

1737

NID.A

Respondent serial number

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Interviewer number

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NIVNO.A

MID-LIFE COHORT

NURSE SCHEDULE

Post code

NPCD1.A

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NPCD2.A

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NPCD3.A

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Date of interview

DAY

--	--

NIVDY.A

MONTH

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NIVMT.A

YEAR

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NIVYR.A

Remember don't know is 9, 99 or 999
depending on the number of boxes

Grey boxes are for office use only

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

NVNTNO.A

(none code 0)

marriage

- 1.1 getting married
- 1.2 separating, divorce or living apart

household

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

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)

work

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

general

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

6.1 any other changes not mentioned above

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	<input type="text"/>
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 stayed in bed 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 stayed off work 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**

Yes1

No2 >> 9

b) Who pays the subscription? **NPiSUB.A**

self (or spouse)1

own employer2

part self, part employer3

spouses employer pays all/part4

Trade union scheme5

Other (specify)6

9 Thinking about your health in general as it is now, would you say that for someone of your age your health is **NHTCMP.A**

excellent1

good2

fair3

poor4

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

much more energy1

a little more energy2

the same amount of energy3

a little less energy4

much less energy5

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

much more energy1

a little more energy2

the same amount of energy3

a little less energy4

much less energy5

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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.2 _____	NMCON2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
3.3 _____	NNCON3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.2 _____	NCCON2.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
4.3 _____	NCCON3.A	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(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

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NCNUM.A

CONDITION SHEET 1

Health problem No. (ie. 1.1 to 4.3)

NC1NUM.A

Health problem _____

(copy from condition sheet as a check)

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

Years

NC1YR.A

Months

NC1MT.A

14 Does . . . (cond.) . . . limit your activities in any way?
if yes is that. . .

- a very great deal1
 quite a lot2
 to a moderate degree3
 only a little4
 <not at all>5

NC1LMT.A

15 a) How often does . . . (cond.) . . . cause you pain
 or discomfort? Does it trouble you . . .

- all the time1
 quite a lot of the time2
 regularly but not often3
 only occasionally4
 <not applicable(eg mental problem)>. 5 >> 16
 <never>6 >> 16

NC1PN.A

b) When it gives you pain or discomfort is it. . . .

- severe1
 moderate2
 slight3

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.) . . .?
 yes1 **NC1EVC.A**
 no2 >> 18

b) When was the last time you consulted your family doctor about . . . (cond.) . . . , how long ago? **Years** **Months**
 (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 about . . . (cond.) . . .?
 (none code 00) **NC1YNC.A**

18 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? **NC1OPC.A**
 (if never code 00)

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? **NC1HOS.A**
 (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 **NC1SER.A**
 quite serious.....2
 not very serious.....3
 not at all serious.....4

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

CONDITION SHEET 2

Health problem No. (ie. 1.1 to 4.3)

NC2NUM.A

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Health problem _____

(copy from condition sheet as a check)

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

Years**Months**

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--	--

NC2YR.A**NC2MT.A**

22 Does . . . (cond.) . . . limit your activities in any way?
 If yes is that. . .

- a very great deal1
- quite a lot2
- to a moderate degree3
- only a little4
- <not at all>5

--

NC2LMT.A

23 a) How often does . . . (cond.) . . . cause you pain
 or discomfort? Does it trouble you . . .

- all the time1
- quite a lot of the time2
- regularly but not often3
- only occasionally4
- <not applicable(eg mental problem)>.5 >> 24
- <never>6 >> 24

--

NC2PN.A

b) When it gives you pain or discomfort is it. . . .

- severe1
- moderate2
- slight3

--

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.) . . .?
 yes1
 no2 >> 26

NC2EVC.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 >> 26

Years		Months	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
NC2YRC.A		NC2MTC.A	

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

NC2YNC.A

26 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)

NC2OPC.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) >> 27

NC2HOS.A

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

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Health problem _____
 (copy from condition sheet as a check)

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

Years	Months

NC3YR.A

NC3MT.A

30 Does . . . (cond.) . . . limit your activities in any way?
 if yes is that. . .

- a very great deal1
- quite a lot2
- to a moderate degree3
- only a little4
- <not at all>5

NC3LMT.A

31 a) How often does . . . (cond.) . . . cause you pain
 or discomfort? Does it trouble you . . .

- all the time1
- quite a lot of the time2
- regularly but not often3
- only occasionally4
- <not applicable(eg mental problem)>.5 >> 32
- <never>6 >> 32

NC3PN.A

b) When it gives you pain or discomfort is it. . . .

- severe1
- moderate2
- slight3

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.) . . .?
 yes1
 no2 >> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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)

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

	Years	Months				
	<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>			<table border="1" style="display: inline-table; width: 40px; height: 20px;"><tr><td style="width: 20px;"></td><td style="width: 20px;"></td></tr></table>		
	NC4YR.A	NC4MT.A				

38 Does . . . (cond.) . . . limit your activities in any way?
if yes is that. . .

a very great deal 1	<table border="1" style="width: 40px; height: 40px;"></table>
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	<table border="1" style="width: 40px; height: 40px;"></table>
quite a lot of the time 2	
regularly but not often 3	
only occasionally 4	
<not applicable(eg mental problem)>.5 >> 40	
<never> 6 >> 40	

NC4PN.A

b) When it gives you pain or discomfort is it. . . .

severe 1	<table border="1" style="width: 40px; height: 40px;"></table>
moderate 2	
slight 3	

NC4PNX.A

40 Is . . . (cond) . . . troubling you at the moment?

yes 1	<table border="1" style="width: 40px; height: 40px;"></table>
no 2	

NC4NOW.A

41 a) Have you ever consulted your family doctor about . . . (cond.) . . .?
 yes1
 no2 >> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.) . . . ?
if yes 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.) . . . ?
if yes 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.). . . ?
 (code in years and months, months unknown code 99)

Years	Months				
<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
NC5YR.A	NC5MT.A				

46 Does . . . (cond.) . . . limit your activities in any way?
if yes is that. . .

a very great deal1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
quite a lot2		
to a moderate degree3		
only a little4		
<not at all>5		
	NC5LMT.A	

47 a) How often does . . . (cond.) . . . cause you pain
 or discomfort? Does it trouble you . . .

all the time1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
quite a lot of the time2		
regularly but not often3		
only occasionally4		
<not applicable(eg mental problem)>.5 >> 48		
<never>6 >> 48		
	NC5PN.A	

b) When it gives you pain or discomfort is it. . . .

severe1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
moderate2		
slight3		
	NC5PNX.A	

48 Is . . . (cond) . . . troubling you at the moment?

yes1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td></tr> </table>	
no2		
	NC5NOW.A	

49 a) Have you ever consulted your family doctor about . . . (cond.) . . .?
 yes1
 no2 >> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.) . . . ?
if yes 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.) . . . ?
if yes 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

CONDITION SHEET 6

Health problem No. (ie. 1.1 to 4.3)

NC6NUM.A

--	--

Health problem _____
 (copy from condition sheet as a check)

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

Years		Months	

NC6YR.A

NC6MT.A

54 Does . . . (cond.) . . . limit your activities in any way?
 if yes is that

- a very great deal1
- quite a lot2
- to a moderate degree3
- only a little4
- <not at all>5

NC6LMT.A

55 a) How often does . . . (cond.) . . . cause you pain
 or discomfort? Does it trouble you . . .

- all the time1
- quite a lot of the time2
- regularly but not often3
- only occasionally4
- <not applicable(eg mental problem)>.5 >> 56
- <never>6 >> 56

NC6PN.A

- b) When it gives you pain or discomfort is it. . . .
- severe1
 - moderate2
 - slight3

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.) . . .?
 yes1
 no2 >> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.) . . . ?
if yes 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.) . . . ?
if yes 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				
<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			<table border="1" style="display: inline-table; width: 40px; height: 20px;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		
NC7YR.A	NC7MT.A				

62 Does . . . (cond.) . . . limit your activities in any way?
if yes is that. . .

a very great deal1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>	
quite a lot2		
to a moderate degree3		
only a little4		
<not at all>5		
NC7LMT.A		

63 a) How often does . . . (cond.) . . . cause you pain
 or discomfort? Does it trouble you . . .

all the time1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>	
quite a lot of the time2		
regularly but not often3		
only occasionally4		
<not applicable(eg mental problem)>.5 >> 64		
<never>6 >> 64		
NC7PN.A		

b) When it gives you pain or discomfort is it. . . .

severe1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>	
moderate2		
slight3		
NC7PNX.A		

64 Is . . . (cond) . . . troubling you at the moment?

yes1	<table border="1" style="width: 40px; height: 20px;"> <tr><td style="width: 40px; height: 20px;"></td></tr> </table>	
no2		
NC7NOW.A		

65 a) Have you ever consulted your family doctor about . . . (cond.) . . .?
 yes1
 no2 >> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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

Years	Months
NC8YR.A	NC8MT.A

70 Does . . . (cond.) . . . limit your activities in any way?
if yes is that. . .

a very great deal 1	<input style="width: 40px; height: 20px;" type="text"/>
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	<input style="width: 40px; height: 20px;" type="text"/>
quite a lot of the time 2	
regularly but not often 3	
only occasionally 4	
<not applicable(eg mental problem)>.5 >> 72	
<never> 6 >> 72	

NC8PN.A

b) When it gives you pain or discomfort is it. . . .

severe 1	<input style="width: 40px; height: 20px;" type="text"/>
moderate 2	
slight 3	

NC8PNX.A

72 Is . . . (cond) . . . troubling you at the moment?

yes 1	<input style="width: 40px; height: 20px;" type="text"/>
no 2	

NC8NOW.A

73 a) Have you ever consulted your family doctor about . . . (cond.) . . .?
 yes1
 no2 >> 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	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

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.) . . . ?
if yes 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.) . . . ?
if yes 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)

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

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

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

<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------

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.....

yes.....1
no.....2 >>87

NDGS.A

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 chiroprapist, 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 other than having an illness or symptoms. I am thinking of things like getting advice or like having an injection if you were going abroad?

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

NNMEDC.A

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?
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

Ill 1 _____
age hlth. now
Ni1AG.A **Ni1NW.A**








Ni1CN.A

Ill 2 _____
age hlth. now
Ni2AG.A **Ni2NW.A**

Ni2CN.A

Ill 3 _____
age hlth. now
Ni3AG.A **Ni3NW.A**

Ni3CN.A

Ill	4 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni4CN.A
	Ni4AG.A Ni4NW.A	
Ill	5 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni5CN.A
	Ni5AG.A Ni5NW.A	
Ill	6 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni6CN.A
	Ni6AG.A Ni6NW.A	
Ill	7 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni7CN.A
	Ni7AG.A Ni7NW.A	
Ill	8 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni8CN.A
	Ni8AG.A Ni8NW.A	
Ill	9 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni9CN.A
	Ni9AG.A Ni9NW.A	
Ill	10 _____	
age	<input type="text"/> <input type="text"/> hlth. now <input type="text"/>	Ni10CN.A
	Ni10AG.A Ni10NW.A	
85	How many serious illnesses were reported altogether? (none code 00)	<input type="text"/> <input type="text"/> NiNUM.A

OPERATIONS

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

NPOP.A

FOR EACH OPERATION ASK

a) What was the operation for?

b) How old were you when you had it?

age

Op 1 _____

NPO1AG.A

NPO1.A

Op 2 _____

NPO2AG.A

NPO2.A

Op 3 _____

NPO3AG.A

NPO3.A

Op 4 _____

NPO4AG.A

NPO4.A

Op 5 _____

NPO5AG.A

NPO5.A

Op 6 _____

NPO6AG.A

NPO6.A

Op 7 _____

NPO7AG.A

NPO7.A

Op 8 _____

NPO8AG.A

NPO8.A

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?
(record verbatim)

c) how old were you, when it happened?
(code age in years)

b) Where did it happen?

d) Does it affect you now?

in the home 1
at work 2
vehicular accident (including pedestrians)..... 3
caused by sport 4
other (specify) 5

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

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
- taxi..... 4
- other (specify)..... 5

NDOCGO.A

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
- within three days..... 3
- in more than three days..... 4
- never go to the doctor..... 5
- no appointment system..... 6

NDOCAP.A

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

--	--

USE CARD C

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)

b) Do you wear a denture or false teeth? **NDNTYR.A** **NDNTMT.A**
if yes 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?
if regular 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)
if yes How long ago was the last time?
(code in years and months, months unknown code 99, never code 00 00, less than one month code 00 98) **NBPYR.A** **Years**

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

NCHLYR.A NCHLMT.A

WOMEN ONLY (men >> 103)

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

95 a) Have you ever had a cervical smear test? **NCRVYR.A** **Years**
if yes 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?
if yes 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?

if yes 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?

if yes When was that?

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

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)

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)

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

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?
 (code in years) **NLHRT.A**

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

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

Years	Months
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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

p1 _____

Years	Months
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

NMP1YR.A NMP1MT.A

p2 _____

Years	Months
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

NMP2YR.A NMP2MT.A

p3 _____

Years	Months
<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

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) for each symptoms ask 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

S1_____ **NMPP1S.A** ^{problem} **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 weekday?
(code hours and minutes)

Hours	Minutes				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		
NSPWHR.A	NSPWMN.A				

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

Hours	Minutes				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		
NSPEHR.A	NSPEMN.A				

104 How often do you have trouble getting to sleep?

every day.....	1	
most days.....	2	NSPNIF.A <input style="width: 40px; height: 20px;" type="text"/>
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 <input style="width: 40px; height: 20px;" type="text"/>
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 <input style="width: 40px; height: 20px;" type="text"/>
mixed.....	3	

106 Do you ever find yourself sleepy and unable to concentrate through the day?
if yes how often does that happen?

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

NSPCNS.A

107 a) Do you take any sedatives, tranquillisers or sleeping pills to help you sleep?
if yes how often do you use them?

- every day..... 1
- most days..... 2
- 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

NSPPIL.A

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, others in the afternoon and others in the evening. When would you say you feel most alert?

NSPALT.A

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?
if yes how often has that happened? **NDSFAL.A**

--	--

b) Do you ever have to hold on to something to keep your balance?

if yes 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 right hand up to your head, to put on a hat for instance?

if yes is it

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

NDSRHU.A

--

b) Do you have difficulty putting your left hand up to your head, to put on a hat for instance?

if yes is it

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

NDSLHU.A

--

- 117 a) Do you have difficulty putting your right hand behind your back, to tuck in a shirt or blouse for example?

if yes is it

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

NDSRHB.A

- b) Do you have difficulty putting your left hand behind your back, to tuck in a shirt or blouse for example?

if yes is it

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

NDSLHB.A

- 118 a) Can you pick up a small object, such as a safety pin with your right hand?

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

NDSRPU.A

- b) Can you pick up a small object, such as a safety pin with your left hand?

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

NDSLPU.A

- 119 a) Can you pick up a pint of milk and carry it with your right hand?

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

NDSRCY.A

- b) Can you pick up a pint of milk and carry it with your left hand?

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

NDSLKY.A

- 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)

if yes do you find it

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

NDSBOW.A

120 a) Do you ever wear glasses or contact lenses?
if yes is that . . . **NDSGLS.A**

all the time.....	1	<input type="checkbox"/>
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)

yes.....	1	<input type="checkbox"/>
no.....	2	

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

yes.....	1	<input type="checkbox"/>
no.....	2	

121 a) Do you ever wear a hearing aid?
if yes is that . . . **NDSHRA.A**

all the time.....	1	<input type="checkbox"/>
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)

yes.....	1	<input type="checkbox"/>
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?
if yes About how often does that happen? **NDSBLD.A**

at least once every 24 hours...	1	<input type="checkbox"/>
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?

bladder only.....	1	<input type="checkbox"/>
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 heart trouble**NLHTP.A**

prevent

NLHT1.A

main way

NLHT2.A

other ways

NLHT3.AB Rheumatism and arthritis**NLRAP.A**

prevent

NLRA1.A

main way

NLRA2.A

other ways

NLRA3.AC Bronchitis and chest trouble**NLBRP.A**

prevent

NLBR1.A

main way

NLBR2.A

other ways

NLBR3.AD Lung cancer**NLLCP.A**

prevent

NLLC1.A

main way

NLLC2.A

other ways

NLLC3.AE Strokes**NLSTP.A**

prevent

NLST1.A

main way

NLST2.A

other ways

NLST3.AF High Blood Pressure**NLBP.A**

prevent

NLBP1.A

main way

NLBP2.A

other ways

NLBP3.A

- 124 In the last year or two have you taken a book on health or illness out of the library, borrowed one from a friend or bought one for yourself?
if yes is that . . .
- | | | |
|--------------------------|---|--------------------------|
| quite often | 1 | NLBOOK.A |
| a few times | 2 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
-
- 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.
if yes is that . . .
- | | | |
|---------------------------------------|---------|--------------------------|
| a regular part of your life now | 1 | NLYOG.A |
| an occasional thing you do | 2 | <input type="checkbox"/> |
| something you tried and gave up | 3 >>128 | |
| never | 4 >>128 | |
- b) How many days a week do you normally do it?
(less than weekly=8)
- | | | |
|--|--|--------------------------|
| | | NLYOGF |
| | | <input type="checkbox"/> |
-
- 128 a) Do you have any sort of exercise machine, or weights to help you keep fit?
- | | | |
|-----------|----------|--------------------------|
| yes | 1 | NLMCN.A |
| no | 2 >> 129 | <input type="checkbox"/> |
- b) Do you use it at the moment?
if yes how many days a week do you use it?
(less than weekly = 8, don't use = 0)
- | | | |
|--|--|--------------------------|
| | | NLMCNF.A |
| | | <input type="checkbox"/> |

129 a) Have you ever used an exercise tape or cassette?
yes1
no2 >> 130

NLCAS.A

b) Do you use it at the moment?
if yes 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?
if yes is that . . .
a regular part of your life now1
an occasional thing you do2
something you tried and gave up3 >>131
never4 >>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?
yes1
no2 >> 132

NLSLMC.A

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

NLSC1F.A

no.2_____

NLSC2.A

About how many times a week do you go there?
(less than weekly = 8, don't use = 0)

NLSC2F.A

no.3_____

NLSC3.A

About how many times a week do you go there?
(less than weekly = 8, don't use = 0)

NLSC3F.A

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

yes1
no2 >> 133

NLELSE.A

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)

1 _____

NLES1F.A **NLES1.A**

2 _____

NLES2F.A **NLES2.A**

3 _____

NLES3F.A **NLES3.A**

DIET

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

white1
brown2
other (specify)3
don't eat bread4

NDTBD.A

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

butter1
soft spread margarine2
hard margarine3
other spreads4
don't use anything5

NDTBTR.A

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

none0 >> 137
up to half a pint1
more than half up to one pint2
more than one pint3

NDTMK.A

b) What sort of milk do you normally use

pasteurised, ordinary milk	1	NDTMKT.A
skimmed or semi-skimmed milk	2	<input type="checkbox"/>
a mixture of types	3	
don't use milk	4	

137 a) Compared to other people, would you say that you like your food to be. . .

very salty	1	NDTSLT.A
quite salty	2	<input type="checkbox"/>
not very salty	3	
not at all salty	4	

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	NDTOLT.A
liquid vegetable oil	2	<input type="checkbox"/>

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	NDTCFT.A
decaffeinated	2	<input type="checkbox"/>

c) Do you take

sugar	1	NDTCFS.A
sweeteners	2 >> 140	<input type="checkbox"/>
nothing	3 >> 140	

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	NDTTES.A
sweeteners	2 >> 141	<input type="checkbox"/>
nothing	3 >> 141	

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?
 yes1 **NBRFM.A**
 no2

b) Do you usually cough during the day or night in winter?
 yes1 **NBRD.A**
 no2

** 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?
 yes1 **NBRYR.A**
 no2

143 a) Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?
 yes1 **NBRPHM.A**
 no2

b) Do you usually bring up any phlegm (spit from the chest) during the day or night in winter?
 yes1 **NBRPHD.A**
 no2

** 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?
 yes1 **NBRPHY.A**
 no2

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

yes1 **NBRCHF.A**

no2

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

yes1 **NBRWZ.A**

no2 >> 146

b) Do you get this most days or nights?

yes1 **NBRWFZ.A**

no2

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?

yes1 **NBRILL.A**

no2 >> 147

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

NBRILF.A

MRC CHEST PAIN

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

yes1 **NCPPN.A**

no2

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

yes1 **NCPPRS.A**

no2

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

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

yes1 **NCPUOH.A**

no2

- 150 a) Do you get it when you walk at an ordinary pace on the level?
- | | | |
|-----------|---|--------------------------|
| yes | 1 | NCPORP.A |
| no | 2 | <input type="checkbox"/> |
- b) What do you do if you get it while walking?
- | | | |
|---------------------------------|---|--------------------------|
| stop | 1 | NCPWDO.A |
| slow down | 2 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| 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 | <input type="checkbox"/> |
| left anterior chest | 3 | |
| left arm | 4 | |
| other (specify) | 5 | |
- d) Do you feel it anywhere else?
- | | | |
|-----------|---|--------------------------|
| yes | 1 | NCPELS.A |
| no | 2 | <input type="checkbox"/> |
-

- 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 | <input type="checkbox"/> |

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 GENERAL HEALTH QUESTIONNAIRE 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?
 yes1 NPMED.A
 no2 >> 154
 don't know9 >> 154

b) What was that?

1st. _____ NPMED1.A

2nd _____ NPMED2.A

3rd _____ NPMED3.A

154 a) Have you smoked a cigarette today?
 yes1 NPCG.A
 no2 >> 155
 don't know9 >> 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?
 yes1 NPEX.A
 no2 >> 156
 don't know9 >> 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?

- yes1
- no2

NPCOND.A

b) What condition(s) do you have?

C1 _____ **NPCN1.A**

C2 _____ **NPCN2.A**

C3 _____ **NPCN3.A**

C4 _____ **NPCN4.A**

NURSE MEASUREMENTS

158 a) Which room of the house is being used for the measurement?

- living room1
- kitchen2
- bedroom3
- other (specify)4

NPROOM.A

b) Is this the same room as the interview was conducted in?

if no where was the interview conducted?

- living room1
- kitchen2
- bedroom3
- other (specify)4
- <same room>5

NPRMSM.A

c)
(degrees centigrade)

NPRTMP.A

159 Clothes worn

- light1
- medium2
- heavy3

NPCLTH.A

160 Resting pulse rate (Beats in 15 seconds)

NPPULS.A

161 Blood pressure (to nearest 2mm below)

1st. reading

RAW **NPB1S.A**

systolic

NPB1D.A

diastolic

NPB1Z.A

zero

CORRECTED **NPB1SC.A**

systolic-zero

NPB1DC.A

diastolic-zero

2nd. reading

RAW **NPB2S.A**

systolic

NPB2D.A

diastolic

NPB2Z.A

zero

CORRECTED **NPB2SC.A**

systolic-zero

NPB2DC.A

diastolic-zero

MEAN VALUES

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 advised1
 advised (mean over 190/110)2
 strongly advised (mean over 210/120)3

NPBADV.A

162 a) Standing height

(code centimetres and millimetres)

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

cm	mm
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>
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
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

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
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

163 a) Waist circumference

(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
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

b) Hip circumference (top of iliac crest)

(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	NPHPMMA.A
<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

164 Respiratory function

1st. trial

2nd trial

3rd trial

NPR1FV.A

FEV1

NPR2FV.A

FEV1

NPR3FV.A

FEV1

NPR1PF.A

PEF

NPR2PF.A

PEF

NPR3PF.A

PEF

NPR1FC.A

FVC

NPR2FC.A

FVC

NPR3FC.A

FVC

165 Reaction times

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?

yes1
no2

NLANG.A

--

if yes ASK what is your first language?

language_____

NOW COLLECT THE SELF COMPLETION FORM AND CHECK IT IS COMPLETE

FINALLY AND VERY IMPORTANTLY, 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 EXACTLY 10 MINUTES TO FILL IN THE FORM. THEY MUST 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 BACK OF THE SELF COMPLETION FORM

INTERVIEWERS TO COMPLETE

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

- yes1
- no2

NSPPR.A

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

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NOTHPR.A

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

- considerably overweight1
- slightly overweight2
- about correct for his/her height3
- slightly thin4
- unusually thin5

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

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NiVHR.A

NiVMN.A

170 status of SELF COMPLETE SCHEDULE

- completed and collected1
- left for future return by R2
- refused to complete3
- 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