WEST OF SCOTLAND TWENTY-07 STUDY
HEALTH IN THE COMMUNITY

1737

NID.A

Respondent serial number

Interviewer number   **NIVNO.A**

MID-LIFE COHORT

NURSE SCHEDULE

Post code

NPCD1.A   **NPCD2.A**   **NPCD3.A**

Date of interview

DAY   **MONTH**   **YEAR**

NIVDY.A   **NIVMT.A**   **NIVYR.A**

INTERVIEWERS NOTES

USE THE SPACE BELOW FOR ANY COMMENTS ON THE INTERVIEW WHICH YOU THINK
MIGHT HELP THE RESEARCHERS OR FUTURE INTERVIEWERS OR NURSES

NURSES REMEMBER TO FILL IN FRONT COVER

EVENTS HAPPENING BETWEEN INTERVIEWS

USE CARD A

1   a) Have any of the things on this card happened to you since our first interviewer visited you?

      b) When did that happen?

(Probe "Have there been any other big changes in your life you haven't told me about since we last talked to you")

record number of changes mentioned

(none code 0)

NVNTNO.A

marriage
1.1 getting married
1.2 separating, divorce or living apart

deaths
2.1 husband or wife died
2.2 other household member died
2.3 other family member died (specify)
2.4 friend or other important person died (specify)

general
5.1 moved house
5.2 drop in income or other financial problem

household
3.1 someone left household (specify)
3.2 someone joined household (specify)

work
4.1 changed job
4.2 became unemployed
4.3 retired
4.4 returned to work after not working

6.1 <u>any other changes not mentioned above</u>

1st change   when happened   day   month
NVNT1.A   **NVNT1D.A**   **NVNT1M.A**

describe_____

2nd change   when happened   day   month
NVNT2.A   **NVNT2D.A**   **NVNT2M.A**

describe_____

3rd change   when happened   day   month
NVNT3.A   **NVNT3D.A**   **NVNT3M.A**

describe_____

4th change   when happened   day   month
NVNT4.A   **NVNT4D.A**   **NVNT4M.A**

describe_____

5th change   when happened   day   month
NVNT5.A   **NVNT5D.A**   **NVNT5M.A**

describe_____

HEALTH NOW

We begin with a few general questions about your health over the last twelve months.

2   Thinking back over the last twelve months would you say your health has been. . . .

excellent......................... 1
good.............................. 2
fair.............................. 3
poor.............................. 4

NYRHTG.A

_____

3   a) Over the last twelve months on how many separate occasions have you consulted your family doctor on your own behalf? (all contacts including home visits)
(none code 00)

NYRCON.A

_____

4   a) Over the last twelve months how many times have you <u>stayed in bed</u> because you were feeling unwell?
(none code 00)

NYRBED.A

b) How many days would that be in all?

NDYBED.A

_____

5   a) Can I just check, do you work at the moment?
yes...............................1
no...............................2 >> 6

NWORK.A

b) Over the last twelve months how many times have you <u>stayed off work</u> because you were feeling unwell?
(none code 00) >> 6

NYROFW.A

c) How many days would that be in all?

NDYOFW.A

_____

6   a) Over the last twelve months how many times have you attended an out-patient clinic in a hospital?
(none code 00)

NYROPC.A

_____

7   a) Over the last twelve months, how many times have you been in hospital for at least one night?
(none code 00) >> 8

NYRHOS.A

b) How many nights would that be in all?

NYRHSN.A

8 a) Some people have private health insurance which
covers the cost of private treatment. Do you have
insurance of this sort?

NPi.A

```
         Yes ...............................1
         No ...............................2 >> 9
```

b) Who pays the subscription?

```
         self (or spouse) ..................1
         own employer ......................2
         part self, part employer ..........3
         spouses employer pays all/part ....4
         Trade union scheme ................5
         Other (specify) ...................6
```

NPiSUB.A

_____

9   Thinking about your health in general as it is now,
would you say that for <u>someone of your age</u> your health
is . . . .

```
         excellent .........................1
         good ..............................2
         fair ..............................3
         poor ..............................4
```

NHTCMP.A

_____

10   a) Thinking of most people your age, would you
say you had . . . .

```
         much more energy ..................1
         a little more energy ..............2
         the same amount of energy .........3
         a little less energy ..............4
         much less energy ..................5
```

NNG.A

b) Thinking about yourself a few years ago,
do you now have. . . .

```
         much more energy ..................1
         a little more energy ..............2
         the same amount of energy .........3
         a little less energy ..............4
         much less energy ..................5
```

NNGCMP.A

CONDITIONS

Turning now to the particular conditions which affect your health

11   a) Do you have any longstanding illness, disability or
     infirmity? By longstanding I mean anything that has
     troubled you over a period of time or that is likely
     to affect you over a period of time?
     (probe "is there anything else")

1.1 _____ **NLCON1.A** [ ][ ][ ]

1.2 _____ **NLCON2.A** [ ][ ][ ]

1.3 _____ **NLCON3.A** [ ][ ][ ]

1.4 _____ **NLCON4.A** [ ][ ][ ]

1.5 _____ **NLCON5.A** [ ][ ][ ]

1.6 _____ **NLCON6.A** [ ][ ][ ]

(now complete a 'condition' sheet for each mentioned)

b) Do you have any other health problems or
conditions which seriously affect your health now
or which you think will seriously affect your
health in the future and which you haven't already
told me about?

2.1 _____ **NSCON1.A** [ ][ ][ ]

2.2 _____ **NSCON2.A** [ ][ ][ ]

2.3 _____ **NSCON3.A** [ ][ ][ ]

2.4 _____ **NSCON4.A** [ ][ ][ ]

(now complete a 'condition' sheet for each mentioned)

c) Do you suffer from anxiety or depression, or do you have any mental problems, phobias, panics or nervous disorders which you haven't already told me about?

3.1 _____ **NMCON1.A**

3.2 _____ **NMCON2.A**

3.3 _____ **NNCON3.A**

(now complete a 'condition' sheet for each mentioned)

USE CARD B

d) Looking at the card, are there any conditions you suffer from which you haven't already told me about?

4.1 _____ **NCCON1.A**

4.2 _____ **NCCON2.A**

4.3 _____ **NCCON3.A**

(now complete a 'condition' sheet for each mentioned)

12   NOW code total number of conditions mentioned at a,b,c
        and d above
        (if none code 00) >> 77

NCNUM.A

<u>CONDITION SHEET 1</u>

Health problem No. (ie. 1.1 to 4.3) ☐☐ **NC1NUM.A**

Health problem_____
(copy from condition sheet as a check)

_____

	Years	**Months**

13 How long have you had. . . (cond.). . .? ☐☐ ☐☐
(code in years and months, months unknown code 99)

NC1YR.A   **NC1MT.A**

_____

14 Does . . . (cond.) . . . limit your activities in any way?
<u>if yes</u> is that. . .
   a very great deal 1
   quite a lot 2
   to a moderate degree 3   ☐
   only a little 4
   <not at all> 5   **NC1LMT.A**

_____

15   a) How often does . . . (cond.) . . . cause you pain
    or discomfort? Does it trouble you . . .
    all the time 1
    quite a lot of the time 2
    regularly but not often 3   ☐
    only occasionally 4
    <not applicable(eg mental problem)>. 5 >> 16   **NC1PN.A**
    <never> ....6 >> 16

    b) When it gives you pain or discomfort is it. . . .
    severe 1
    moderate 2   ☐
    slight 3   **NC1PNX.A**

_____

16   Is . . . (cond) . . . troubling you at the moment?   ☐
    yes................................1
    no.................................2   **NC1NOW.A**

17   a) Have you ever consulted your family doctor about
     . . . (cond.) . . .?
     yes 1
     no ....2 >> 18

     NC1EVC.A

    b) When was the last time you consulted your **Years**   **Months**
     family doctor about . . . (cond). . .,
     how long ago?
     (code in years and months, months unknown code 99, if in last month code 00 98)   **NC1YRC.A**   **NC1MTC.A**
     more than one year >> 18.

    c) In the last twelve months, how many times
     in all have you consulted your family doctor   **NC1YNC.A**
     about . . . (cond.) . . .?
     (none code 00)

_____

18   a) In the last twelve months have you gone to an
     outpatients clinic for . . . (cond.) . . . ?
     <u>if yes</u> How many times in the last twelve months?   **NC1OPC.A**
     (if never code 00)

    b) In the last twelve months have you been in
     hospital at least overnight for . . . (cond.) . . . ?   **NC1HOS.A**
     <u>if yes</u> how many times in the last twelve months?
     (if never code 00) >> 19

    c) How many nights in all did you spend in
     hospital due to . . . (cond.) . . .?   **NC1HSN.A**

_____

19   How serious do you think . . . (cond.) . . . is?
    Is it
     very serious.....................1
     quite serious...................2
     not very serious................3   **NC1SER.A**
     not at all serious..............4

_____

20 Thinking ahead do you think that . . . (cond.). .
   will . . .
     get worse.......................1
     stay the same...................2   **NC1PRG.A**
     get better......................3

CONDITION SHEET 2

Health problem No. (ie. 1.1 to 4.3)   **NC2NUM.A**

Health problem_____
(copy from condition sheet as a check)

---

21 How long have you had. . . (cond.). . .?   **Years**   **Months**
(code in years and months, months unknown code 99)

NC2YR.A   NC2MT.A

_____

22 Does . . . (cond.) . . . limit your activities in any way?
<u>If yes</u> is that. . .
     a very great deal 1
     quite a lot 2
     to a moderate degree 3
     only a little 4
     <not at all> 5   **NC2LMT.A**

_____

23   a) How often does . . . (cond.) . . . cause you pain
       or discomfort? Does it trouble you . . .
       all the time 1
       quite a lot of the time 2
       regularly but not often 3
       only occasionally 4
       <not applicable(eg mental problem)>.5 >> 24   **NC2PN.A**
       <never> ....6 >> 24

       b) When it gives you pain or discomfort is it. . . .
       severe 1
       moderate 2
       slight 3   **NC2PNX.A**

_____

24   Is . . . (cond) . . . troubling you at the moment?
       yes...............................1
       no................................2   **NC2NOW.A**

25   a) Have you ever consulted your family doctor about
. . . (cond.) . . .?

      yes 1

      no ....2 >> 26

NC2EVC.A

    b) When was the last time you consulted your **Years**   **Months**
      family doctor about . . . (cond). . .,
      how long ago?

(code in years and months, months unknown code 99, if in last month code 00 98) **NC2YRC.A** **NC2MTC.A**

more than one year >> 26

    c) In the last twelve months, how many times
    in all have you consulted your family doctor **NC2YNC.A**
    about . . . (cond.) . . .?

(none code 00)

---

26   a) In the last twelve months have you gone to an
outpatients clinic for . . . (cond.) . . . ?
<u>if yes</u> How many times in the last twelve months? **NC2OPC.A**
(if never code 00)

    b) In the last twelve months have you been in
hospital at least overnight for . . . (cond.) . . . ?
<u>if yes</u> how many times in the last twelve months? **NC2HOS.A**
(if never code 00) >> 27

    c) How many nights in all did you spend in
hospital due to . . . (cond.) . . .? **NC2HSN.A**

---

27   How serious do you think . . . (cond.) . . . is?
Is it

      very serious.....................1

      quite serious....................2

      not very serious.................3

      not at all serious..............4 **NC2SER.A**

---

28   Thinking ahead do you think that . . . (cond.)
will . . .

      get worse........................1

      stay the same...................2

      get better......................3 **NC2PRG.A**

CONDITION SHEET 3

Health problem No. (ie. 1.1 to 4.3)   **NC3NUM.A**

Health problem_____
(copy from condition sheet as a check)

Years   **Months**

29 How long have you had. . . (cond.). . .?
(code in years and months, months unknown code 99)

NC3YR.A   **NC3MT.A**

---

30 Does . . . (cond.) . . . limit your activities in any way?
<u>if yes</u> is that. . .
    a very great deal 1
    quite a lot 2
    to a moderate degree 3
    only a little 4
    <not at all> 5

NC3LMT.A

---

31   a) How often does . . . (cond.) . . . cause you pain
    or discomfort? Does it trouble you . . .
    all the time 1
    quite a lot of the time 2
    regularly but not often 3
    only occasionally 4
    <not applicable(eg mental problem)>.5 >> 32
    <never> ....6 >> 32

NC3PN.A

    b) When it gives you pain or discomfort is it. . . .
    severe 1
    moderate 2
    slight 3

NC3PNX.A

---

32 Is . . . (cond) . . . troubling you at the moment?
    yes...............................1
    no................................2

NC3NOW.A

33   a) Have you ever consulted your family doctor about
     . . . (cond.) . . .?
        yes 1
        no ....2 >> 34

NC3EVC.A

     b) When was the last time you consulted your
        family doctor about . . . (cond). . .,
        how long ago?
        (code in years and months, months unknown code 99, if in last month code 00 98)
        more than one year >> 34.

Years   **Months**

NC3YRC.A   **NC3MTC.A**

     c) In the last twelve months, how many times
        in all have you consulted your family doctor
        about . . . (cond.) . . .?
        (none code 00)

NC3YNC.A

_____

34   a) In the last twelve months have you gone to an
        outpatients clinic for . . . (cond.) . . . ?
        if yes How many times in the last twelve months?
        (if never code 00)

NC3OPC.A

     b) In the last twelve months have you been in
        hospital at least overnight for . . . (cond.) . . . ?
        if yes how many times in the last twelve months?
        (if never code 00) >> 35

NC3HOS.A

     c) How many nights in all did you spend in
        hospital due to . . . (cond.) . . .?

NC3HSN.A

_____

35   How serious do you think . . . (cond.) . . . is?
     Is it
        very serious.....................1
        quite serious....................2
        not very serious.................3
        not at all serious...............4

NC3SER.A

_____

36   Thinking ahead do you think that . . . (cond). .
     will . . .
        get worse........................1
        stay the same....................2
        get better.......................3

NC3PRG.A

CONDITION SHEET 4

Health problem No. (ie. 1.1 to 4.3)   **NC4NUM.A**

Health problem_____
(copy from condition sheet as a check)

	Years	**Months**

37 How long have you had. . . (cond.). . .?
(code in years and months, months unknown code 99)

NC4YR.A   **NC4MT.A**

_____

38 Does . . . (cond.) . . . limit your activities in any way?
  <u>if yes</u> is that. . .
        a very great deal 1
        quite a lot 2
        to a moderate degree 3
        only a little 4
        <not at all> 5   **NC4LMT.A**

_____

39   a) How often does . . . (cond.) . . . cause you pain
        or discomfort? Does it trouble you . . .
        all the time 1
        quite a lot of the time 2
        regularly but not often 3
        only occasionally 4
        <not applicable(eg mental problem)>.5 >> 40   **NC4PN.A**
        <never> ....6 >> 40

        b) When it gives you pain or discomfort is it. . . .
        severe 1
        moderate 2
        slight 3   **NC4PNX.A**

_____

40 Is . . . (cond) . . . troubling you at the moment?
        yes................................1
        no.................................2   **NC4NOW.A**

41   a) Have you ever consulted your family doctor about
. . . (cond.) . . .?

    yes 1

    no ....2 >> 42

NC4EVC.A

b) When was the last time you consulted your
family doctor about . . . (cond). . .,
how long ago?

(code in years and months, months unknown code 99, if in last month code 00 98)

more than one year >> 42.

Years   **Months**

NC4YRC.A **NC4MTC.A**

c) In the last twelve months, how many times
in all have you consulted your family doctor
about . . . (cond.) . . .?

(none code 00)

NC4YNC.A

_____

42   a) In the last twelve months have you gone to an
outpatients clinic for . . . (cond.) . . . ?
<u>if yes</u> How many times in the last twelve months?
(if never code 00)

NC4OPC.A

b) In the last twelve months have you been in
hospital at least overnight for . . . (cond.) . . . ?
<u>if yes</u> how many times in the last twelve months?
(if never code 00) >> 43

NC4HOS.A

c) How many nights in all did you spend in
hospital due to . . . (cond.) . . .?

NC4HSN.A

_____

43   How serious do you think . . . (cond.) . . . is?
Is it

    very serious.....................1

    quite serious....................2

    not very serious.................3

    not at all serious..............4

NC4SER.A

_____

44   Thinking ahead do you think that . . (cond). .
will . . .

    get worse.......................1

    stay the same...................2

    get better......................3

NC4PRG.A

CONDITION SHEET 5

Health problem No. (ie. 1.1 to 4.3)   **NC5NUM.A**

☐ ☐

Health problem_____
(copy from condition sheet as a check)

---

45 How long have you had. . . (cond.). . .?   **Years**   **Months**
(code in years and months, months unknown code 99)   ☐ ☐   ☐ ☐

NC5YR.A   **NC5MT.A**

_____

46 Does . . . (cond.) . . . limit your activities in any way?
    if yes is that. . .
        a very great deal 1
        quite a lot 2
        to a moderate degree 3   ☐
        only a little 4
        <not at all> 5   **NC5LMT.A**

_____

47   a) How often does . . . (cond.) . . . cause you pain
        or discomfort? Does it trouble you . . .
        all the time 1
        quite a lot of the time 2
        regularly but not often 3   ☐
        only occasionally 4
        <not applicable(eg mental problem)>.5 >> 48   **NC5PN.A**
        <never> ....6 >> 48

        b) When it gives you pain or discomfort is it. . . .
        severe 1
        moderate 2   ☐
        slight 3   **NC5PNX.A**

_____

48 Is . . . (cond) . . . troubling you at the moment?   ☐
        yes...............................1
        no................................2   **NC5NOW.A**

49   a) Have you ever consulted your family doctor about
. . . (cond.) . . .?

        yes 1

        no ....2 >> 50

NC5EVC.A

    b) When was the last time you consulted your
family doctor about . . . (cond). . .,
how long ago?

(code in years and months, months unknown code 99, if in last month code 00 98)

more than one year >> 50

Years   **Months**

NC5YRC.A   **NC5MTC.A**

    c) In the last twelve months, how many times
in all have you consulted your family doctor
about . . . (cond.) . . .?

(none code 00)

NC5YNC.A

---

50   a) In the last twelve months have you gone to an
outpatients clinic for . . . (cond.) . . . ?
<u>if yes</u> How many times in the last twelve months?
(if never code 00)

NC5OPC.A

    b) In the last twelve months have you been in
hospital at least overnight for . . . (cond.) . . . ?
<u>if yes</u> how many times in the last twelve months?
(if never code 00) >> 51

NC5HOS.A

    c) How many nights in all did you spend in
hospital due to . . . (cond.) . . .?

NC5HSN.A

---

51   How serious do you think . . . (cond.) . . . is?
Is it

        very serious.....................1

        quite serious....................2

        not very serious.................3

        not at all serious..............4

NC5SER.A

---

52   Thinking ahead do you think that . . (cond). .
will . . .

        get worse........................1

        stay the same...................2

        get better......................3

NC5PRG.A

<u>CONDITION SHEET 6</u>

Health problem No. (ie. 1.1 to 4.3)   **NC6NUM.A**

        Health problem_____
        (copy from condition sheet as a check)

	Years	**Months**

53 How long have you had. . . (cond.). . .?
(code in years and months, months unknown code 99)

      NC6YR.A   **NC6MT.A**

---

54 Does . . . (cond.) . . . limit your activities in any way?
   <u>if yes</u> is that
       a very great deal 1
       quite a lot 2
       to a moderate degree 3
       only a little 4
       <not at all> 5   **NC6LMT.A**

---

55   a) How often does . . . (cond.) . . . cause you pain
    or discomfort? Does it trouble you . . .
    all the time 1
    quite a lot of the time 2
    regularly but not often 3
    only occasionally 4
    <not applicable(eg mental problem)>.5 >> 56   **NC6PN.A**
    <never> ....6 >> 56

    b) When it gives you pain or discomfort is it. . . .
    severe 1
    moderate 2
    slight 3   **NC6PNX.A**

---

56 Is . . . (cond) . . . troubling you at the moment?
    yes................................1
    no.................................2   **NC6NOW.A**

57   a) Have you ever consulted your family doctor about
. . . (cond.) . . .?

      yes 1
      no ....2 >> 58

NC6EVC.A

b) When was the last time you consulted your
family doctor about . . . (cond). . .,
how long ago?

(code in years and months, months unknown code 99, if in last month code 00 98)

more than one year >> 58

Years   **Months**

NC6YRC.A   **NC6MTC.A**

c) In the last twelve months, how many times
in all have you consulted your family doctor
about . . . (cond.) . . .?

(none code 00)

NC6YNC.A

_____

58   a) In the last twelve months have you gone to an
outpatients clinic for . . . (cond.) . . . ?
<u>if yes</u> How many times in the last twelve months?
(if never code 00)

NC6OPC.A

b) In the last twelve months have you been in
hospital at least overnight for . . . (cond.) . . . ?
<u>if yes</u> how many times in the last twelve months?
(if never code 00) >> 59

NC6HOS.A

c) How many nights in all did you spend in
hospital due to . . . (cond.) . . .?

NC6HSN.A

_____

59   How serious do you think . . . (cond.) . . . is?
Is it
      very serious.....................1
      quite serious....................2
      not very serious.................3
      not at all serious..............4

NC6SER.A

_____

60   Thinking ahead do you think that . .(cond). .
will . . .
      get worse.......................1
      stay the same...................2
      get better......................3

NC6PRG.A

CONDITION SHEET 7

Health problem No. (ie. 1.1 to 4.3)   **NC7NUM.A**

Health problem_____
(copy from condition sheet as a check)

---

61 How long have you had. . . (cond.). . .?
(code in years and months, months unknown code 99)

Years   **Months**

NC7YR.A   **NC7MT.A**

---

62 Does . . . (cond.) . . . limit your activities in any way?
   <u>if yes</u> is that. . .
        a very great deal 1
        quite a lot 2
        to a moderate degree 3
        only a little 4
        <not at all> 5

NC7LMT.A

---

63   a) How often does . . . (cond.) . . . cause you pain
      or discomfort? Does it trouble you . . .
        all the time 1
        quite a lot of the time 2
        regularly but not often 3
        only occasionally 4
        <not applicable(eg mental problem)>.5 >> 64
        <never> ....6 >> 64

NC7PN.A

      b) When it gives you pain or discomfort is it. . . .
        severe 1
        moderate 2
        slight 3

NC7PNX.A

---

64 Is . . . (cond) . . . troubling you at the moment?
        yes...............................1
        no................................2

NC7NOW.A

65   a) Have you ever consulted your family doctor about
      . . . (cond.) . . .?
          yes 1
          no ....2 >> 66

NC7EVC.A

      b) When was the last time you consulted your
      family doctor about . . . (cond). . .,
      how long ago?
      (code in years and months, months unknown code 99, if in last month code 00 98)
      more than one year >> 66.

Years   **Months**

NC7YRC.A   NC7MTC.A

      c) In the last twelve months, how many times
      in all have you consulted your family doctor
      about . . . (cond.) . . .?
      (none code 00)

NC7YNC.A

_____

66   a) In the last twelve months have you gone to an
      outpatients clinic for . . . (cond.) . . . ?
      if yes How many times in the last twelve months?
      (if never code 00)

NC7OPC.A

      b) In the last twelve months have you been in
      hospital at least overnight for . . . (cond.) . . . ?
      if yes how many times in the last twelve months?
      (if never code 00) >> 67

NC7HOS.A

      c) How many nights in all did you spend in
      hospital due to . . . (cond.) . . .?

NC7HSN.A

_____

67   How serious do you think . . . (cond.) . . . is?
      Is it
          very serious.....................1
          quite serious....................2
          not very serious.................3
          not at all serious...............4

NC7SER.A

_____

68   Thinking ahead do you think that . .(cond). .
      will . . .
          get worse........................1
          stay the same...................2
          get better......................3

NC7PRG.A

CONDITION SHEET 8

Health problem No. (ie. 1.1 to 4.3)   **NC8NUM.A**

Health problem_____
(copy from condition sheet as a check)

---

69 How long have you had. . . (cond.). . .?   **Years**   **Months**
(code in years and months, months unknown code 99)

NC8YR.A   **NC8MT.A**

_____

70 Does . . . (cond.) . . . limit your activities in any way?
   <u>if yes</u> is that. . .
        a very great deal 1
        quite a lot 2
        to a moderate degree 3
        only a little 4
        <not at all> 5   **NC8LMT.A**

_____

71   a) How often does . . . (cond.) . . . cause you pain
      or discomfort? Does it trouble you . . .
        all the time 1
        quite a lot of the time 2
        regularly but not often 3
        only occasionally 4
        <not applicable(eg mental problem)>.5 >> 72   **NC8PN.A**
        <never> ....6 >> 72

      b) When it gives you pain or discomfort is it. . . .
        severe 1
        moderate 2
        slight 3   **NC8PNX.A**

_____

72 Is . . . (cond) . . . troubling you at the moment?
        yes...............................1
        no................................2   **NC8NOW.A**

73   a) Have you ever consulted your family doctor about
      . . . (cond.) . . .?
          yes 1
          no ....2 >> 74

NC8EVC.A

      b) When was the last time you consulted your
         family doctor about . . . (cond). . . .,
         how long ago?
         (code in years and months, months unknown code 99, if in last month code 00 98)
         more than one year >> 74.

Years   **Months**

NC8YRC.A   NC8MTC.A

      c) In the last twelve months, how many times
         in all have you consulted your family doctor
         about . . . (cond.) . . .?
         (none code 00)

NC8YNC.A

_____

74   a) In the last twelve months have you gone to an
         outpatients clinic for . . . (cond.) . . . ?
         <u>if yes</u> How many times in the last twelve months?
         (if never code 00)

NC8OPC.A

      b) In the last twelve months have you been in
         hospital at least overnight for . . . (cond.) . . . ?
         <u>if yes</u> how many times in the last twelve months?
         (if never code 00) >> 75

NC8HOS.A

      c) How many nights in all did you spend in
         hospital due to . . . (cond.) . . .?

NC8HSN.A

_____

75   How serious do you think . . . (cond.) . . . is?
      Is it
          very serious.....................1
          quite serious....................2
          not very serious.................3
          not at all serious...............4

NC8SER.A

_____

76   Thinking ahead do you think that . . (cond). . .
      will . . .
          get worse........................1
          stay the same....................2
          get better.......................3

NC8PRG.A

SYMPTOMS

I am going to show you some cards containing lists of common symptoms. I am going to ask about any you have had in the last month and about any you tend to suffer from. I would like you tell me about all the symptoms you have had, including any which might be due to the conditions you just told me about

77   SHOW CARDS ONE BY ONE (a copy of the cards is on the back cover of the questionnaire)

For each card ask . . .
    1) Have you suffered from any of these symptoms in the last month?
    If yes ask for each is it something you tend to have?

    2) Are there any other symptoms on the card which you haven't had
    in the last month but which you tend to have?

For each symptoms identified code
    a) card and symptom number

    b) last month/tend to
            last month and tend to 1
            last month but don't tend to 2
            not in last month, but tend to 3

then ask as appropriate
    c) if in last month did you consult your doctor about
    . . . (symptom) . . . ?
            yes 1
            no 2
            <not had symptom in last month> 3

    d) Do you think that . . . (symptom) . . . is related to one of the
    health conditions you told me about earlier?
    (record condition no. ie 1.1 to 4.3, not due to condition code 0.0, don't know code 9.9)

	card	symp no	month/tend	consult	cond no
S1	NS1CD.A	NS1SN.A	NS1MT.A	NS1CS.A	NS1CN.A
S2	NS2CD.A	NS2SN.A	NS2MT.A	NS2CS.A	NS2CN.A
S3	NS3CD.A	NS3SN.A	NS3MT.A	NS3CS.A	NS3CN.A
S4	NS4CD.A	NS4SN.A	NS4MT.A	NS4CS.A	NS4CN.A
S5	NS5CD.A	NS5SN.A	NS5MT.A	NS5CS.A	NS5CN.A

	card	symp no	month/tend	consult	cond no
S6	**NS6CD.A**	**NS6SN.A**	**NS6MT.A**	**NS6CS.A**	**NS6CN.A**
S7	**NS7CD.A**	**NS7SN.A**	**NS7MT.A**	**NS7CS.A**	**NS7CN.A**
S8	**NS8CD.A**	**NS8SN.A**	**NS8MT.A**	**NS8CS.A**	**NS8CN.A**
S9	**NS9CD.A**	**NS9SN.A**	**NS9MT.A**	**NS9CS.A**	**NS9CN.A**
S10	**NS10CD.A**	**NS10SN.A**	**NS10MT.A**	**NS10CS.A**	**NS10CN.A**
S11	**NS11CD.A**	**NS11SN.A**	**NS11MT.A**	**NS11CS.A**	**NS11CN.A**
S12	**NS12CD.A**	**NS12SN.A**	**NS12MT.A**	**NS12CS.A**	**NS12CN.A**
S13	**NS13CD.A**	**NS13SN.A**	**NS13MT.A**	**NS13CS.A**	**NS13CN.A**
S14	**NS14CD.A**	**NS14SN.A**	**NS14MT.A**	**NS14CS.A**	**NS14CN.A**
S15	**NS15CD.A**	**NS15SN.A**	**NS15MT.A**	**NS15CS.A**	**NS15CN.A**
S16	**NS16CD.A**	**NS16SN.A**	**NS16MT.A**	**NS16CS.A**	**NS16CN.A**
S17	**NS17CD.A**	**NS17SN.A**	**NS17MT.A**	**NS17CS.A**	**NS17CN.A**
S18	**NS18CD.A**	**NS18SN.A**	**NS18MT.A**	**NS18CS.A**	**NS18CN.A**

78 NOW code how many symptoms R mentioned in all?
(none code 00)

NSYMPN.A

79   a) Are you taking any pills, drugs or mixtures at the
        moment? I don't just mean things you take every day,
        but also things you might take from time to time when
        you need them. I am interested in pills, mixtures,
        vitamins, inhalers, creams and anything else you take
        for your health. Either things prescribed for you or
        things you buy yourself................ **NDGS.A**
                yes..............................1
                no..............................2 >>87

Record name of each medicine/preparation mentioned.WRITE IN BLOCK CAPITALS
(if in any doubt as to name of medicine ask to see container)

Ask for each preparation
        b) Did a doctor prescribe this for you?
                yes..............................1
                no..............................2

        c) How long have you been taking it in all?
        (code in years and months, months unknown code 99, less than one month code 98)

        d) Do you take it to help one of the health conditions you told me
        about earlier?
        if yes Which was that
        (record condition number of the relevant condition ie 1.1 to 4.3)
        (code 0.0 if not for earlier condition)

(probe "is there anything else?")

M1_____

doc. [ ] years [ ][ ] months [ ][ ] cond [ ][ ] [███][███][███]
NM1DC.A   **NM1YR.A**   **NM1MT.A**   **NM1CN.A**   **NM1DG.A**

M2_____

doc. [ ] years [ ][ ] months [ ][ ] cond [ ][ ] [███][███][███]
NM2DC.A   **NM2YR.A**   **NM2MT.A**   **NM2CN.A**   **NM2DG.A**

M3_____

doc. [ ] years [ ][ ] months [ ][ ] cond [ ][ ] [███][███][███]
NM3DC.A   **NM3YR.A**   **NM3MT.A**   **NM3CN.A**   **NM3DG.A**

M4_____

doc. [ ] years [ ][ ] months [ ][ ] cond [ ][ ] [███][███][███]
NM4DC.A   **NM4YR.A**   **NM4MT.A**   **NM4CN.A**   **NM4DG.A**

M5_____

doc. [ ] years [ ][ ] months [ ][ ] cond [ ][ ] [███][███][███]
NM5DC.A   **NM5YR.A**   **NM5MT.A**   **NM5CN.A**   **NM5DG.A**

M6_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM6DC.A   **NM6YR.A**   **NM6MT.A**   **NM6CN.A**   **NM6DG.A**

M7_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM7DC.A   **NM7YR.A**   **NM7MT.A**   **NM7CN.A**   **NM7DG.A**

M8_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM8DC.A   **NM8YR.A**   **NM8MT.A**   **NM8CN.A**   **NM8DG.A**

M9_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM9DC.A   **NM9YR.A**   **NM9MT.A**   **NM9CN.A**   **NM9DG.A**

M10_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM10DC.A   **NM10YR.A**   **NM10MT.A**   **NM10CN.A**   **NM10DG.A**

M11_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM11DC.A   **NM11YR.A**   **NM11MT.A**   **NM11CN.A**   **NM11DG.A**

M12_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM12DC.A   **NM12YR.A**   **NM12MT.A**   **NM12CN.A**   **NM12DG.A**

M13_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM13DC.A   **NM13YR.A**   **NM13MT.A**   **NM13CN.A**   **NM13DG.A**

M14_____

doc. ☐ years ☐☐ months ☐☐ cond ☐☐ ▓▓▓
NM14DC.A   **NM14YR.A**   **NM14MT.A**   **NM14CN.A**   **NM14DG.A**

80 NOW code total number of medicines\preparations taken
(none code 00)

☐☐

NDGSN.A

81   a) Apart from drugs or medicines, are you having any other sort of treatment or attention for a health problem which a doctor has arranged for you?

      yes...................................1

      no....................................2 >> 82   **NOTHTR.A**

b) What treatments are you having?

c) ASK FOR EACH is that for a condition you already mentioned?
(code the condition number, ie 1.1 to 4.3, not for condition 0.0)

(probe "is there anything else?")   **cond no**

T1_____ **NOT1CN.A**   **NOT1.A**

T2_____ **NOT2CN.A**   **NOT2.A**

T3_____ **NOT3CN.A**   **NOT3.A**

T4_____ **NOT4CN.A**   **NOT4.A**

T5_____ **NOT5CN.A**   **NOT5.A**

82   a) Are you having any other sort of treatment or attention for a health problem which you decided on yourself, not arranged by a doctor? It might be something like seeing an osteopath, a chiropodist, a herbalist, or a counsellor of some sort.

      yes...................................1

      no....................................2 >> 83   **NSLFTR.A**

b) What treatments are you having?

c) ASK FOR EACH is that for a condition you already mentioned?
(code the condition number, ie. 1.1 to 4.3, not for condition 0.0)

(probe "is there anything else?")   **cond no**

T6_____ **NST1CN.A**   **NST1.A**

T7_____ **NST2CN.A**   **NST2.A**

T8_____ **NST3CN.A**   **NST3.A**

T9_____ **NST4CN.A**   **NST4.A**

T10_____ **NST5CN.A**   **NST5.A**

83   a) Over the last year have you seen your family doctor for any reason <u>other</u> than having an illness or symptoms. I am thinking of things like getting advice or like having an injection if you were going abroad?

NNMEDC.A

        yes...................................1
        no...................................2 >> 84

NYRNMC.A

b) How many times was that in all in the last year?

c) What were the things you saw him/her for?
(record verbatim below)

1_____ **NNMC1.A**

2_____ **NNMC2.A**

3_____ **NNMC3.A**

4_____ **NNMC4.A**

5_____ **NNMC5.A**

PAST HEALTH

I am going to ask you a few questions about your past health.

84   I would like to begin with serious illnesses. During
      your life have you had any serious illnesses? I am
      thinking both of physical illnesses and problems like
      depression? Not including those you have now which you
      already told me about.
      (if respondents asks for a definition of serious say "an illness which might have
      threatened your life, or caused you to be ill for quite a long time, or an illness with
      lasting effects")

             yes................................1
             no.................................2 >> 85   **NISTHT.A**

      FOR EACH ILLNESS ASK

      a) What was the illness?

      b) How old were you when you first had . . . (illness) . . .

      d) Does it affect your health in any way?
      <u>if yes</u> Is that . . . .

             a very great deal..................1
             quite a lot........................2
             to a moderate degree...............3
             only a little......................4
             <not at all>.......................5

Ill   1_____

age   [|]   hlth. now   [   ]   **Ni1CN.A**
       Ni1AG.A   **Ni1NW.A**

Ill   2_____

age   [|]   hlth. now   [   ]   **Ni2CN.A**
       Ni2AG.A   **Ni2NW.A**

Ill   3_____

age   [|]   hlth. now   [   ]   **Ni3CN.A**
       Ni3AG.A   **Ni3NW.A**

```
Ill   4_____
```

age   ☐☐   hlth. now   ☐

Ni4AG.A   **Ni4NW.A**   **Ni4CN.A**

```
Ill   5_____
```

age   ☐☐   hlth. now   ☐

Ni5AG.A   **Ni5NW.A**   **Ni5CN.A**

```
Ill   6_____
```

age   ☐☐   hlth. now   ☐

Ni6AG.A   **Ni6NW.A**   **Ni6CN.A**

```
Ill   7_____
```

age   ☐☐   hlth. now   ☐

Ni7AG.A   **Ni7NW.A**   **Ni7CN.A**

```
Ill   8_____
```

age   ☐☐   hlth. now   ☐

Ni8AG.A   **Ni8NW.A**   **Ni8CN.A**

```
Ill   9_____
```

age   ☐☐   hlth. now   ☐

Ni9AG.A   **Ni9NW.A**   **Ni9CN.A**

```
Ill   10_____
```

age   ☐☐   hlth. now   ☐

Ni10AG.A   **Ni10NW.A**   **Ni10CN.A**

85   How many serious illnesses were reported altogether?   ☐☐
(none code 00)

NiNUM.A

OPERATIONS

86   What about operations, have you had any operations
      during your life?......................   **NPOP.A**
      (include operations during childbirth and for contraceptive purposes)
          yes.................................1
          no.................................2 >> 87

FOR EACH OPERATION ASK

      a) What was the operation for?

      b) How old were you when you had it?   age

                                                NPO1AG.A   **NPO1.A**
Op 1_____

                                                NPO2AG.A   **NPO2.A**
Op 2_____

                                                NPO3AG.A   **NPO3.A**
Op 3_____

                                                NPO4AG.A   **NPO4.A**
Op 4_____

                                                NPO5AG.A   **NPO5.A**
Op 5_____

                                                NPO6AG.A   **NPO6.A**
Op 6_____

                                                NPO7AG.A   **NPO7.A**
Op 7_____

                                                NPO8AG.A   **NPO8.A**
Op 8_____

87 How many operations were reported altogether?
   (none code 00)

                                                            NPON.A

ACCIDENTS

88   Could you tell me about any serious accidents you have
        had which caused injury. Have you had any serious
        accidents?
        (by serious we mean an accident which caused overnight hospitalisation, had permanent
         consequences, or led to a period of restricted activity)

              yes..................................1
              no..................................2 >> 89

NPAC.A

a) What sort of injury did you have?   c) how old were you, when it happened?
(record verbatim)   (code age in years)

b) Where did it happen?   d) Does it affect you now?
in the home   1   if yes is that . . . .
at work   2   a very great deal.....................................1
vehicular accident (including pedestrians).................... 3   quite a lot 2
caused by sport 4   to a moderate degree 3
other (specify) 5   only a little..4
                                                        <not at all> 5

Accident 1_____

Where [ ] age [   ]   hlth. now [ ]   **NPA1.A**

NPA1WH.A   **NPA1AG.A**   **NPA1NW.A**

Accident 2_____

Where [ ] age [   ]   hlth. now [ ]   **NPA2.A**

NPA2WH.A   **NPA2AG.A**   **NPA2NW.A**

Accident 3_____

Where [ ] age [   ]   hlth. now [ ]   **NPA3.A**

NPA3WH.A   **NPA3AG.A**   **NPA3NW.A**

Accident 4_____

Where [ ] age [   ]   hlth. now [ ]   **NPA4.A**

NPA4WH.A   **NPA4AG.A**   **NPA4NW.A**

Accident 5_____

Where [ ] age [   ]   hlth. now [ ]   **NPA5.A**

NPA5WH.A   **NPA5AG.A**   **NPA5NW.A**

Accident 6_____

Where [ ] age [   ]   hlth. now [ ]   **NPA6.A**

NPA6WH.A   **NPA6AG.A**   **NPA6NW.A**
89 How many were reported altogether?
   (none code 00)

NPAN.A

SERVICES etc.

90   a) Can you tell me who your family doctor is?
        (record name of doctor, if they attend a group practice and don't view a particular doctor
        as their doctor, record the name of the group practice)
        (if not currently registered write none)>> 91

        NDOC.A

        _____

        b) What is the address of the surgery or health
        centre?

        NSURG.A

        _____

        _____

        c) When you go to the doctor, how do you normally get
        there?
                walk.......................... 1
                bus/tube/public transport...... 2
                your family's car.............. 3   **NDOCGO.A**
                taxi.......................... 4
                other (specify)............... 5

        d) about how long does it normally take you to get
        there?
                (code in minutes, more than one hour code 98)
                                                     NDOCTM.A

_____

91   a) When you need to see a doctor, do you have to make an
        appointment, or is there a time when you can drop into
        the surgery and wait to see a doctor?
                need appointment............... 1
                can drop in.................... 2   **NDOCDi.A**

        b) When you try to make an appointment which isn't an
        emergency do you normally get one . . . .
                the same day................... 1
                within two days................ 2   **NDOCAP.A**
                within three days.............. 3
                in more than three days........ 4
                never go to the doctor......... 5
                no appointment system.......... 6

        c) In the past twelve months have you ever put off
        getting an appointment because it is difficult to get
        appointments with your doctor?
        if yes How often has that happened?
        (none code 00)
                                                     NDOCNC.A

92   Thinking in general about the service you have had from
       your family doctor and looking at the faces scale,
       which face shows how satisfied you are?
       code a=1 b=2 c=3 d=4 e=5 f=6 g=7

NDOCFS.A

---

93   a) When was the last time you visited a dentist? **Years**   **Months**
       (code in years and months, don't know months code 99, within one month code 00 98)

NDNTYR.A NDNTMT.A

       b) Do you wear a denture or false teeth?
       <u>if yes</u> Is that a full or partial denture?
       (ie do they still have any of their own teeth)
             full denture................... 1 >>94
             partial denture............... 2   **NDNTUR.A**
             <no denture>.................. 3

       c) Do you go to the dentist for regular check ups or
       only when you need to?
       <u>if regular</u> How often do you go?   **NDNTCK.A**
       (code in months, no regular check-ups code 00)

---

94   a) Have you ever had your blood pressure measured by a
       doctor? (exclude BP taken during pregnancy for women) **Years**
       <u>if yes</u> How long ago was the last time?
       (code in years and months, months unknown code 99, never code 00 00, **NBPYR.A**
       less than one month code 00 98)
                                  Months

       b) Have you ever had a test for your blood **NBPMT.A**
       cholesterol level?
       <u>if yes</u> How long ago was that?   **Years**   **Months**
       (code in years and months, months unknown code 99)
       (never code 00 00)

NCHLYR.A NCHLMT.A

****

<u>WOMEN ONLY</u> (men >> 103)

Now I would like to ask about some of the health issues which only affect
women.   **..** **Years**

95   a) Have you ever had a cervical smear test? **NCRVYR.A**
       <u>if yes</u> How long ago was that?   **Months**
       (never code 00 00, code months and years, don't know months code 99,
       less than one month code 00 98)

NCRVMT.A

       b) Do you ever examine your breasts for lumps?
       <u>if yes</u> is that . . . .
             regularly..................... 1
             irregularly................... 2
             <never>....................... 3 >>95(d) **NBST.A**

       c) About how often do you examine your breasts
       for lumps?
       (code in weeks, if very infrequent or irregular code 98)   **NBSTXM.A**

d) Have you ever been taught how to examine your breasts?
<u>if yes</u> by whom?

```
    taught by family planning doctor..... 1
    taught by family planning nurse...... 2
    taught by family doctor.............. 3
    taught by other doctor............... 4
    taught by nurse/midwife.............. 5
    taught by other (specify)............ 6
    <never been taught>.................. 7
```

NBSTT.A

e) Has a doctor ever examined your breasts
for lumps or have you ever had a mammogram?
(code in years and months, months unknown code 99, no code 00 00)

Years   **Months**

NBSTYR.A   NBSTMT.A

_____

*I would like to ask some questions about pregnancies,
contraception and the menopause. First of all about
pregnancies.*

96   a) How many full term pregnancies have you had.
      I mean pregnancies leading to a live birth or
      lasting more than 28 weeks and leading to a
      stillbirth?
      (none code 00)

NFTPRG.A

      b) How many other pregnancies have you had?
      (this is not leading to a live birth and not lasting more than 28 weeks)
      (none code 00)

NOTPRS.A

** no full term pregnancies >> 98

_____

97   a) How old were you when you had your first
      full term pregnancy?
      (ie livebirth or stillbirth after pregnancy of more than 28 weeks)
      (code age in years)

NFPAG.A

      b) How old were you when you had your last
      full term pregnancy?
      (ie livebirth or stillbirth after pregnancy of more than 28 weeks)
      (code age in years)

NLPAG.A

**NB. This question may already have been answered in the questions on operations. If so re-phrase the questions as necessary to avoid awkwardness

98   a) Have you ever had a hysterectomy?

<u>if yes</u> When was that?

(code year and month, don't know month, code 99, never code 00 00)

Month

19 ☐☐ ☐☐

NHSTYR.A   NHSTMT.A

    b) Have you ever had one or both of your ovaries removed (an oophorectomy)?

       yes............................ 1

       no............................ 2 >>99   **NOPH.A** ☐

    b) date first removed

(code year and month, month unknown code 99)

Month

19 ☐☐ ☐☐

NOH1YR.A   NOH1MT.A

    c) date 2nd removed

(code year and month, month unknown code 99)

(if only one removed leave blank, if both at same time code year and months same as for 1st)

Month

19 ☐☐ ☐☐

NOH2YR.A   NOH2MT.A

_____

99   a) When was your last menstrual period

(code year and month, months unknown code 99)

If more than one year ago >> 100

Month

19 ☐☐ ☐☐

NLPDYR.A   NLPDMT.A

    b) Are your periods still normal (ie. about once a month or whatever was normal for you)?

       yes............................ 1

       no............................ 2   **NPDNOR.A** ☐

_____

100   a) Have you ever taken the pill (oral contraceptive) (not necessarily for contraceptive purposes)

       yes............................ 1

       no............................ 2 >> 101   **NPILL.A** ☐

    b) How old were you when you first took the pill? **NFPLAG.A** ☐☐

(code age in years)

    c) How old were you when you last took the pill? **N2PLAG.A** ☐☐

(code age in years)

    d) How long did you actually take the pill for in total?

(code in years and months, months unknown code 99)

Years   **Months**

☐☐   ☐☐

NPLYR.A   NPLMT.A

101   a) Have you ever taken hormone replacement therapy (HRT)
        for the menopause, or for any other reason?
        (probe for implants, skin patches and creams as well as pills)

             yes............................. 1
             no.............................. 2 >> 102   **NHRTEV.A**

        b) Are you still taking HRT now?
             yes............................. 1
             no.............................. 2 >> 101(d) **NHRTNW.A**

        c) How old were you when you last took HRT?   **NLHRT.A**
        (code in years)

        d) How old were you when you first took HRT?   **NFHRT.A**
        (code in years)

        e) Has long did you take/have you   **Years**   **Months**
         taken HRT for?
        (code total time in years and months, months unknown code 99)

                   NHRTYR.A   **NHRTMT.A**

        f) What preparations or method did you/do you use?
        (NB could be implant or skin patches or creams)
        ** NB these might overlap with medicines already reported.

        g) <u>Ask for each</u> How long did you take it for in all?
        (code in years and months, months unknown code 99)

                                 Years   **Months**

        p1_____

                    NMP1YR.A   **NMP1MT.A**

        p2_____

                    NMP2YR.A   **NMP2MT.A**

        p3_____

                    NMP3YR.A   **NMP3MT.A**

        g) Why did the doctor prescribe HRT for you?

        _____   **NHRES1.A**

        _____   **NHRES2.A**

        _____   **NHRES3.A**

102   a) Different women go through the menopause at different
        times and for some women it lasts longer than with
        others. Would you say that for you the menopause. . .
             has finished.................. 1
             is still happening............. 2 >>103   **NMPFN.A**
             hasn't yet happened........... 3
             other (specify)............... 4

b)   What have been the main symptoms for you?

c)   <u>for each symptoms ask</u> To what extent was that a
       problem for you? Would you say. . . .
                 a very big problem.............1
                 quite a problem............... 2
                 only a moderate problem........ 3
                 only a slight problem......... 4
                 no problem at all............. 5

problem

S1_____**NMPP1S.A** [   ]   **NMPP1.A** [████|████]

S2_____**NMPP2S.A** [   ]   **NMPP2.A** [████|████]

S3_____**NMPP3S.A** [   ]   **NMPP3.A** [████|████]

S4_____**NMPP4S.A** [   ]   **NMPP4.A** [████|████]

S5_____**NMPP5S.A** [   ]   **NMPP5.A** [████|████]

d) Have you ever consulted a doctor about a menopausal
problem?
                 yes...........................1
                 no............................ 2   **NMPDOC.A** [   ]

ASK ALL, MEN AND WOMEN

SLEEP

103 a) How many hours sleep do you have on average on a
     normal <u>weekday</u>?
     (code hours and minutes)

Hours **Minutes**

NSPWHR.A   NSPWMN.A

     b) How many hours sleep do you have on average on a
     normal <u>weekend</u> day?
     (code hours and minutes)

Hours **Minutes**

NSPEHR.A   NSPEMN.A

_____

104 How often do you have trouble getting to sleep?

         every day.......................1
         most days.......................2   **NSPNIF.A**
         at least once a week............3
         at least once a month...........4
         less than monthly...............5
         never...........................6

_____

105 a) How often are you bothered by waking earlier than you
     would like to?
         every day.......................1
         most days.......................2   **NSPWKE.A**
         at least once a week............3
         at least once a month...........4
         less than monthly...............5
         never...........................6

     b) When you wake early or have difficulty getting to
     sleep is it usually because you are restless and
     sleeping badly or because some particular
     disturbance like noise.
         bad sleep.......................1
         disturbance.....................2   **NSPDFR.A**
         mixed...........................3

106   Do you ever find yourself sleepy and unable to
       concentrate through the day?
       <u>if yes</u> how often does that happen?
                 every day...................... 1
                 most days..................... 2   **NSPCNS.A**
                 at least once a week.......... 3
                 at least once a month......... 4
                 less than monthly............. 5
                 never......................... 6

---

107   a) Do you take any sedatives, tranquillisers or sleeping
       pills to help you sleep?
       <u>if yes</u> how often do you use them?
                 every day...................... 1
                 most days..................... 2   **NSPPIL.A**
                 at least once a week.......... 3
                 at least once a month......... 4
                 less than monthly............. 5
                 have them but never use....... 6
                 never had them prescribed...... 7 >> 108

       b) What are they called?
            (record name of pills/sedative)

            1_____**NSPPL1.A**

            2_____**NSPPL2.A**

            3_____**NSPPL3.A**

---

108   a) Some people are most alert in the morning,   **NSPALT.A**
       others in the afternoon and others in the
       evening. When would you say you feel most alert?

       b) People also have times of the day when they
       feel tired and unable to concentrate. Is there
       a time of the day when you feel like that?   **NSPDOZ.A**

          (code a & b as follows)
                 morning....................... 1
                 afternoon..................... 2
                 evening....................... 3
                 all the time.................. 4
                 no particular time............ 5

DISABILITY

Some people in their 50s begin to have problems getting about and other
similar problems. These questions are about these things, although
probably many or all of them may not apply to you

109   Can you walk for quarter of a mile on your own without stopping and
       without severe discomfort?
       (quarter of a mile is the length of the pedestrian part of Buchanan Street from St. Enochs to St. Vincent Street).
                yes............................. 1
                no.............................. 2   **NDSWLK.A**   [　　]

_____

110   Can you walk up and down a flight of 12 stairs without holding on?
                yes............................. 1
                no.............................. 2   **NDSSTP.A**   [　　]

_____

111   Can you walk up and down a flight of 12 stairs without taking a
       rest?
                yes............................. 1
                no.............................. 2   **NDSSTR.A**   [　　]

_____

112   When you walk up and downstairs do you walk normally or do you have
       to take one step at a time, go sideways or anything like that?
                climbs normally................ 1
                takes special measures......... 2   **NDSSTS.A**   [　　]

_____

113   Can you bend down and sweep something up with a dust pan and brush
       and straighten up again, holding on to something if necessary?
                yes............................. 1
                no.............................. 2   **NDSBND.A**   [　　]

114   a) In the past twelve months have you ever
lost your balance and fallen?
<u>if yes</u> how often has that happened?

NDSFAL.A

b) Do you ever have to hold on to something to
keep your balance?
<u>if yes</u> is that . . . .

       all the time.................... 1
       quite often.................... 2
       only occasionally............. 3
       <never>....................... 4

NDSBAL.A

---

115   a) Are you right handed, left handed or can you
use both equally?

       right.......................... 1
       left.......................... 2 >> 116
       both.......................... 3

NDSHND.A

b) Some people started as left handed and were made
to use their right hand at school. Were you like that
or were you always right handed/able to use both?

       always right/able to use both.. 1
       converted from left............ 2
       uses this hand because lost
       use of other.................. 3

NDSCHG.A

---

116   a) Do you have difficulty putting your <u>right</u> hand up
to your head, to put on a hat for instance?
<u>if yes</u> is it . . . .

       quite difficult............... 1
       very difficult................ 2
       impossible.................... 3
       <not difficult>............... 4

NDSRHU.A

b) Do you have difficulty putting your <u>left</u> hand up
to your head, to put on a hat for instance?
<u>if yes</u> is it . . . .

       quite difficult............... 1
       very difficult................ 2
       impossible.................... 3
       <not difficult>............... 4

NDSLHU.A

117   a) Do you have difficulty putting your <u>right</u> hand
        behind your back, to tuck in a shirt or blouse for
        example?
        <u>if yes</u> is it . . . .   **NDSRHB.A**
                quite difficult............... 1
                very difficult................ 2
                impossible.................... 3
                <not difficult>............... 4

        b) Do you have difficulty putting your <u>left</u> hand
        behind your back, to tuck in a shirt or blouse for
        example?
        <u>if yes</u> is it . . . .   **NDSLHB.A**
                quite difficult............... 1
                very difficult................ 2
                impossible.................... 3
                <not difficult>............... 4

_____

118   a) Can you pick up a small object, such as
        a safety pin with your <u>right</u> hand?
                                                                NDSRPU.A
                yes........................... 1
                no............................ 2

        b) Can you pick up a small object, such as
        a safety pin with your <u>left</u> hand?
                                                                NDSLPU.A
                yes........................... 1
                no............................ 2

_____

119   a) Can you pick up a pint of milk and carry it
        with your <u>right</u> hand?
                                                                NDSRCY.A
                yes........................... 1
                no............................ 2

        b) Can you pick up a pint of milk and carry it
        with your <u>left</u> hand?
                                                                NDSLCY.A
                yes........................... 1
                no............................ 2

        c) Do you have difficulty tying a bow in laces
        or string?
        (NB. this is a dexterity question, they may have difficulty with laces because of bending,
        but that does not count)
        <u>if yes</u> do you find it . . . .   **NDSBOW.A**
                quite difficult............... 1
                very difficult................ 2
                impossible.................... 3
                <not difficult>............... 4

120   a) Do you ever wear glasses or contact lenses?
<u>if yes</u> is that . . .

NDSGLS.A

```
        all the time................... 1
        a lot of the time............. 2
        only for special activities
        (e.g. reading or driving) (specify) ........ 3
        <never>....................... 4
```

b) Do you have difficulty seeing to read ordinary
newspaper print? (even if you are wearing glasses
or contact lenses)

NDSRDN.A

```
        yes........................... 1
        no............................ 2
```

c) Can you see well enough to recognise a friend
across the road on the opposite pavement?

NDSRDF.A

```
        yes........................... 1
        no............................ 2
```

_____

121   a) Do you ever wear a hearing aid?
<u>if yes</u> is that . . .

NDSHRA.A

```
        all the time.................. 1
        a lot of the time............. 2
        only for special activities
        (e.g. telephoning or listening to TV) (specify) ... 3
        <never>....................... 4
```

b) Do you have difficulty following a conversation if
there is a background noise like a tv or radio
(even if you are wearing a hearing aid)

NDSHDF.A

```
        yes........................... 1
        no............................ 2
```

_____

122   I would like to ask you about any problems you may have
with your bladder or bowels. These sorts of problems are
very common.

a) Do you ever loose control of your bladder?
<u>if yes</u> About how often does that happen?

NDSBLD.A

```
        at least once every 24 hours... 1
        less than daily, to weekly..... 2
        less than weekly, to monthly... 3
        less than monthly/
        only occasionally............. 4
```

b) Could I ask, do you use any sort of device to
manage either your bladder or bowels?

NDSDEV.A

```
        bladder only.................. 1
        bowels only................... 2
        both.......................... 3
        neither....................... 4
```

ILLNESS BEHAVIOUR/BELIEFS

123   a) Some people think that you can't do much to
       prevent most illness, others think that most
       illness can be prevented if you live the right
       way. Thinking about . . A/B/. . F. . do you think
       that there is anything that people can do or avoid
       doing to prevent having that?
       if yes do you think they can . . . .
               prevent it completely..........1
               greatly reduce chance of
               getting it....................2
               slightly reduce chance of
               getting it....................3
               <can't prevent>...............4 >> next item

       b) do you do anything or avoid anything to prevent
       getting . . (cond.) ?
               if no code 98 for main and go to next item
               if yes What is the main thing you do or avoid?

               Are there any other things you do or avoid?

diet
avoid overeating......................................11
eat enough 12
avoid fatty food.......................................13
avoid acid food 14
avoid salt 15
eat more fibre 16
eat 'balanced diet' 17
avoid food additives 18
other dietary (specify).............................19

activities
take exercise 21
avoid overexertion..................................22
avoid sudden exertion 23
don't overwork..24
take adequate sleep...............................25
other activity (specify) 26

services
use preventative services.......................61
consult early for symptoms 62
other services (specify) 63

substances
stop/reduce alcohol.....................................31
stop/reduce smoking...................................32
other substance (specify) 33

environment
avoid damp 41
fresh/clean air 42
other environment(specify) 43

personal characteristics
avoid stress/stressful situations..................51
regulate weight 52
control emotions (don't get angry etc) 53
express emotions (don't 'bottle things up')..54
other personality (specify) 55
other body 'management' (specify) 5

any other not covered (specify) 71

A <u>heart trouble</u>

NLHTP.A   **NLHT1.A**   **NLHT2.A**   **NLHT3.A**

prevent   main way   other ways

☐   ☐☐   ☐☐   ☐☐

B <u>Rheumatism and arthritis</u>

NLRAP.A   **NLRA1.A**   **NLRA2.A**   **NLRA3.A**

prevent   main way   other ways

☐   ☐☐   ☐☐   ☐☐

C <u>Bronchitis and chest trouble</u>

NLBRP.A   **NLBR1.A**   **NLBR2.A**   **NLBR3.A**

prevent   main way   other ways

☐   ☐☐   ☐☐   ☐☐

D <u>Lung cancer</u>

NLLCP.A   **NLLC1.A**   **NLLC2.A**   **NLLC3.A**

prevent   main way   other ways

☐   ☐☐   ☐☐   ☐☐

E <u>Strokes</u>

NLSTP.A   **NLST1.A**   **NLST2.A**   **NLST3.A**

prevent   main way   other ways

☐   ☐☐   ☐☐   ☐☐

F <u>High Blood Pressure</u>

NLBPP.A   **NLBP1.A**   **NLBP2.A**   **NLBP3.A**

prevent   main way   other ways

☐   ☐☐   ☐☐   ☐☐

124 In the last year or two have you taken a book on <u>health</u>
<u>or illness</u> out of the library, borrowed one from a friend
or bought one for yourself?
<u>if yes</u> is that. . .

      quite often 1   **NLBOOK.A**
      a few times 2
      only once or twice 3
      <never> 4

_____

125 From time to time there are programmes about health on television.
Would you say that you. . .

      watch them most of the time 1   **NLTV.A**
      only watch if nothing else is on 2
      prefer not to watch them 3

_____

126 a) Magazines or newspapers often have articles on health. Would you
say that you . . .

      always read them 1   **NLMAG.A**
      sometimes read them, sometimes not ...2
      seldom read them 3
      never read them 4

   b) Have you ever found out something important about your
own health by reading a magazine article?

      yes 1   **NLMAGi.A**
      no 2

_____

127 a) Have you ever gone to any classes or done anything at home to
help you relax or improve your mental state? I am thinking of
things like Yoga or Meditation.
<u>if yes</u> is that . . .

      a regular part of your life now 1   **NLYOG.A**
      an occasional thing you do 2
      something you tried and gave up ......3 >>128
      never ....4 >>128

   b) How many days a week do you normally do it?   **NLYOGF**
     (less than weekly=8)

_____

128 a) Do you have any sort of exercise machine, or weights to help you
keep fit?

      yes 1   **NLMCN.A**
      no ....2 >> 129

   b) Do you use it at the moment?
    <u>if yes</u> how many days a week do you use it?   **NLMCNF.A**
    (less than weekly = 8, don't use = 0)

129 a) Have you ever used an exercise tape or cassette?

      yes 1

      no ....2 >> 130

NLCAS.A

b) Do you use it at the moment?

<u>if yes</u> about how many times a week do you use it?

(less than weekly = 8, don't use = 0)

NLCASF.A

_____

130 Have you ever gone jogging or running to keep fit?

<u>if yes</u> is that . . .

    a regular part of your life now 1

    an occasional thing you do 2

    something you tried and gave up ......3 >>131

    never ....4 >>131

NLJOG.A

b) How many days a week do you normally do it?

(less than weekly=8)

NLJOGF.A

_____

131 a) Do you belong to a health club, slimming group,
    exercise class or anything like that?

      yes 1

      no ....2 >> 132

NLSLMC.A

<u>if yes</u> What is that exactly?

(probe "do you belong to anything else like that?")

NLSC1.A

no.1_____

About how many times a week do you go there?   **NLSC1F.A**

(less than weekly = 8, don't use = 0)

NLSC2.A

no.2_____

About how many times a week do you go there?   **NLSC2F.A**

(less than weekly = 8, don't use = 0)

NLSC3.A

no.3_____

About how many times a week do you go there?   **NLSC3F.A**

(less than weekly = 8, don't use = 0)

132 Is there anything else you do or avoid doing to
improve your health which I haven't mentioned?

     yes 1   **NLELSE.A**
     no ....2 >> 133

a) What is that?

b) How often do you do it?
(less than once a week = 8, 0 if it isn't the sort of thing you 'do' regularly)

     NLES1F.A   **NLES1.A**

1_____

     NLES2F.A   **NLES2.A**

2_____

     NLES3F.A   **NLES3.A**

3_____

****

DIET

133 What sort of bread do you normally eat. . . .

     white 1   **NDTBD.A**
     brown 2
     other (specify) 3
     don't eat bread 4

_____

134 What do you normally spread on bread, biscuits or
things like that . . . .

     butter 1   **NDTBTR.A**
     soft spread margarine 2
     hard margarine 3
     other spreads 4
     don't use anything 5

_____

135 Roughly how many eggs do you eat per week?
(in all forms, including made up dishes)
(none code 00)

        NDTEGG.A

_____

136 a) How much milk do you drink altogether per day.
In tea or coffee, in milky drinks, with cereals
and so on

     none ....0 >> 137 **NDTMK.A**
     up to half a pint 1
     more than half up to one pint 2
     more than one pint 3

b) What sort of milk do you normally use
    pasteurised, ordinary milk 1
    skimmed or semi-skimmed milk 2
    a mixture of types 3
    don't use milk 4

NDTMKT.A

_____

137 a) Compared to other people, would you say that you like your food to be. . .
    very salty 1
    quite salty 2
    not very salty 3
    not at all salty 4

NDTSLT.A

_____

138 a) In a normal week, how many days do you eat food which has been fried? (include chips)
(less than once a week code 8, never code 0)

NDTFRY.A

b) What sort of fat or oil do you mainly use for cooking in your house, is it. . . .
    lard or solid fat 1
    liquid vegetable oil 2

NDTOLT.A

_____

139 a) How many cups of coffee do you drink in a normal day?
(none code 00) >> 140

NDTCFF.A

b) Do you usually drink normal or decaffeinated coffee?
    normal 1
    decaffeinated 2

NDTCFT.A

c) Do you take . . . .
    sugar 1
    sweeteners ....2 >> 140
    nothing ....3 >> 140

NDTCFS.A

d) how many spoons of sugar do you normally take per cup?

NDTCFX.A

_____

140 a) How many cups of tea do you drink in a normal day?
(none code 00) >> 141

NDTTE.A

b) Do you take . . . .
    sugar 1
    sweeteners ....2 >> 141
    nothing ....3 >> 141

NDTTES.A

c) How many spoons of sugar do you normally take per cup?

NDTTEX.A

141 On an average week, how many days would you eat
     . . . A/B/C/D..
     (never eat it code 0, less than weekly code 8)

     A fresh fruit.. **NDTFRT.A**

     B green vegetables or salad .... **NDTVEG.A**

     C cheese.. **NDTCHS.A**

     D fresh meat (eg beef, lamb, pork, chicken)........... **NDTMET.A**

****

MRC BRONCHITIS

142 a) Do you usually cough first thing in the morning in
     winter?
              yes 1   **NBRFM.A**
              no 2

     b) Do you usually cough during the day or night in
     winter?
              yes 1   **NBRD.A**
              no 2

** if Respondent says no to both a and b >> 143

     c) Do you cough like this on most days for as much as
     3 months each year?
              yes 1   **NBRYR.A**
              no 2
_____

143 a) Do you usually bring up any phlegm (spit from the
     chest) first thing in the morning in winter?
              yes 1   **NBRPHM.A**
              no 2

     b) Do you usually bring up any phlegm (spit from the
     chest) during the day or night in winter?
              yes 1   **NBRPHD.A**
              no 2

** if Respondent says not to both a and b >> 144

     c) Do you bring up phlegm on most days for as much as
     3 months each year?
              yes 1   **NBRPHY.A**
              no 2

144 In the past three years, have you had a period of cough and
phlegm lasting for 3 weeks or more?

     yes 1   **NBRCHF.A**
     no 2

_____

145 a) Does your chest ever sound wheezy or whistling?

     yes 1   **NBRWZ.A**
     no ....2 >> 146

   b) Do you get this most days or nights?

     yes 1   **NBRWFZ.A**
     no 2

_____

146 a) During the past 3 years have you had any chest
illness, such as bronchitis or pneumonia, which has
kept you off work or indoors for a week or more?

     yes 1   **NBRILL.A**
     no ....2 >> 147

   b) How many illnesses like this have you had in   **NBRILF.A**
    the last 3 years?

****

MRC CHEST PAIN

147 Have you ever had any pain or discomfort in your chest?

     yes 1   **NCPPN.A**
     no 2

_____

148 Have you ever had any pressure or heavyness in your
chest?

     yes 1   **NCPPRS.A**
     no 2

** if Respondent says no to both 147 and 148 >> 152

_____

149 Do you get it when you walk uphill or hurry?

     yes 1   **NCPUOH.A**
     no 2

150 a) Do you get it when you walk at an ordinary pace on
    the level?

       yes 1   **NCPORP.A**
       no 2

  b) What do you do if you get it while walking?

       stop 1   **NCPWDO.A**
       slow down 2
       carry on at the same pace 3

  c) What happens to it if you stand still?

       is relieved in 10 minutes or less 1   **NCPSTP.A**
       is relieved in more than 10 minutes ..2
       is <u>not</u> relieved 3

_____

151 a) Could you show me where you get the pain or
    discomfort?

       sternum (upper and middle) 1   **NCPWHR.A**
       sternum (lower) 2
       left anterior chest 3
       left arm 4
       other (specify) 5

  d) Do you feel it anywhere else?

       yes 1   **NCPELS.A**
       no 2

_____

152 Have you ever had a severe pain across the front of
    your chest lasting half an hour or more?

       yes 1   **NCPSPN.A**
       no 2

NOW ASK THE RESPONDENT TO MOVE TO A TABLE FOR THE NEXT PART

WHILE YOU SET UP THE INSTRUMENTS FOR PHYSICAL MEASUREMENT ASK THE RESPONDENT TO FILL IN THE <u>GENERAL HEALTH QUESTIONNAIRE</u> PLEASE CHECK THAT THE FORM HAS THE *RESPONDENTS IDENTITY NUMBER* AND YOUR OWN *NURSE NUMBER* FILLED IN CORRECTLY

PHYSICAL MEASURES

153 a) Have you taken any medications today?

    yes 1   **NPMED.A**
    no ....2 >> 154
    don't know ....9 >> 154

  b) What was that?

1st._____**NPMED1.A**

2nd_____**NPMED2.A**

3rd_____**NPMED3.A**

_____

154 a) Have you smoked a cigarette today?

    yes 1   **NPCG.A**
    no ....2 >> 155
    don't know ....9 >> 155

  b) How long ago did you last smoke a cigarette?
(record in hours and minutes, don't know minutes code 99)

NPCGHR.A   **NPCGMN.A**

_____

155 a) Have you done any vigorous physical exercise today?

    yes 1   **NPEX.A**
    no ....2 >> 156
    don't know ....9 >> 156

  b) How long ago was that?
(record in hours and minutes, don't know minutes code 99)

NPEXHR.A   **NPEXMN.A**

_____

156 How long ago did you last have a meal?
(code in hours and minutes, don't know minutes code 99))

NPETHR.A   **NPETMN.A**

157 a) Do you have any medical conditions at the moment
     which might affect the measures I am going to take, a
     cold or anything like that?

        yes 1   **NPCOND.A**
        no 2

   b) What condition(s) do you have?

    C1_____**NPCN1.A**

    C2_____**NPCN2.A**

    C3_____**NPCN3.A**

    C4_____**NPCN4.A**

NURSE MEASUREMENTS

158 a) <u>Which room of the house</u> is being used for the
     measurement?

        living room 1   **NPROOM.A**
        kitchen 2
        bedroom 3
        other (specify) 4

   b) Is this the same room as the interview was conducted
   in?
   <u>if no</u> where was the interview conducted?

        living room 1   **NPRMSM.A**
        kitchen 2
        bedroom 3
        other (specify) 4
        <same room> 5

   c)
   (degrees centigrade)   **NPRTMP.A**

159 <u>Clothes worn</u>

        light 1   **NPCLTH.A**
        medium 2
        heavy 3

160 <u>Resting pulse rate</u> (Beats in 15 seconds)   **NPPULS.A**

161 <u>Blood pressure</u> (to nearest 2mm below)

<u>1st. reading</u>

RAW **NPB1S.A**

systolic ⬚⬚⬚

CORRECTED **NPB1SC.A**

systolic-zero ⬚⬚⬚

NPB1D.A

diastolic ⬚⬚⬚

NPB1DC.A

diastolic-zero ⬚⬚⬚

NPB1Z.A

zero ⬚⬚⬚

<u>2nd. reading</u>

RAW **NPB2S.A**

systolic ⬚⬚⬚

CORRECTED **NPB2SC.A**

systolic-zero ⬚⬚⬚

NPB2D.A

diastolic ⬚⬚⬚

NPB2DC.A

diastolic-zero ⬚⬚⬚

NPB2Z.A

zero ⬚⬚⬚

<u>MEAN VALUES</u>

corrected 1st systolic + corrected 2nd systolic ......

NPBSCT.A ⬚⬚⬚

divided by 2 (mean systolic) ....

NPBSCF.A ⬚⬚⬚

corrected 1st diastolic + corrected 2nd diastolic....

NPBDCT.A ⬚⬚⬚

divided by 2 (mean diastolic) ....

NPBDCF.A ⬚⬚⬚

*** If the mean blood pressure is greater than 190/110
*** (either figure) advise the respondent to seek medical
*** advise as instructed in the manual

not advised 1
advised (mean over 190/110) 2
strongly advised (mean over 210/120) 3

NPBADV.A ⬚

162 a) Standing height

  cm **mm**

(code centimetres and millimetres)
(As a quick check 5 feet = 144 cm, 5 feet 6 inches = 158.4 cm, 6 feet 172.8 cm)

NPHTCM.A **NPHTMM.A**

 b) foot size
Could I ask what size of shoes you normally wear?
(code in British sizes, eg 7 code 07 0 7½ code 07 5 right box will always be 0 or 5)

NPFT1.A **NPFT2.A**

 c) Weight

(code kilograms and grams NB grams (rightmost figure) will always be either 0 or 5, if you have anything else the scales are probably set to pounds and ounces and should be altered).
(As a quick check 8 stones = 51 kilos, 10 stones = 64 kilos, 12 stones = 76 kilos, 14 stones = 89 kilos)

NPWTKG.A **NPWTGM.A**

_____

163 a) Waist circumference

  cm **mm**

(code centimetres and millimetres)
(As a quick check 24 inches = 57.6 cm, 30 inches = 72 cm, 36 inches = 86.4cm, 40 inches = 96 cm)

NPWCCM.A **NPWCMM.A**

 b) Hip circumference (top of iliac crest)

  cm **mm**

(code centimetres and millimetres)
(As a quick check 24 inches = 57.6 cm, 30 inches = 72 cm, 36 inches = 86.4cm, 40 inches = 96 cm)

NPHPCM.A **NPHPMM.A**

_____

164 Respiratory function

1ˢᵗ. trial   2ⁿᵈ trial   3ʳᵈ trial

NPR1FV.A	**NPR2FV.A**	**NPR3FV.A**
FEV1	FEV1	FEV1

NPR1PF.A	**NPR2PF.A**	**NPR3PF.A**
PEF	PEF	PEF

NPR1FC.A	**NPR2FC.A**	**NPR3FC.A**
FVC	FVC	FVC

165 <u>Reaction times</u>

    a) simple reaction time

        mean time ....

NPSRM.A

        standard deviation ....

NPSRSD.A

    b) four choice reaction time

        mean time (correct responses) ....

NP4CM.A

        standard deviation (correct responses) ....

NP4CSD.A

        number of errors ....

NP4CER.A

        mean time (wrong responses) ....

NP4CEM.A

        standard deviation (wrong responses) ....

NP4CED.A

_____

166 Were there any language problems during the interview?
             yes 1
             no 2

NLANG.A

<u>if yes</u> ASK what is your first language?

    language_____

_____

NOW COLLECT THE SELF COMPLETION FORM AND CHECK IT IS COMPLETE

FINALLY AND <u>VERY IMPORTANTLY</u>, GET THE RESPONDENT TO FILL IN THE AH4 AS INSTRUCTED IN THE MANUAL. IT IS ESSENTIAL THAT YOU LET THE RESPONDENT DO THE PRACTICE QUESTIONS AND THEN ALLOW HIM/HER <u>EXACTLY 10 MINUTES</u> TO FILL IN THE FORM. THEY <u>MUST</u> STOP AFTER 10 MINUTES OR THE TEST IS USELESS.

NB. THE FORM ON WHICH THE RESPONDENT FILLS IN HIS/HER ANSWERS TO THE AH4 IS ON THE <u>BACK OF THE SELF COMPLETION FORM</u>

INTERVIEWERS TO COMPLETE

167 a) Was the spouse/partner present through most or all of
     the interview?

     yes 1

     no 2

NSPPR.A

b) How many, other people were present through most or
all of the interview?
(none code 00)

NOTHPR.A

168 Thinking about the respondent's appearance, would you
     say that he/she was. . .

     considerably overweight 1

     slightly overweight 2

     about correct for his/her height 3

     slightly thin 4

     unusually thin 5

NWGHTA.A

_____

169 how long did the interview take? (from the time of entering the house
     to completing the schedule, including the AH4)
     (code in hours and minutes, less than one hour code 00 for hours)

hours **minutes**

NiVHR.A **NiVMN.A**

_____

170 status of SELF COMPLETE SCHEDULE

     completed and collected 1

     left for future return by R 2

     refused to complete 3

     other (specify) 4

NSCSTS.A

_____

_If you know you missed out any questions, either
deliberately or by mistake, please list the question numbers
below_

SYMPTOM CARDS

card 1
1.......... Headaches
2.......... Difficulty sleeping
3.......... Constipation
4.......... Feeling generally run down
5.......... Trouble with varicose veins
6.......... Trembling hands

card 2
1.......... Sore or stiff back
2.......... nerves or tension
3.......... Colds or flu
4.......... Stomach pain or cramps
5.......... persistent cough
6.......... hot and sweating a lot

card 3
1.......... Kidney or bladder problems
2.......... Stiff or painful joints
3.......... difficulty concentrating
4.......... Palpitations or breathlessness
5.......... diarrhoea
6.......... Muscle tightness

card 4
1 .... Worrying over every little thing
2 .... Indigestion
3 .... Sinus, catarrh or blocked nose
4 .... Feeling depressed
5 .... Fainting or dizziness
6 .... Poor appetite

card 5
1 .... Sore throat
2 .... Trouble with teeth, gums or mouth
3 .... Wheezy chest
4 .... Skin rash or skin problems
5 .... Piles
6 .... Sickness or nausea

card 6
1 .... Cold sweats
2 .... Sickness or upset stomach
3 .... Trouble with eyes
4 .... Trouble with ears
5 .... Trouble with feet