELP
EVERYONE PLEASE ANSWER

Q6 Have you ever used any of these nicotine replacement products?

Tick all that apply

a) Currently use

b) Used in the past but not using now

- Nicotine chewing gum
- Nicotine lozenges/mini lozenges
- Nicotine patch
- Nicotine inhaler/inhalator
- Nicotine mouthspray
- Nicotine nasal spray
- Another nicotine product
- Electronic cigarette
- None of these

---

Cigarette Smoking

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

Tick one box

- Yes
- No

- Go to next question

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

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

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

Write in

Q4 Did you smoke any cigarettes last week?

Tick one box

- Yes
- No

- Go to next question

Q5 How many cigarettes did you smoke last week?

Write in

Q6 How many cigarettes did you smoke last week?
Q7. Do you find that you are often near people who are smoking in any of these places?

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

- At home
- In other people's homes
- In a car
- In the street
- Outdoor areas of pubs or cafes or restaurants
- In the park or playing fields
- Other public places
- In school
- In other places (please write these other places in the box below)

Tick all that apply

No, none of these

Go to Q9 on page 5

Q8. Does this bother you?

Tick one box

- Yes
- No

Go to next question

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
- No

Go to next question

Q10. Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

Tick one box

- Yes
- No

Go to next question

Q11. How old were you the first time you had a proper alcoholic drink or an alcopop?

I was ___ years old

Write in

Go to next question

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

Go to next question
Q13 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

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 [ ]

Yes [ ]

→ Go to Q15 on page 7

How much did you drink in the last 7 days?

Write in:

Pints (if half a pint, write in ½)

AND/OR

Large cans or bottles

AND/OR

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 [ ]

Yes [ ]

→ Go to Q16

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 [ ]

Yes [ ]

→ Go to Q17

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 [ ]

Yes [ ]

→ Go to Q18 on page 8

How much did you drink in the last 7 days?

Write in:

Glasses
Q18 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the last 7 days?

Tick one box

No □  ➔ Go to Q19

Yes □  ➔ How much did you drink in the last 7 days?

Write in:

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 Q20 on page 9

Yes □  ➔ Write in name of drink

How much did you drink in the last 7 days?

Write in:

Large cans or bottles

AND/OR  Small cans or bottles

Q20 Given your age and height, would you say that you are...

Tick one box

About the right weight □  ➔ Go to next question

too heavy □

or too light □

Not sure □

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 □
Q22 Which of these would you say you are?

Tick all that apply

- English
- Welsh
- Scottish
- Irish
- British
- Or something else? (Please write in the box below)

Go to next question

Q23 What is your religion or belief?

Tick one box

- No religion
- Christian - Catholic
- Christian – all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please write in the box below)

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:

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

Do you feel that you lead a ...

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

---

Health Survey for England 2013
Booklet for Young Adults

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

---

Copyright © 2013, The Health and Social Care Information Centre. All rights reserved
Q1: Have you ever smoked a cigarette, a cigar or a pipe?

Tick one box:
- Yes [ ] Go to next question
- No [ ] Go to Q19 on page 7

Q2: Have you ever smoked a cigarette?

Tick one box:
- Yes [ ] Go to next question
- No [ ] Go to Q19 on page 7

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 or NHS advert on TV, radio or press [ ]
- Hearing about a new stop smoking treatment [ ]
- Financial reasons/ can’t afford it [ ]
- Being faced with the smoking ban in public places and at work [ ]
- 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 [ ]
- Can’t remember [ ]
ANSWER IF YOU SMOKE HAND-ROLLED AND OTHER CIGARETTES. IF NOT, PLEASE GO TO Q13.

Q11 About how many of the cigarettes you smoke on a weekday are hand-rolled?

Write in

Q12 About how many of the cigarettes you smoke on a weekend day are hand-rolled?

Write in

ANSWER IF YOU SMOKE HAND-ROLLED CIGARETTES. IF NOT, PLEASE GO TO Q14.

Q13 Do you smoke hand-rolled cigarettes with a filter, or without a filter?

Tick one box

Always with a filter

Always without a filter

Sometimes a filter, sometimes not

ANSWER IF YOU ARE A CURRENT SMOKER. IF NOT, PLEASE GO TO Q19.

Q14 Would you like to give up smoking altogether?

Tick one box

Yes

No
Q15 Which of the following statements best describes you?

Tick one box

1. I REALLY want to stop smoking and intend to in the next month
2. I REALLY want to stop smoking and intend to in the next 3 months
3. I want to stop smoking and hope to soon
4. I REALLY want to stop smoking but I don’t know when I will
5. I want to stop smoking but haven’t thought about when
6. I think I should stop smoking but don’t really want to
7. I don’t want to stop smoking

Go to next question

Q16 What are your main reasons for wanting to give up?

Tick ALL that apply

1. Because of a health problem I have at present
2. Better for my health in general
3. Less risk of getting smoking related illnesses
4. Because of the smoking ban in public places and at work
5. Family/friends want me to stop
6. Financial reasons/ can’t afford it
7. Worried about the effect on my children
8. Worried about the effect on other family members
9. Other reason

Q17 Are you currently trying to cut down on how much you smoke but not currently trying to stop?

Tick one box

1. Yes
2. No

Q18 Would you say that you are smoking about the same number of cigarettes as a year ago, or more than a year ago or fewer than a year ago?

Tick one box

1. Same as a year ago
2. More than a year ago
3. Fewer than a year ago

EVERYONE PLEASE ANSWER

Q19 Have you ever used any of these nicotine replacement products?

Tick ALL that apply

1. Currently use
2. Used in the past but not now

- Nicotine chewing gum
- Nicotine lozenges/mini lozenges
- Nicotine patch
- Nicotine inhaler/inhalator
- Nicotine mouthspray
- Nicotine nasal spray
- Another nicotine product
- Electronic cigarette
- None of these
EVERYONE PLEASE ANSWER

Q21 Did your father ever smoke regularly when you were a child?

Tick one box

Yes [ ]

No [ ]

Don’t know [ ]

Q22 Did your mother ever smoke regularly when you were a child?

Tick one box

Yes [ ]

No [ ]

Don’t know [ ]

Q23 In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

Number of hours a week

Write in

ANSWER IF YOU HAVE USED NICOTINE REPLACEMENT PRODUCTS. IF NOT, PLEASE GO TO Q21

Q20 Have you used any of these nicotine replacement products, for the following reasons?

Tick ALL that apply

To help you cut down on the amount you smoke

To help you during a serious quit attempt

Nicotine chewing gum

Nicotine lozenges/minis

Nicotine patch

Nicotine inhaler/inhalator

Nicotine mouthwash

Nicotine nasal spray

Another nicotine product

Electronic cigarette

None of these
Drinking

Q24A. 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

- At home
- At work
- Travelling by car/van
- Outdoor areas of pubs or cafes or restaurants
- In other people’s homes
- In other places
- No, none of these

Q24B. Does this bother you?

Tick one box
- Yes
- No

Go to Q25 on page 11

Q25. Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick one box
- Yes
- No

Go to Q28

Q26. 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
- Never

Go to Q25

Q27. Have you always been a non-drinker or did you stop drinking for some reason?

Tick one box
- Always a non-drinker
- Used to drink but stopped

Go to Q45 on page 19

Q28. How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then
Q32 Please think about the **day in the last week on which you drank the most**. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

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

**WRITE IN HOW MUCH YOU DRANK ON THAT DAY**

<table>
<thead>
<tr>
<th>TICK ALL DRINKS YOU DRANK ON THAT DAY</th>
<th>WRITE IN HOW MUCH YOU DRANK ON THAT DAY</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glasses (count doubles as 2 singles)</td>
<td>Pints</td>
</tr>
<tr>
<td>Normal strength beer, lager, stout, or shandy (less than 6% alcohol—exclude bottles/cans of shandy).</td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent’s Super, Special Brew, Diamond White)</td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whiskey, rum, brandy, vodka, or cocktails</td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermouth, Cinzano, Dubonnet)</td>
<td></td>
</tr>
<tr>
<td>Wine (including Babycham and champagne)</td>
<td></td>
</tr>
<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
<td></td>
</tr>
<tr>
<td>Other kinds of alcoholic drink</td>
<td>WRITE IN NAME OF DRINK</td>
</tr>
<tr>
<td>1.</td>
<td></td>
</tr>
<tr>
<td>2.</td>
<td></td>
</tr>
</tbody>
</table>

Q29 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 every couple of months
- Once or twice a month
- Not at all in the last 12 months

Go to Q45 on page 19

Q30 Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box

- Yes
- No

Go to next question

Q31 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
Q33 Thinking about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) during the last 12 months?

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

Q34 How much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Q35 Now thinking about strong beer, lager, stout or cider which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of strong beer, lager, stout or cider during the last 12 months?

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

Q36 How much strong beer, lager, stout or cider have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Q37 How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

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

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Q41 How often have you had a drink of wine, including Babycham and champagne, 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 a year
- Not at all in the last 12 months

Go to Q42 on page 17

Q42 How much wine, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

- Large glasses (250ml)
- Standard glasses (175ml)
- Small glasses (125ml)
- Bottles (75ml)

Go to Q43 on page 18

Q38 How much spirits or liqueurs such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Glasses (count doubles as 2 singles)

Go to Q39 on page 18

Q39 How often have you had a drink of sherry or martini including port, vermouth, Cinzano and Dubonnet 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 a year
- Not at all in the last 12 months

Go to next question

Q40 How much sherry or martini including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

Small glasses (count doubles as 2 singles)
EVERYONE PLEASE ANSWER

Q45 Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

A. I've been feeling optimistic about the future
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

B. I've been feeling useful
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

C. I've been feeling relaxed
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

D. I've been feeling interested in other people
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

E. I've had energy to spare
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

F. I've been dealing with problems well
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

G. I've been thinking clearly
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   1 2 3 4 5

Q43 How often have you had a drink of alcopops (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?
   Tick one box
   None of the time Rarely Some of the time Often All of the time
   01 02 03 04 05
   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 at all in the last 12 months

Q44 How many alcopops (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

Large Bottles (700ml) Standard Bottles (275ml) Small cans or bottles
WRITE IN HOW MUCH YOU HAVE USUALLY DRUNK ON ANY ONE DAY

copyright © 2014, the Health and Social Care Information Centre. All rights reserved
Below are some statements about feelings and thoughts.
Please tick the box that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>Q</th>
<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>H</td>
<td>I've been feeling good about myself</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>I</td>
<td>I've been feeling close to other people</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>J</td>
<td>I've been feeling confident</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>K</td>
<td>I've been able to make up my own mind about things</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>L</td>
<td>I've been feeling loved</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>M</td>
<td>I've been interested in new things</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>N</td>
<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) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved.
Your activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q51 Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

WRITE IN days OR TICK
No vigorous physical activities in the last 7 days

Q52 How much time did you usually spend doing vigorous physical activities on one of those days?

Write in hours and minutes
hours per day
minutes per day

Q53 Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

WRITE IN days OR TICK
No moderate physical activities in the last 7 days

Q54 How much time did you usually spend doing moderate physical activities on one of those days?

Write in hours and minutes
hours per day
minutes per day

Q55 Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

WRITE IN days OR TICK
No walking in the last 7 days

Q56 How much time did you usually spend walking in the last 7 days?

Write in hours and minutes
hours per day
minutes per day

Q57 Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

WRITE IN days OR TICK
No walking in the last 7 days

Q49 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

Q50 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 will definitely take place.

Circle one box
0 10 20 30 40 50 60 70 80 90 100

EVERYONE PLEASE ANSWER

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Q56 How much time did you usually spend walking on one of those days?

Write in hours and minutes

- hours per day
- minutes per day

Q57 This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a weekday?

Write in hours and minutes

- hours per day
- minutes per day

Information about yourself

EVERYONE PLEASE ANSWER

Q58 Which of the following options best describes how you think of yourself?

Tick one box

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other
- Prefer not to say

Q59 What is your religion or belief?

Tick one box

- No religion
- Christian - Catholic
- Christian – all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please write in the box below)
EVERYONE PLEASE ANSWER

Q60 Given your age and height, would you say that you are...

- About the right weight
- Too heavy
- Too light
- Not sure

Go to next question

Q61 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

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q62 Given your child’s age and height, would you say that your child is...

- About the right weight
- Too heavy
- Too light
- Not sure

Child Name

Child Person No

Child Name

Child Person No

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:

![Example of a multiple-choice question with tick boxes.]

Do you feel that you lead a …

- [ ] Very healthy life
- [x] 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
Below are some statements about feelings and thoughts. Please tick the box 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

A. I've been feeling optimistic about the future

B. I've been feeling useful

C. I've been feeling relaxed

D. I've been feeling interested in other people

E. I've had energy to spare

F. I've been dealing with problems well

G. I've been thinking clearly

H. I've been feeling good about myself

I. I've been feeling close to other people

J. I've been feeling confident

K. I've been able to make up my own mind about things

L. I've been feeling loved

M. I've been interested in new things

N. 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.
Q2 Are you currently in paid employment?

Tick one box

Yes 1 → Go to Q3

No 2 → Go to Q7

Q3 How much do you agree or disagree with the statement that ‘My job requires that I work very hard’?

Tick one box

Strongly agree 1

Agree 2

Neither agree nor disagree 3

Disagree 4

Strongly disagree 5

Q4 Do you have a choice in deciding how you go about your work?

Tick one box

Never 1

Occasionally 2

Some of the time 3

Much of the time 4

Most of the time 5

All of the time 6

Q5 Do you get help and support from your line manager?

Tick one box

Often 1

Sometimes 2

Seldom 3

Never/ almost never 4

Does not apply/ have no manager 5

Q6 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

Your activities

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the last 7 days. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your housework or gardening, to get from place to place, and in your spare time for recreation, exercise or sport.

Q7 Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

WRITE IN days

OR TICK

No vigorous physical activities in the last 7 days 1 → Go to Q8

5
Q8 How much time did you usually spend doing vigorous physical activities on one of those days?

Write in hours and minutes

<table>
<thead>
<tr>
<th>Hours per day</th>
<th>Minutes per day</th>
</tr>
</thead>
</table>

Q9 Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

WRITE IN days

OR TICK No moderate physical activities in the last 7 days

GO TO Q10

GO TO Q11

Q10 How much time did you usually spend doing moderate physical activities on one of those days?

Write in hours and minutes

<table>
<thead>
<tr>
<th>Hours per day</th>
<th>Minutes per day</th>
</tr>
</thead>
</table>

Q11 Think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you have done solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

WRITE IN days

OR TICK No walking in the last 7 days

GO TO Q12

GO TO Q13

Q12 How much time did you usually spend walking on one of those days?

Write in hours and minutes

<table>
<thead>
<tr>
<th>Hours per day</th>
<th>Minutes per day</th>
</tr>
</thead>
</table>

Q13 This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a week day?

Write in hours and minutes

| Hours per day | Minutes per day |

EVERYONE PLEASE ANSWER

Q14 Which of the following options best describes how you think of yourself?

Tick one box

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other

Prefer not to say
Q15
What is your religion or belief?

Tick one box

- No religion
- Christian - Catholic
- Christian – all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please write in the box below)

Q16
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

Q17
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

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q18
Given your child's age and height, would you say that your child is...

Tick one box

- Child Name
- Child Person No
- Child Name
- Child Person No

- About the right weight
- too heavy
- or too light?
- Not sure
Thank you for answering these questions.

Please give the booklet back to the interviewer.
HEALTH SURVEY FOR ENGLAND 2013

Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
  - In-patient and out-patient visits to hospital, length of stay and waiting times
  - Information about specific medical conditions such as cancer
  - Details about when people pass away, the date and cause of their death.

- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.

- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.

- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. 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 a person’s lifestyle can have an impact on their future health.

- This information will be confidential and used for statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.

- By signing this form you are only giving permission to link survey information to routine administrative data, and nothing else.

You can cancel this permission at any time in the future by writing to: NatCen Social Research, 35 Northampton Square, London EC1V 0AX, or you can telephone: 0800 526 397 and ask for Emma Penn. You do not need to give a reason to cancel this.

Your consent:

I consent to NatCen 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 and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

_________________________         ___________________________        _________________
Respondent signature                  Respondent name                      Date

_________________________         ___________________________        _________________
Interviewer signature                 Interviewer name                       Date

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I understand that these details will be used for statistical and research purposes only.

**HEALTH SURVEY FOR ENGLAND 2013**

**Linking survey answers to other information**

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Please initial box

_________________________         ___________________________        _________________
Respondent signature                     Respondent name                     Date

_________________________         ___________________________        _________________
Interviewer signature                          Interviewer name                     Date
The Health Survey for England 2013
Program Documentation
Nurse Questionnaire

CONTENTS
Page  Module
2  Introduction, flu vaccination
6  Prescribed medicines, drug coding and folic acid
8  Nicotine replacement products
9  Blood pressure
15  Waist and hip circumference
18  Saliva sample
20  Blood sample

Introduction

IF OUTCOME = AGREE TO NURSE VISIT 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 OUTCOME = REFUSED NURSE VISIT THEN
RefInfo
NURSE: \(\text{Name of respondent}\) IS RECORDED AS HAVING REFUSED A NURSE VISIT.
HAS (he/she) CHANGED (his/her) MIND?
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.

St2Leaf
NURSE: Ask respondent whether they have read the pale green stage 2 leaflet (information for participants). If the respondent is unable to read the leaflet, please ensure that you have covered the information in it.
1 Respondent had read leaflet
2 Respondent has not read leaflet but nurse has explained the information

NDoBD
Can I just check your date of birth?
NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT'S) DATE OF BIRTH SEPERATELY
ENTER THE DAY HERE.

NDoBM
ENTER THE MONTH HERE

NDoBY
ENTER THE YEAR HERE

DispAge
CHECK WITH RESPONDENT: So your age is (computed age)?
1 Yes
IF Age of Respondent is 0 to 15 years THEN
CParInt
NURSE: A CHILD CAN ONLY BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL RESPONSIBILITY, ('PARENT'). NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT THE AGREEMENT OF BOTH THE PARENT AND THE CHILD.
Press <1> and <Enter> to continue.
CParNo
NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
1 (Name of Parent 1)
2 (Name of Parent 2)
ENDIF
IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN
PregNTJ
Can I check, are you pregnant at the moment?
1 Yes
2 No
ENDIF
ASK ALL ADULTS (16+) IN WINTER MONTHS
FluVac
Can I check, have you ever been vaccinated for any type of flu (influenza)?
1 Yes
2 No
3 Not sure
IF (FluVac = Yes) THEN
VacWhn
When was your most recent flu vaccination? Was it...
1 Within the last 12 months,
2 More than one year, up to 2 years ago,
3 More than two years, up to 3 years ago,
4 More than 3 years, up to 5 years ago,
5 More than 5, up to 10 years ago,
6 or, More than 10 years ago?
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.

IF MedCNJD = Yes THEN

MedIntro

Could I take down the names of the medicines, including pills, syrups, ointments, puffers or injections, prescribed for you by a doctor 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

MedBIC[i]

NURSE CHECK: ANY MORE DRUGS TO ENTER?
1 Yes
2 No

ENDIF
ENDDO

IF age>=16 AND MedCNJD = No OR MedBic = No THEN

Statins

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

NURSE: HERE ARE SOME EXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT OVER THE COUNTER:

- Atorvastatin (Lipitor)
- Fluvastatin (Lescol, Lescol XL)
- Pravastatin (Lipostat)
- Rosuvastatin (Crestor) and Simvastatin (Zocor)

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

ENDIF

IF Sex=Female and Age=18-49 THEN

Folic

At present, are you taking any folic acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
1 Yes
2 No

IF PreNTJ = Yes AND Folic = Yes

FolPreg

Did you start taking folic acid supplements before becoming pregnant?
## The Health Survey for England 2013 - Nurse Schedule

### Prescribed medicines

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

IF FolPreg = Yes

FolPreg12

Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

ENDIF

ENDIF

IF PreNTJ = No AND Folic = Yes

FolPregHR

People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

ENDIF

ENDIF

### Nicotine replacement products

#### 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’.

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes, cigarettes</td>
</tr>
<tr>
<td>2</td>
<td>Yes, cigars</td>
</tr>
<tr>
<td>3</td>
<td>Yes, pipe</td>
</tr>
<tr>
<td>4</td>
<td>No</td>
</tr>
</tbody>
</table>

IF (Smoke = No) THEN

SmokeEvN

May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
</tr>
</tbody>
</table>

ENDIF

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)?

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Within the last 30 minutes</td>
</tr>
<tr>
<td>2</td>
<td>Within the last 31-60 minutes</td>
</tr>
<tr>
<td>3</td>
<td>Over an hour ago, but within the last 2 hours</td>
</tr>
<tr>
<td>4</td>
<td>Over two hours ago, but within the last 24 hours</td>
</tr>
<tr>
<td>5</td>
<td>More than 24 hours ago</td>
</tr>
</tbody>
</table>

ENDIF

### ASK ALL

NR7Day

SHOW CARD

Have you used any of these products in the last 7 days?

PROBE FULLY: Which others? CODE ALL THAT APPLY

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Nicotine chewing gum</td>
</tr>
<tr>
<td>2</td>
<td>Nicotine lozenges/mini lozenges</td>
</tr>
<tr>
<td>3</td>
<td>Nicotine patches</td>
</tr>
<tr>
<td>4</td>
<td>Nicotine inhaler/ inhalator</td>
</tr>
<tr>
<td>5</td>
<td>Nicotine mouthspray</td>
</tr>
<tr>
<td>6</td>
<td>Nicotine nasal spray</td>
</tr>
<tr>
<td>7</td>
<td>Another nicotine product</td>
</tr>
<tr>
<td>8</td>
<td>Electronic cigarette</td>
</tr>
<tr>
<td>9</td>
<td>None</td>
</tr>
</tbody>
</table>
Blood pressure

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

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
PregMes
NURSE: RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
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.
Continue

NameTChk
NURSE: Explain the need for the consent booklet to the respondent and the importance
of having the correct name on the consent booklet.
What is the name by which letters are usually addressed to you?
EXPLAIN IF NECESSARY: We may send your results to you.
Record title here

NameSChk
NURSE: Record surname here

ELSEIF (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 (his/her) results to
(his/her) 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.
NURSE: Show [child's name] the 'Blood Pressure' section of the pale yellow child
information sheet.

1 Continue
ENDIF

OHRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER:
Range: 001..999
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**Blood Pressure**

**Cuff Size**

SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM.
ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: I am going to leave you to sit quietly for 5 minutes. During that time you must not read and your legs are to 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.
- Child (15-32 cm)
- Adult (22-32 cm)
- Large adult (32-42 cm)

**Air Temp**

NURSE: RECORD THE AMBIENT AIR TEMPERATURE. ENTER THE TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.

Range: 00.0..40.0

**BP Read**: 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 THE MEASUREMENTS.

1. Continue

**Sys to Dias repeated for up to 3 blood pressure measurements.**

FOR I:= 1 TO 3 DO
BPRead[1]-BPRead[3]  
NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM.
IF READING NOT OBTAINED, ENTER 999.
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996".

**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

**Pulse[i]**
ENTER (FIRST/SECOND/THIRD) PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.

Range: 001..999

ENDDO

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**Blood Pressure**

IF NO FULL MEASUREMENT OBTAINED (IF AT LEAST ONE '999' RESPONSE IN ALL THREE SETS OF FOUR READINGS) THEN:

**YNop**

NURSE: ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS

Blood pressure measurement attempted but not obtained
Blood pressure measurement not attempted
Blood pressure measurement refused

ENDIF

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:

**NAttBP**

NURSE: 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.

- Problems with PC
- Respondent upset/anxious/nervous
- Error reading
  (IF AGED UNDER 16: Too shy)
- (IF AGED UNDER 16: Child would not sit still long enough)
- Problems with cuff fitting/painful
- Problems with equipment (not error reading)
- 95 Other reason(s) (SPECIFY AT NEXT QUESTION)

IF NattBP = Other THEN

**OthNBP**

NURSE: ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

ENDIF

ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN:

**DiBP**

RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.

- No problems taking blood pressure
- Reading taken on left arm because right arm not suitable
- Respondent was upset/anxious/nervous
- Problems with cuff fitting/painful
- Problems with equipment (not error reading)
- Error reading
- 95 Other problems (SPECIFY AT NEXT QUESTION)

IF DI=BP = Other THEN

**OthDiBP**

NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.

Text: Maximum 140 characters

ENDIF

ENDIF
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 >109 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 advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.
Please report this to the Survey Doctor when you get home

IF Systolic reading 160-179 OR Diastolic reading 100-109 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-109 (Men aged 50+) THEN
TICK THE 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 one-off finding or not.

IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+) THEN
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not.

IF Systolic reading <140 AND Diastolic reading <95 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+) THEN
TICK THE NORMAL BOX AND READ OUT TO RESPONDENT: Your blood pressure is normal.

ENDIF
ENDDF
ENDDF
ENDDF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

GPRegB
Are you registered with a GP?
Yes
No

IF GPRegB = Yes THEN
GPSend
May we send your blood pressure readings to your GP?
Yes
No

IF GPSend = No THEN
GPRefC
NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.
Hardly/Never sees GP
GP knows respondent's BP level
Does not want to bother GP
95 Other (SPECIFY AT NEXT QUESTION)

IF GPRefM = Other THEN
OthRefC
NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL
Text: Maximum 140 characters
ENDIF
ENDIF
ENDIF
ENDIF

IF (GPRegB <> Yes) OR (GPSend = No) THEN
NoBPGP
CIRCLE CONSENT CODE 02 ON FRONT OF CONSENT BOOKLET.
Cross a line through the 'Blood pressure to GP' section inside the consent booklet to make clear that the respondent has not consented to this.
Continue
ELSEIF GPSend = Yes THEN
ConsFrm1
In order to send your blood pressure results to your GP, I have to obtain written consent from you.
NURSE:
A) [IF ADULT] ASK RESPONDENT TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE GREEN CONSENT BOOKLET.
B) [IF CHILD UNDER 16] ASK RESPONDENT'S PARENT/"PARENT" TO READ AND INITIAL THE 'BLOOD PRESSURE TO GP' SECTION OF THE BLUE CONSENT BOOKLET. ASK [CHILD'S NAME] TO INITIAL THE 'BLOOD PRESSURE TO GP' ASSENT BOX IF THEY CAN. IF NOT, ASK RESPONDENT'S PARENT/"PARENT" TO INITIAL THE BOX ON [CHILD'S NAME] BEHALF.
C) CHECK THAT GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON THE CONSENT FORM.
D) CIRCLE CONSENT CODE 01 ON FRONT OF CONSENT BOOKLET.
Continue
ENDIF
Waist and hip circumference

ASK ALL Respondents aged 11+ AND PregNTJ=No THEN

WHMod
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 CIRCUMFERENCE 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 CIRCUMFERENCE 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
ENDIF

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

WHNABM
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)

IF WHNABM = Other THEN
OthWH
GIVE FULL DETAILS OF ‘OTHER’ REASON(S) FOR NOT GETTING FULL WAIST/HIP MEASUREMENT:
Text: Maximum 140 characters
ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED 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 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
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Saliva sample

**IF Respondent aged 4 and over**

SalInt1

NURSE: NOWFollows THE SALIVA SAMPLE.

1 Continue

SalIntr1

NURSE: Ask respondent FOR A SALIVA SAMPLE.

READ OUT: I would like to take a sample of saliva (spit). This simply involves (keeping an absorbent swab in your mouth for a few minutes (aged 16+)/using a straw to dribble saliva into a tube (aged 4-15)).

The sample will be analysed for cotinine, which is related to the intake of tobacco smoke and is of particular interest to see if non-smokers may have raised levels as a result of passive smoking.

**IF NECESSARY:** Offer respondent straw method if they are not comfortable with using the absorbent swab

1 Respondent agrees to give saliva sample
2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal

**IF SalIntr1=Agree AND Age=16+ THEN**

SalWrit

NURSE: Ask the respondent to read and complete the ‘Saliva sample’ section of the consent booklet.

Circle code 03 on front of the Consent Booklet.

Turn to the lab despatch note and at Smoking status circle ‘One or Two.’

Press <1> and <Enter> to continue.

**ENDIF**

**IF SalIntr1=Agree AND Age=4-15 THEN**

SalWritC

READ OUT: In order to take a saliva sample I need to obtain written consent from you.

NURSE: Ask the parent to read and initial the ‘Saliva sample’ section of the child consent booklet.

Press <1> and <Enter> to continue.

**ENDIF**

**IF SalIntr1=Refuse**

SalCode

NURSE: Circle code 04 on front of the Consent Booklet.

Cross a line through the ‘Saliva sample’ section inside the consent booklet to make clear that the respondent has not consented to this.

Press <1> and <Enter> to continue.

**ENDIF**

---

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**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**

**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 cm and inches)

Hip: (Hip measurements cm and inches)

**ENDIF**

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Saliva sample

IF SalIntr1=Agree
SalInst
NURSE: Ask respondent to keep the (absorbent swab in his/her mouth for a few minutes / dribble through straw into the tube).
Write the serial number and date of birth on the blue red label using a biro.
Serial number:
Date of birth:
Make sure the serial number and date of birth are recorded on the dispatch note on the inside of the back cover of the adult consent booklet.
Press <1> and <Enter> to continue.
ENDIF

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

IF SalObt1=obtained
SalHow
NURSE: Code the method used to obtain the saliva sample.
1 Dribbled into tube
2 Absorbent swab
ENDIF

IF (SalObt1=Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)
SalNObt
NURSE: Record why saliva sample not obtained.
CODE ALL THAT APPLY.
1 Respondent not able to produce any saliva
95 Other (specify at next question)

ENDIF

Blood sample

ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)

BlIntro
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO 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 anticoagulant drugs such as Warfarin?
(NURSE: ASPRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)
1 Yes
2 No

IF ClotB=No THEN

BSWill
NURSE: 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

BSNObt
NURSE: 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 BSNObt=Other THEN

OthBSNObt
NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
Text: Maximum 135 characters

ENDIF
IF (GPSam = No GP OR SendSam = No) THEN
  NoBSGP
  NURSE: CIRCLE CONSENT CODE 08 ON FRONT OF THE CONSENT BOOKLET.
  Cross a line through point number 2 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.
  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
  BSStor
  NURSE: -ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER THREE IN THE 'BLOOD SAMPLE' SECTION OF THE GREEN ADULT CONSENT BOOKLET.
  -CIRCLE CONSENT CODE 09 ON FRONT OF THE CONSENT BOOKLET.
  Press <1> and <Enter> to continue.
ELSEIF ConStorB = No THEN
  NoBSStr
  NURSE: CIRCLE CONSENT CODE 10 ON FRONT OF THE CONSENT BOOKLET.
  Cross a line through point number 3 of the 'Blood sample' section inside the consent booklet to make clear that the respondent has not consented to this.
  PRESS <1> AND <Enter> TO CONTINUE.
ENDIF

TakeSam – NOTE – In winter months, IF (VacWhn = Within the last 12 months OR More than one year, up to 2 years ago) AND (ConStorB = storage consent given) THEN <text fill> below = 2 plain red tubes, else = 1 plain red tube
NURSE:
- CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
- TAKE BLOOD SAMPLES:
  - FILL <1 OR 2> PLAIN (RED) TUBE AND 1 EDTA (PURPLE) TUBE.
  - WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE GREEN LABEL USING A BIRO. (ONE LABEL PER TUBE.)
  Serial number: (displays serial number)
  Date of birth: (displays date of birth)
- MAKE SURE THE SERIAL NUMBER AND DATE OF BIRTH ARE RECORDED ON THE DISPATCH NOTE ON THE INSIDE OF THE BACK COVER OF THE GREEN CONSENT BOOKLET.
- CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.
- STICK THE GREEN LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
  PRESS <1> AND <Enter> TO CONTINUE.

ELSEIF BSWill = Yes THEN
  BSConsC
  NURSE: 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.
1 Continue
ENDIF

ENDIF
IF BSWill = Yes THEN
  BSCons
  NURSE: - ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE ADULT 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 07 ON FRONT OF THE CONSENT BOOKLET.
  Press <1> and <Enter> to continue.
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
  BSStor
  NURSE: - ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE ADULT 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 07 ON FRONT OF THE CONSENT BOOKLET.
  Press <1> and <Enter> to continue.
ELSEIF SendSam = No THEN
  SenSam
  Why do you not want your blood sample results sent to your GP?
  1 Hardly/never sees GP
  2 G P recently took blood sample
  3 Does not want to bother GP
  95 Other (SPECIFY AT NEXT QUESTION)
  IF SenSam = Other THEN
    OthSam
    NURSE: GIVE FULL DETAILS OF REASON(S) FOR NOT WANTING RESULTS SENT TO GP.
    Text: Maximum 140 characters
  ENDIF
ENDIF
The Health Survey for England 2013 - Nurse Schedule

**Blood sample**

**SampF1**
CODE IF PLAIN RED TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

**SampF2**
CODE IF EDTA PURPLE TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1 Yes
2 No

IF SampF1 = Yes OR SampF2 = Yes THEN
SampTak:= Yes
ELSEIF SampTak = No THEN
ELSEIF SnDrSam = No THEN
NoBSRsp
NURSE: CIRCLE CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF
ELSEIF SampTak = No THEN
NoBSM
NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY.
1 No suitable or no palpable vein/collapsed veins
2 Respondent was too anxious/nervous
3 Respondent felt faint/fainted
4 Other (SPECIFY AT NEXT QUESTION)
IF NoBSM = Other THEN
OthNoBSM
NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED.
Text: Maximum 140 characters
ENDIF
NoBObt
NURSE: CROSS OUT CONSENT CODES 05, 07, 09, AND 11 IF ALREADY CIRCLED
ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES
06, 08, 10, AND 12 ON THE FRONT OF THE CONSENT BOOKLET. Complete the
venepuncture information box on the inside cover of the consent booklet. PRESS <1>
AND <ENTER> TO CONTINUE.
ENDIF
ENDIF
ENDIF

{ IF (SampF1 = yes) AND (ConStorB= storage consent given) THEN }
RespIll
In the last month, have you had a cough, cold or flu which gave you a temperature or
made you feel feverish?
1 Yes
2 No
DisNote
NURSE: Complete the details on the green laboratory dispatch note:
- Serial number: ^SerStr
- Date of birth: ^NDoB
- Sex: *sex
text
- Region: ^LACode
- Date of last flu vaccination: ^FluTxt
- Respiratory illness: ^Res
- check the date of birth again with the respondent
Press <1> and <Enter> to continue
ENDIF
Venepuncture checklist

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 despatch 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

ASK ALL

AllCheck
CHECK BEFORE LEAVING THE RESPONDENT:
1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2. CONSENT BOOKLET PRESENT IF APPLICABLE
3. CHECK BOOKLET FOR:
   A. INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO
   B. SIGNATURES
   C. FULL GP AND RESPONDENT DETAILS
   D. CONSENT CODES [for measures agreed/not agreed] ARE CIRCLED ON THE FRONT
1. AGE GROUP:
WRITE IN THE NUMBER OF TUBES OBTAINED:

16+  
Plain   EDTA   Saliva

2. BLOOD/ SALIVA TAKEN:
Day     Month    Year

3. BLOOD/ SALIVA DISPATCHED:
Day     Month    Year

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 NatCen 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 NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample 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.

Print name (respondent):
Signed (respondent):
Date:

Print name (nurse):
Signed (nurse):
Date:

You can cancel this permission at any time in the future by writing to us at:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn.

---

**BLOOD PRESSURE TO GP CONSENT**

1. I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.
   I am aware that the results of my blood pressure measurement 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.

**SALIVA SAMPLE CONSENT**

1. I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the NatCen 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.

Print name (respondent):
Signed (respondent):
Date:

Print name (nurse):
Signed (nurse):
Date:
**DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES**

**LAboratory COPY**

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. **Serial Number:**
   - Male: □
   - Female: □

2. **Age Group:** 16+

3. **Sex:**
   - Male: □
   - Female: □

4. **Smoking Status:**
   - Current smoker: □
   - Non-smoker/NA: □

5. **Date of Birth:**
   - Day: □
   - Month: □
   - Year: □

6. **Number of Samples Obtained:**
   - Plan: □
   - EDTA: □
   - Saliva: □

7. **Storage Consent:**
   - Given: □
   - Not given/not applicable: □

8. **Date Bloods/Saliva Taken:**
   - Day: □
   - Month: □
   - Year: □

9. **Nurse Number:**

**LAB USE ONLY**

<table>
<thead>
<tr>
<th>TUBES ENCLOSED</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Plain Red</td>
<td>7 ABOVE = 1</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>Store</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>Store</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>Store</td>
</tr>
</tbody>
</table>

**LABORATORY DISPATCH NOTE FOR FLU MONITORING BLOOD SAMPLE**

**NOT APPLICABLE IN ALL FIELDWORK MONTHS**

10. **Serial Number:**
    - P

11. **Date of Birth:**
    - Day: □
    - Month: □
    - Year: □

12. **Sex:**
    - Male: □
    - Female: □

13. **Region:**

14. **Date of Last Flu Vaccination:**
    - Month: □
    - Year: □

15. **Respiratory Illness in Last Month:**
    - Yes: □
    - No: □

16. **Date Blood Taken:**
    - Day: □
    - Month: □
    - Year: □

17. **Nurse Number:**

**LAB USE ONLY**

<table>
<thead>
<tr>
<th>TUBES ENCLOSED</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>No.</td>
<td></td>
</tr>
</tbody>
</table>

**LABELLING ON SAMPLE TUBE AND THIS FORM MUST CORRESPOND**

**CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING**
### The Health Survey for England 2013

**CHILD CONSENT BOOKLET 4-15 years**

Please use capital letters and write in ink.

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>House / Flat number (or name)</td>
<td>__________________________</td>
</tr>
<tr>
<td>Postcode</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

**Survey month:__________________**

**1.** Nurse number: ____________

**2.** Date schedule completed: ____________

**3.** Full name of person interviewed: __________________________

**Name by which GP knows person (if different):**

**4.** Sex

<table>
<thead>
<tr>
<th>Male</th>
<th>Female</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

**5.** Date of birth: ____________

**6.** Full name of parent/guardian: __________________________

**7.** GP NAME AND ADDRESS (Please complete fully)

<table>
<thead>
<tr>
<th>Field</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Dr:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Practice Name:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Address:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Town:</td>
<td>__________________________</td>
</tr>
<tr>
<td>County:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Postcode:</td>
<td>__________________________</td>
</tr>
<tr>
<td>Telephone no:</td>
<td>__________________________</td>
</tr>
</tbody>
</table>

**8.** GP ADDRESS OUTCOME

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>GP address provided</td>
</tr>
<tr>
<td>02</td>
<td>GP address not found</td>
</tr>
<tr>
<td>03</td>
<td>No GP</td>
</tr>
</tbody>
</table>

**9.** SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM

<table>
<thead>
<tr>
<th>Item</th>
<th>Code</th>
<th>YES</th>
<th>NO</th>
</tr>
</thead>
<tbody>
<tr>
<td>a) Blood pressure to GP</td>
<td>01</td>
<td></td>
<td>02</td>
</tr>
<tr>
<td>b) Saliva sample to be collected</td>
<td>03</td>
<td>04</td>
<td></td>
</tr>
</tbody>
</table>
THE HEALTH SURVEY FOR ENGLAND 2013

DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER
   DAY                   MONTH              YEAR
   P

2. SEX:      MALE           3.    DATE OF BIRTH:
   FEMALE

4. AGE GROUP:  4-15  TICK SAMPLE TUBE OBTAINED:
   DAY                   MONTH            YEAR
   P

5.    SALIVA TAKEN:

6.  STORAGE CONSENT: Not applicable

7.  NURSE NUMBER:

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY:

ACTION REQUIRED

TUBES

SALIVA

You can cancel this permission at any time in the future by writing to us at:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn

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NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn
Appendix B

Measurement protocols

Height and weight measurement
Recording ambient air temperature
Blood pressure measurement
Measurement of waist and hip circumferences
Blood sample collection
Saliva sample collection
1. HEIGHT MEASUREMENT

1.1 Introduction

The height measurement is a measure of anthropometry, which provides information on the size and proportions of the human body. When taken in conjunction with other anthropometric measures it is an indicator of, and can predict, the nutritional status, performance, health and survival of a population and can thus be used to determine public health policies. Moreover, height is often used as an indicator of people's quality of life. This is based on evidence that final height is a combination of genetic and environmental factors, where a taller population is indicative of a better quality of life due to access to health services and nutrition.

1.2 Exclusion criteria

Respondents are excluded from the height measurement if:

- They are pregnant
- They are too stooped to obtain a reliable measurement
- After a discussion with the respondent it becomes clear that they are too unsteady on their feet
- They are chairbound
- If the respondent finds it painful to stand

1.3 Equipment

You will need:

- A portable stadiometer (see figure 1 below) (base plate, upright rods, head plate and stabilisers)
- A Frankfort Plane card
- Milton wipes

1.3.1 Caring for the stadiometer

The stadiometer will be sent to you in a box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment. You may also request a wheeled holdall from the Equipment Supervisor at Brentwood to transport the stadiometer and weighing scales.

The rods

There are four plastic connecting rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. They should be put together in the correct order with the same coloured markings running along each side. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Protruding from the base plate is a socket into which you attach the rods in order to assemble the stadiometer. Damage to the corners of this socket may mean that the rods do not stand at the correct angle to the base plate when the stadiometer is assembled and the measurements could be affected.

The head plate

The head plate is made up of the blade and the cuff. The blade is the part that rests on the respondent's head while the measurement is taken and the cuff is the part of the head plate that slips over the measurement rods and slides up and down the rods. The whole unit is made of plastic and will snap if subjected to excessive pressure. Grasp the head plate by the cuff whenever you are moving the head plate up or down the rods, this will prevent any unnecessary pressure being applied to the blade which may cause it to break.

1.3.2 Assembling the stadiometer

Practise assembling your stadiometer before you visit a respondent's home.

You will receive your stadiometer with the four rods stored into the base plate and the head plate attached to the base plate so that the blade lies flat against the base plate. Once working you should store the head plate in the jiffy bag given to you to protect it further – as this is the component likely to break first with use.

Note that the rods are numbered/have symbols to guide you through the stages of assembly. (There is also an asset number identified on the base plate, this is the serial number of the stadiometer which is logged out to you). The stages of assembly are as follows:

1. Lie the base plate flat on the floor area where you are to conduct the measurements. It should be as flat as possible, ideally on an uncarpeted floor or with a thin carpet; you should avoid a deep pile carpet or rug if at all possible.
2. Take the rod marked with the arrows showing its position into the base plate. Making sure the measuring scale is on the right hand side of the rod as you look at the stadiometer base on, place rod into the base plate socket. It should fit snugly without you having to use force.

3. Place one of the two stabilisers over the first, ensuring that the stabiliser faces the wall / door frame or other upright surface being used to measure against. The stabilisers ensure that the rod is as perpendicular as possible to enable accurate measurement.

4. Take the rod marked * again make sure that the measuring scale connects with the scale on first rod and that the symbols match at each rod connection / junction. (If they do not, check that you have the correct rod).

5. Take the remaining two rods and put them together in order (matching the connecting symbols). Place the second stabiliser on the 3rd rod, but not at the level that the respondent's height might be measured at.

6. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs.

1.3.3 Dismantling the stadiometer

Follow these rules:

1. Before you begin to dismantle the stadiometer you must remember to lower the head plate to its lowest position, so that the blade is lying flat against the base plate.

2. Remove one rod at a time.

3. Wipe the head plate and base plate with a Milton wipe and allow to dry for 30 secs. Before packing rods back into the base plate and head plate into the jiffy bag.

1.4 Procedure for adults

1. Ask the respondent to remove their shoes and loosen any hair accessory if possible (e.g. large hair grips, head bands, pony tail holders etc).

2. Assemble the stadiometer, near a wall if possible, and raise the head plate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. Ask the respondent to stand with their feet flat on the centre of the base plate, feet together and heels against the back of the base plate as this helps people to be "at their highest". 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 Figure 3). 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, and without moving their head position, to breathe in deeply and stretch to their fullest height. Bring the head plate gently down onto the respondent's head. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Once the head plate is in place tell the respondent to relax and ask them to step forwards away from the Stadiometer. 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 middle of the head plate cuff. There is a red arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres. (If they do not, check that you have the correct rod).

8. If the respondent wishes, record their height onto the measurement record card.

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. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.
1.5 Procedure for children

The procedure for measuring children aged 2-15 differs slightly from that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, as children are 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.

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. Ask the child to 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 Figure 3). 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. 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 tiptoes. Ask them to look straight ahead.

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 Figure 4).

8. Ask the child to breathe in. Firmly but gently, apply upward pressure lifting the child’s head upward towards the stadiometer head plate 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.

9. Ask the household member who is helping you to lower the head plate 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 and breathe out. 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 even millimetre (see section 2.4) and enter the reading into CAPI.
2. WEIGHT MEASUREMENT

2.1 Introduction
Similar to the height measurement, the weight measurement is an indicator of and can predict the nutritional status and health of a population. When used in conjunction with the height measurement it can be used to derive the Body Mass Index, a statistical measure used to determine if an individual’s weight falls within a healthy range.

2.2 Exclusion criteria
Respondents are excluded from this measurement if they are:
• Pregnant
  If the woman wishes to be weighed, you can but do not enter the results into the computer.
• Too frail or unable to stand upright
  If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
• Over 200kg (31 ½ stone) in weight as the maximum weight registering accurately on the scales is 130kg. If you think that the respondent exceeds the limit for the scales, then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

2.3 Equipment
• Seca 877 scales
  The weight is displayed in a window on the scales. The scales are switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit. The scales have a fixed battery which cannot be removed.

  You will also need a pack of Milton antibacterial wipes.

  2.3.1 Calibrating the scales
  The scales will need to be sent to Brentwood at regular intervals to be recalibrated to ensure that they provide accurate measurements. On each set of scales there is a label with a date that they need to be recalibrated by, ensure that they have been sent to Brentwood by this date.
2.3.2 Technical faults

Please refer to Table 1 when experiencing technical difficulties with the scales.

Table 1 Troubleshooting for the scales

<table>
<thead>
<tr>
<th>Fault</th>
<th>Action</th>
</tr>
</thead>
</table>
| No '1888' when turned on or will not turn on | • Insufficient light to operate solar cell
• If not solved, report to manager/Brentwood |
| Inconsistent readings        | • Make sure on hard flooring
• Ensure 0.0 on display when respondent steps on scales
• Insufficient light to operate solar cell
• If not solved, report to manager/Brentwood |

2.4 Procedure for adults

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.

2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.

3. Switch on the scales and wait for 1888 to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.

4. When the display reads 0.0, ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the respondent stand in this position means that the most accurate weight measurement can be obtained. 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 wish to know.

5. The scales will need to stabilise. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the respondent.

6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the respondent steps off the scales.

7. If the respondent wishes, record the reading on their measurement record card.

8. The scales should switch off automatically a few seconds after the respondent steps off them.

9. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

2.5 Procedure for children

1. You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

2. Children who wear nappies should be dry. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

3. Weigh the child, following the same procedure for adults. Encourage the child to ‘Be as still as a statue’ for an accurate reading. If you think that the results are inaccurate, code this in CAPI.

For very young children who are unable to stand unaided or small children who find this difficult follow the procedure below you will need to ask for the assistance of an adult as the following procedure requires you to measure the adult and then the adult holding the child:

1. Explain to the adult what you are going to do and the reasons why.

2. Code in CAPI the procedure used to measure the weight of the child.

3. Weigh the adult as normal following the protocol as set out above. Enter this weight into CAPI.

4. Weigh the adult and child together and enter this into CAPI.

5. If the respondent wishes record this reading on their measurement record card.

6. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.
3. RECORDING AMBIENT AIR TEMPERATURE

3.1 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.

3.2 Equipment
You will need:
- A digital thermometer (there are a couple of styles in use that work in the same way)
- A probe
- Spare battery

3.2.1 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.

3.3 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.
4. BLOOD PRESSURE

4.1 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.

4.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:
- Aged 4 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.

4.3 Consent

In addition to the verbal consent required to conduct all NatCen procedures, 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.

4.4 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 (for putting Monitor on charge at home)

You should ensure that the monitor surfaces are cleaned periodically with Milton wipes to reduce risks of cross infection and to ensure the cuffs are also cleaned with wipes. Should cuffs become soiled or damaged then the Equipment store at Brentwood should be informed for a new set to be sent out to you. The soiled set should be disposed of in your household waste.

4.4.1 Using the Omron HEM 907

Figure 1 shows the monitor of the Omron

Figure 1 The Omron HEM 907 monitor

1. 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).
2. Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.
3. 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.
4. Press the ON/OFF button to turn it off.
5. If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again.

4.4.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.
When the battery symbol in the BATTERY display starts to flash there are 20-30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

To recharge the battery:
Connect the monitor to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours.

Connect the AC adapter to the DC jack of the main unit and the electric outlet.

NOTE: when the AC adapter is connected and the unit is turned off, the AC adapter charges the installed rechargeable battery. The Omron 907 is NOT designed to work off the mains adaptor, it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

Figure 2 Charging the battery

4.4.3 Technical faults/error readings
Refer to table 1 when error readings appear on the LCD screen.

Table 1 Troubleshooting for the Omron HEM 907

<table>
<thead>
<tr>
<th>Error No.</th>
<th>Action</th>
</tr>
</thead>
</table>
| Er1, Er2  | • Check that the tube connecting the cuff to the monitor is properly inserted and is not bent  
|          | • Check that the cuff is properly wrapped around the arm  
|          | • Repeat the measure |
| Er3       | • Check that the tube connecting the cuff to the monitor is not bent  
|          | • Repeat the measure |
| Er4       | • Ask the respondent to sit as still as possible  
|          | • Repeat the measure  
|          | • If it persists, it may be because the respondent has very high blood pressure  
|          | • Reset the P-SET Volume to 260 and repeat the measure. |
| Er5, Er6  | • Check that the cuff is properly wrapped around the arm |

4.5 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.

Select the right arm unless this is impossible. Ask the respondent to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

4.5.1 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.

Children
It is important to select the correct cuff size to obtain an accurate reading and avoid injuring the child. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obscuring the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child’s cuff as well as the other adult cuffs. Many children will not need the children’s cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

4.6 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 right 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 right 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 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.

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.

4.7 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.

4.7.1 Child respondents
Do not comment on a child’s blood pressure readings to the child or parents. If they seek comment, state that you are not able to interpret a single blood pressure measurement without checking to see whether it is normal for the child’s age and height. Reassure them that if it is found to be markedly abnormal, the Survey Doctor will get in touch with them or their GP and advise them to get it checked. This rule applies for all readings you obtain.

4.7.2 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 will 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 2.

Table 2 Definition of blood pressure ratings

<table>
<thead>
<tr>
<th>ADULTS ONLY</th>
</tr>
</thead>
<tbody>
<tr>
<td>SURVEY DEFINITION OF BLOOD PRESSURE RATINGS</td>
</tr>
<tr>
<td>For men and women aged 16+</td>
</tr>
<tr>
<td>Rating</td>
</tr>
<tr>
<td>Normal</td>
</tr>
<tr>
<td>Mildly raised</td>
</tr>
<tr>
<td>Raised</td>
</tr>
<tr>
<td>Considerably raised</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.”
4.8.2 Adults

Table 3 summarises what action to take based on the readings you have obtained for a respondent. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

**Table 3: Nurse action due to blood pressure readings**

<table>
<thead>
<tr>
<th>BLOOD PRESSURE</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/mildly raised/raised BP</td>
<td>No further action necessary</td>
</tr>
<tr>
<td>Systolic less than 180 mmHg and Diastolic less than 115 mmHg</td>
<td>If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent’s GP immediately if she deems it necessary.*</td>
</tr>
<tr>
<td>Considerably raised BP</td>
<td>Contact the Survey Doctor at the earliest opportunity and she will inform the respondent’s GP if written consent has been given, or the respondent if not.*</td>
</tr>
<tr>
<td>Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg</td>
<td>If the respondent has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.</td>
</tr>
</tbody>
</table>

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

** A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, digeutes, nausea & vomiting.

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly. The Survey Doctor will also routinely check fast and slow pulse rates so no further action is necessary regarding these.

Contact details for your Survey Doctor can be found in the project instructions. The Survey Doctor is generally available from 8.00-22.00. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your professional judgement whether to call an ambulance or seek other urgent advice.

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4.8.1 Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.
5. WAIST AND HIP CIRCUMFERENCES

5.1 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).

5.2 Exclusion criteria
Respondents are excluded from the waist and hip circumference measurement if they:
- Aged 10 years and below
- Are pregnant
- Are chairbound
- Have a colostomy / ileostomy

5.3 Equipment
You will need:
- An ‘Easy Check Circumference Measurement’ tape calibrated in millimetres
- Milton wipes

5.3.1 Using the Circumference Measurement tape
Pass the tape around the circumference and click the press button in place at the back of the plastic slider. 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.

5.4 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.

5.5 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. Click the press button in place at the back of the plastic slider.

5.5.1 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.
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 slider flat against the body and read the measurement from the red line.
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.

5.6 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.

5.6.1 Measuring hip circumference
3. The hip circumference is measured at the level of the buttocks, midway between the iliac crest and the costal margin. The same procedure as for waist measurement applies except that the tape measure is passed around the rear body at the level of the buttocks, ensuring it is level.
4. Position the tape at the level of the buttocks, ensuring that it is horizontal.
5. 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.
6. Take the measurement at the end of a normal expiration by holding the slider flat against the body and read the measurement from the red line.
7. 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.

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.

5.7 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.

5.7.1 Measuring hip circumference
3. The hip circumference is measured at the level of the buttocks, midway between the iliac crest and the costal margin. The same procedure as for waist measurement applies except that the tape measure is passed around the rear body at the level of the buttocks, ensuring it is level.
4. Position the tape at the level of the buttocks, ensuring that it is horizontal.
5. 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.
6. Take the measurement at the end of a normal expiration by holding the slider flat against the body and read the measurement from the red line.
7. 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.
6. BLOOD SAMPLING (NON FASTING)

The protocol for taking blood samples set out below is written in accordance with the Clinical Procedure Guidelines: Venepuncture. All nurses are to read this document before carrying out any venepuncture procedure.

6.1 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.

Table 1 shows information regarding the different analytes and what they measure.

### Table 1: Blood analytes

<table>
<thead>
<tr>
<th>ANALYTE</th>
<th>WHAT IT MEASURES</th>
</tr>
</thead>
<tbody>
<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>Total, LDL and HDL cholesterol</td>
<td>Total cholesterol and LDL cholesterol increase 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>
</tbody>
</table>

The blood will **not** be tested for any viruses, such as HIV (AIDS).

6.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Aged 15 and under
- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C
- 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/haemostatic 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 convulsion) in the last 5 years should not be asked to provide a blood sample.
• 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.

6.3 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 two further written consents we wish to obtain in respect to blood
sampling:

a. Consent to send the results to the GP (verbal consent only is required for
results to be sent back to the respondent)
b. Consent to store a small amount of the blood, anonymously, for future
research purposes

You should seek to obtain all of the required 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 definitely not involve tests for viruses (e.g. HIV (AIDS)
test). 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:
• Ask the respondent if they would be willing to have a blood sample taken. Try to
reassure respondents about the process, and be prepared to answer their
concerns. You will need to explain the importance of written consent to the
respondent.
• Obtain written consents on the appropriate consent form (including initials and
full signature).

6.4 Equipment
The equipment required is listed in the Clinical Practice Guideline for Venepuncture
(CPG).

6.5 Preparing the respondent
Protocol on preparing the respondent can be found in the Venepuncture CPG.
Further points to note include:
• Ask the respondent to remove any jackets, thick garments and/or roll their
sleeves up.
• Instruct the respondent to remain as still as possible

6.6 Procedure
The procedure for taking the blood sample can be found in the Venepuncture CPG.
This procedure is to be followed. It is to be used in conjunction with CAPI which will
guide you through the blood sampling process.

• The vacutainer blood tubes should be filled to the specified capacity in turn
(according to the order of draw specified in the project instructions) and inverted
gently 5 times on removal to ensure complete mixing of blood and preservatives.

IMPORTANT WARNING – PREVENTING NEEDLESTICK INJURY
Never re-sheath a needle after use
Do not allow the sharps disposal box to become overfull as this can present a
potential hazard

6.7 Labelling & packaging the sample(s)
Label the tubes according to your CAPI instructions, immediately after completing the
venepuncture procedure. Refer to the project specific instructions for further
guidance about labelling and packaging the blood samples.

It cannot be stressed enough the importance of correctly labelling each tube with the
correct serial number for the person from whom the blood was obtained. Apart from
the risk of matching up the blood analyses to the wrong person’s data, we will be
sending the GP the wrong results. Imagine the implications of an abnormal result
being reported to the wrong respondent.
6.8 Other important points

6.8.1 ‘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 you performed should they have any concerns after your visit.

6.8.2 Venepuncture check questions
Always complete the Venepuncture 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’s venepuncture site just before you leave and note any changes in their physical appearance in CAPI.

6.8.3 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.

If a respondent fully faints, then you should apply the principles of first aid by:
- Calling for help / assistance, if there is another adult relative within the house.
- Ensure the respondent is supported safely or eased into a position lying down on their side, where they can recover.
- Remain with the respondent until they come round and feel able to slowly move to a sitting position.
- Discontinue the interview unless, in your professional opinion you and the respondent feel it is safe to continue.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

If a respondent appears to have an episode of fitting or convulsion during or immediately after venepuncture procedure, then you should apply the principles of first aid by:
- Calling for help / assistance, if there is another adult relative within the house. If there isn’t any other person in the household to support / assist you, then you should call the emergency services.
- Ensure the respondent is supported safely or eased into a position lying down on their side, with their airway supported open and where they can recover safely.
- 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.
- Remain with the respondent until they come round, monitor their level of response, pulse and breathing.
- Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

6.8.4 Fitting respondents
It is rare for a respondent to experience a fit or experience a convulsion during the venepuncture procedure, especially as those with a declared history of fitting or convulsion within the previous 5 yrs will have been excluded.

6.8.5 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. NatCen’s policy is that only safety sharps will be provided for use on projects and therefore the safety sharps should be used as a matter of course, within a nurse’s field work.

Precautions
- Wear gloves at all times when performing the venepuncture procedure to reduce blood transmission load if a needlestick injury occurs
- Sharps should be disposed of at the point of use
- 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 re-used / re-sharpened
- Never lay sharps down on beds or work surfaces, or leave lying amongst paper towels or linen
- Never hand sharps to anyone

Disposal
Do’s:
- Continue to wear gloves when disposing of sharps and related contaminated waste
- Sharps must always be disposed of in the approved orange top 1L ‘sharps bins’ provided by NatCen immediately after use
- A Sharps bin should be available beside you before opening and using the sharp
- Dispose of the sharp bin when the manufacturer’s marked line has been reached or when it is three quarters full
- Check to ensure that the sharp’s bin lid is securely closed and sealed as per Sharps Disposal Policy

Don’ts:
- Overfill sharps bins
- Fill sharps containers above the manufacturer’s marked line
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:
• Aged 3 and under
• 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 section for the saliva sample. This must be signed and dated by the parent or legal guardian of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample.

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 Procedure One – dribbling into tube

7.5.1 Equipment
You will need:
• A plain 5ml tube
• A short wide bore straw
• Kitchen paper
• Gloves

7.5.2 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.

7.1 Procedure Two – using a salivette with cotton swab

7.1.1 Equipment

You will need:
- Salivettes
- Gloves

7.1.2 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.
Appendix C

Glossary

This glossary explains terms used in the report; some definitions are also given in relevant chapters.

**Acute sickness**
A condition or illness that reduces a participant’s ability to carry out day-to-day activities.

**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 2012 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.

**Anthropometric measurements**
See *Body mass index (BMI), Waist circumference*

**Arithmetic mean**
See *Mean*

**Blood analytes**
Analysis of non-fasting blood samples. See *Cholesterol (total and HDL), Glycated haemoglobin (HbA1c)*

**Blood pressure**
Systolic (SBP) and diastolic (DBP) blood pressure was measured in participants aged 5 and over 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 medication 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>Description</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Underweight</td>
<td>Less than 18.5</td>
</tr>
<tr>
<td>Normal</td>
<td>18.5 to less than 25</td>
</tr>
<tr>
<td>Overweight</td>
<td>25 to less than 30</td>
</tr>
<tr>
<td>Obese</td>
<td>30 or more</td>
</tr>
<tr>
<td>Morbidly obese</td>
<td>40 or more</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 centile cut-offs based on reference populations. In this report, overweight and obesity prevalence for children have been estimated using the 85th and 95th BMI centiles of the 1990 UK reference curves as cut-offs respectively for overweight and obesity.

**Centile**

Centiles are values of a distribution that divide it into 100 equal parts. For example, the 20th centile is the value of a distribution where 20% of the cases have values at or below the 20th centile and 80% have values above it. The 50th centile is the median. See also *Quintile,* *Tertile*.

**Cholesterol (total and HDL)**

Measured in non-fasting blood samples. 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 2011 HSE report, the most recent to examine blood analytes, the definition of raised total cholesterol used the NICE guidance ‘audit level’ of 5.0 mmol/L or above. For those at high risk of cardiovascular disease (CVD), or those with established CVD, the target of less than 4.0 mmol/L was also examined.

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 2011 HSE report, HDL cholesterol was defined as low at a level of less than 1.0 mmol/L.

**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.

**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*.

**Equivalised household income**

Income has been included in the Health Survey Survey for England (HSE) 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 HSE. 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 HSE. 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.

<table>
<thead>
<tr>
<th>Household Member</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>First adult (HRP)</td>
<td>0.61</td>
</tr>
<tr>
<td>Spouse/partner of HRP</td>
<td>0.39</td>
</tr>
<tr>
<td>Other second adult</td>
<td>0.46</td>
</tr>
<tr>
<td>Third adult</td>
<td>0.42</td>
</tr>
<tr>
<td>Subsequent adults</td>
<td>0.36</td>
</tr>
<tr>
<td>Dependant aged 0-1</td>
<td>0.09</td>
</tr>
<tr>
<td>Dependant aged 2-4</td>
<td>0.18</td>
</tr>
<tr>
<td>Dependant aged 5-7</td>
<td>0.21</td>
</tr>
<tr>
<td>Dependant aged 8-10</td>
<td>0.23</td>
</tr>
<tr>
<td>Dependant aged 11-12</td>
<td>0.25</td>
</tr>
<tr>
<td>Dependant aged 13-15</td>
<td>0.27</td>
</tr>
<tr>
<td>Dependant aged 16+</td>
<td>0.36</td>
</tr>
</tbody>
</table>

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.


**Geometric mean**

The geometric mean is a measure of the central tendency of a distribution, which minimises the effects of extreme values. It is therefore useful in a skewed distribution (with most values at one end of the distribution), or a distribution that has a number of very high and/or very low values which can distort the arithmetic mean. For example, a geometric mean is useful in the distribution of cotinine values where most values (for non-smokers, the majority of the population) are below 12, but where the values for smokers are often in the hundreds.

The geometric mean is the mean of n numbers expressed as the n-th root of their product.
**Glycated haemoglobin (HbA₁c)**
Measured from non-fasting blood samples. 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 is used 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 2011 HSE report, the most recent where blood analytes were examined, raised glycated haemoglobin was taken as 48mmol/mol (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 HSE 2009. However, Government Offices for the regions closed in March 2011, and from 2012 strategic health authorities (SHAs) were used for HSE sampling and weighting. Following the abolition of SHAs from April 2012, the sampling in 2013 was based on the former GORs, now referred to as ‘regions’. See Region, Strategic health authority (SHA)

**High blood pressure**
See Blood pressure

**Household**
A household is defined as one person or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or sitting room or dining area.

**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 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to others according to their level of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation: Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime. Individual domains can be used in isolation as measures of each specific form of deprivation, as well as using the single overall Index of Multiple Deprivation (IMD).

The Index is used widely to analyse patterns of deprivation, identify areas that would benefit from special initiatives or programmes and as a tool to determine eligibility for specific funding streams. In HSE reports quintiles of IMD are used to give an area-level measure of socio-economic status, as opposed to household-level measures such as equivalised household income.

Lipids
Fats in blood, such as cholesterol.

Logistic regression
Logistic regression was 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.

Odds ratios for categorical independent variables (those where responses are divided into discrete categories) are calculated as follows. One category of the variable is selected as a reference category, and all other categories are compared to it. The reference category is given a value of 1, and the odds ratio for each of the other categories represents the probability of the outcome occurring for that category in relation to the probability of the outcome occurring in the reference category. For example, assume an independent variable for a particular outcome was marital status, with the ‘single’ group as the reference category with a value of 1. If the ‘married’ group had an odds ratio of 2.0, and the ‘widowed’ group had an odds ratio of 0.5, this would mean that those who were married were twice as likely as those who were single to experience the outcome, while those who were widowed were half as likely as those who were single. These odds ratios are calculated after adjustment for all other independent 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 odds ratio is statistically significant.

Multinomial regression can be used when there are more than two possible discrete outcomes. See Multinomial regression

Longstanding illness
Longstanding illness is defined as ‘any physical or mental health conditions or illnesses lasting or expected to last 12 months or more’. This definition changed in 2012; in previous years the question referred to ‘an illness, disability or infirmity… that has troubled you over a period of time or that is likely to affect you over a period of time’. This change was to bring the HSE questions in line with harmonised disability questions for social surveys. The harmonised standards are designed to be consistent with a conceptual framework of disability, taking account of the needs of national and European administrations for data continuity and the definitions and guidelines contained in UK and EU
legislation, including the Equality Act and the EU-SILC (EU-Statistics on Income and Living Conditions) regulation. See Appendix D for details of the full set of new and former questions.

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 reduces their ability to carry out day-to-day activities.

Mean

Means in this report are arithmetic means (the sum of the values for cases divided by the number of cases) unless stated otherwise. See also Standard error of the mean

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. See also Centile

Morbid obesity

See Body mass index

Multinominal regression

A multinominal logistic regression is a classification method that generalises logistic regression for situations where there are more than two possible discrete outcomes. It is a model that is used to predict the probabilities of the different possible outcomes of a categorically distributed dependent variable, given a set of independent variables. See also Logistic regression

Multinominal logistic regression coefficients can be suitably transformed to allow interpretation as relative risk ratios (RRRs). RRRs express the ratio of the probability of one outcome category over the probability of the baseline outcome category.

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.

Descriptive definition

NS-SEC categories

Large employers and higher managerial occupations L1, L2
Higher professional occupations L3
Lower managerial and professional occupations L4, L5, L6
Intermediate occupations L7
Small employers and own account workers L8, L9
Lower supervisory and technical occupations L10, L11
Semi-routine occupations L12
Routine occupations L13
Never worked and long-term unemployed L14

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](#)

**Percentile**
An alternative term for [Centile](#).

**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.

**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. See also *Centile, Tertile*

**Region**

The regions used in the 2012 and 2013 reports use the definitions of the former *Government Office Regions*. Previous reports have presented data analysed by *Strategic health authority*

**Standard error of the mean**

The standard error of the mean (SE) is a measure of the degree of the mean sampling error associated with a mean. It quantifies the degree to which a mean is likely to vary over repeated samples of the same size. The larger the sample, the smaller the standard error for a given measure.

**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 were the same as those of the Government Office Regions with the exception of the South East, which was divided into South East Coast SHA and South Central SHA. SHAs ceased to exist at the time of the NHS reorganisation in April 2013.

SHAs were used for sampling and weighting in the 2010-2012 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.

In 2011 and 2012, the smaller SHAs (the North East, South East Coast and South Central) were over-sampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this. See also *Region, Government Office Region*

**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. See also *Centile, Quintile*

**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.hscic.gov.uk/pubs/hse07healthylifestyles](http://www.hscic.gov.uk/pubs/hse07healthylifestyles)

**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 94cm is defined as ‘low’ waist measurement, between 94cm and 102cm is ‘high’ and more than 102cm is ‘very high’. For women, waist
circumference of less than 80 cm is defined as ‘low’ waist measurement, between 80 cm and 88 cm is ‘high’ and more than 88 cm 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 (WEMWS)

The Warwick-Edinburgh Mental Well-being Scale (WEMWS) 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. WEMWS 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. WEMWS 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.
Appendix D

Previous and new questions on longstanding illness

In 2012 the questions on longstanding illness were changed. The questions used in the HSE up to 2011 on longstanding illness and whether it limits daily activities are shown below. These are followed by the new questions introduced in 2012. Information about the introduction of the new questions is provided in Volume 2, Section 3.4.

Longstanding illness questions up to 2011

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, RECORD UP TO SIX LONG-STANDING ILLNESSES

IllsTxt[i]
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY, PROBE FOR DETAIL.
[Open Answer: up to 60 characters]

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

IF More[i] = Yes
REPEAT IllsTxt, More FOR UP TO 6 ILLNESSES/CONDITIONS

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

New disability questions from 2012

Ill12m
Do you have any have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No

[Existing HSE question retained, though not in harmonised suite of questions]

IF LongIll = Yes, RECORD UP TO SIX LONG-STANDING ILLNESSES

IllsTxt[i]
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY, PROBE FOR DETAIL.
[Open Answer: up to 60 characters]
(Can I check) do you have any other long-standing illness, disability or infirmity?

1 Yes
2 No

IF More[i] = Yes
REPEAT IllsTxt, More FOR UP TO 6 ILLNESSES/CONDITIONS]

IF Ill12m = Yes
IllAff
SHOW CARD B1
Do any of your conditions or illnesses affect you in any of the following areas? Please read out the number that applies.

INTERVIEWER EXPLAIN: Please tell us whether you are affected in any of these areas while receiving any treatment or medication or using devices (such as a hearing aid) to help you.

CODE ALL THAT APPLY
1 Vision (for example blindness or partial sight)
2 Hearing (for example deafness or partial hearing)
3 Mobility (for example walking short distances or climbing stairs)
4 Dexterity (for example lifting and carrying objects, using a keyboard)
5 Learning or understanding or concentrating
6 Memory
7 Mental health
8 Stamina or breathing or fatigue
9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger’s syndrome)
10 Other (PLEASE SPECIFY)
11 None of the above (spontaneous only)
12 Refusal (spontaneous only)

IF IllAff = Other THEN
ILLOth
What other area(s) do any of your conditions or illnesses affect you in?
Text : Maximum 100 characters

IF Ill12m = Yes
ReducAct
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities…
READ OUT...
1 …Yes, a lot
2 Yes, a little
3 or, Not at all

IF ReducAct = Yes a lot OR Yes a little
AffLng
For how long has your ability to carry out day-to-day activities been reduced...
READ OUT...
1 …Less than six months
2 Between six months and 12 months
3 or, 12 months or more?
Variables in the dataset from the longstanding illness/disability questions

**Up to 2011**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LONGILL</td>
<td>Whether has longstanding illness</td>
</tr>
<tr>
<td>ILLSM1 – ILLSM6</td>
<td>Type of illness – first to sixth</td>
</tr>
<tr>
<td>LIMITACT</td>
<td>Whether activities limited due to illness</td>
</tr>
<tr>
<td>LIMITILL</td>
<td>(Derived) Limiting longstanding illness</td>
</tr>
<tr>
<td>COMPM1 – COMPM18, COMPM99</td>
<td>(Derived) Type of longstanding illness, based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) chapters</td>
</tr>
</tbody>
</table>

**From 2012**

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILL12M</td>
<td>Whether has any physical or mental health conditions or illnesses lasting or expected to last 12 months or more</td>
</tr>
<tr>
<td>ILL12M1 – ILL12M6</td>
<td>Type of illness for 12 months or more - first to sixth</td>
</tr>
<tr>
<td>LIMLAST</td>
<td>(Derived) Limiting longlasting illness</td>
</tr>
<tr>
<td>ILLAFF1 – ILLAFF9, ILLAFF96, ILLAFF97</td>
<td>Whether conditions or illnesses affect: [areas 1-9 of health from IllAff], Other, None, Refusal</td>
</tr>
<tr>
<td>REDUCACT</td>
<td>Whether day-to-day activities reduced due to illness</td>
</tr>
<tr>
<td>AFFLNG</td>
<td>How long day-to-day activities have been reduced</td>
</tr>
<tr>
<td>COMPLST1 – COMPLST18, COMPLST99</td>
<td>(Derived) Type of illness for 12 months or more, based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) chapters</td>
</tr>
</tbody>
</table>
NatCen Social Research
www.natcen.ac.uk

NatCen Social Research is the largest independent social research institute in Britain, carrying out research that works for society. NatCen specialises in research in public policy fields such as health and well-being, society and social change, children and young people, income and work, crime and justice. We offer the full range of quantitative and qualitative research services. Our team includes survey methodologists, data analysts and policy sector specialists. As well as research staff, NatCen has a national panel of over 1,000 interviewers and 100 nurses who work on health-related surveys.

Research Department of Epidemiology and Public Health, UCL

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, and has a strong interdisciplinary structure. The Department houses 180 staff in 11 main research groups, including the Joint Health Surveys Unit, part of the Health and Social Surveys Research Group (HSSRG). The department studies population health (including health behaviours and treatments) and inequalities in health. Much of the HSSRG’s research is carried out using large population surveys that collect data on health, economic and social issues, using a variety of survey methods and statistical techniques, while qualitative methods are also used by the group. The group is multidisciplinary, with epidemiology, sociology, statistics, public health, demography and geography all represented.

The Joint Health Surveys Unit has been created by NatCen Social Research and the Health and Social Surveys Research Group within the Research Department of Epidemiology and Public Health at UCL. The JHSU enables collaborative working, combining the strengths and talents of each organisation, to carry out major health surveys such as the Health Survey for England.