



4532
BOOKNON
(1-4)

(5) COHRTIDN (6-9) IDNO
S
Respondent serial number

A					
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Interviewer number NURSEID 2

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10-

MID-THIRTIES COHORT
NURSE INTERVIEW

MARITAL STATUS M NM

SEX M F

POST CODE

6

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13 PCODEN 18
12 SEXN

MID-THIRTIES QUESTIONNAIRE - NURSE INTERVIEW

4 IDNON2

Respondent's serial number

A					
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19
22

*

I'D LIKE TO START BY ASKING YOU A FEW QUESTIONS ABOUT YOUR HEALTH IN THE PAST, BEFORE ASKING YOU SOME QUESTIONS ABOUT HOW YOU FEEL NOW

1a) So first of all, I am going to read out a list of some kinds of health problems. For each of them I would like you to say if you have ever had trouble with any of these problems.

- a) Have you ever had (any respiratory diseases . . .etc)?
- If yes (to any in list below), ask:
- b) Does this still trouble you at all?
- c) Are you currently receiving any treatment for . . ?

Interviewer - Circle appropriate response for each illness or condition in table below (and include any medications currently being taken on current medications card)
 1 - has had this condition in the past, but no longer a problem;
 2 - this is a current problem and receiving treatment;
 3 - this is a current problem but not receiving treatment;
 4 - Never had;
 & - Don't know

		Past only	Curr & treated	Curr <u>not</u> treated	Nev. had	D / K	
Respiratory diseases	23	1	2	3	4	&	RESPDIS
Arthritis or Rheumatism	24	1	2	3	4	&	ARTHRIT
Cancer	25	1	2	3	4	&	CANCER
date of diagnosis:.....							
site.....							
Asthma	26	1	2	3	4	&	ASTHMA
Stomach ulcers	27	1	2	3	4	&	STOMULC
Gall bladder trouble	28	1	2	3	4	&	GALLBL
Hernia	29	1	2	3	4	&	HERNIA
High blood pressure	30	1	2	3	4	&	HIGHBP
Heart trouble	31	1	2	3	4	&	HTTROUB
specify.....							
Diabetes	32	1	2	3	4	&	DIABETES
Epilepsy	33	1	2	3	4	&	EPILEPSY

WOMEN ONLY - to those who have /had high blood pressure or diabetes

b) Was (is) that something that you have just had whilst you were pregnant?

		Yes	No	DK	
Diabetes	34	1	2	&	DIABPREG
High blood pressure	35	1	2	&	HBPPREG

2a) Have you ever had any operations? Please remember to include any operations which you had as a child, such as tonsils (tonsillectomy).
 (Interviewer - Prompt all about day surgery, and prompt women about D & C's and about sterilisation)

Yes1 **OPEVER**
 No2 **3I**
 **→q3♂**
 D.K. **→q5♀**

If yes,
 b) How many operations have you had?

..... **2**
 Number of operations..... && **NOPER**
37 - 38

Interviewer - Ask for each operation and complete table:
 What was the operation for?
 How old were you at the time (age in years)
 Was this done privately or on the NHS?

Operation	39-66	Age		67-68	Reason	Priv	NHS	Abroad	DK
TYPEOP1	28	2		AGEOP1		69			
CODEOP1				&&		LOCOP1			
						1	2	3	&
TYPEOP2	70-97			AGEOP2		LOCOP2			
CODEOP2				&& 98-99		100	1	2	3
TYPEOP3	101-128	1-	2	AGEOP3		LOCOP3			
CODEOP3				&&		3	1	2	3
TYPEOP4	4-31	32-	33	AGEOP4		LOCOP4			
CODEOP4				&&		34	1	2	3
TYPEOP5	35-62	63-	64	AGEOP5		LOCOP5			
CODEOP5				&&		65	1	2	3
TYPEOP6	66-93	94-	95	AGEOP6		LOCOP6			
CODEOP6				&&		96	1	2	3
TYPEOP7	97-124	125-	126	AGEOP7		LOCOP7			
CODEOP7				&&		127	1	2	3
						1	2	3	&
						1	2	3	&
						1	2	3	&

ENDOF1

Interviewer - FOR WOMEN. Remember to mark date of any sterilisation (ST), hysterectomy (HY), Caesarian section (CS), termination/abortion (TA), or miscarriage (MI) mentioned on reproductive calendar.

→q5♀

MEN ONLY - women go to q5

3a) Could I just check, have you ever had a sterilisation operation (a vasectomy)?

Yes	1	} VASEVER
No	2	
D.K.	&	

→q4
128

END OF LEVEL

If yes (ie has had vasectomy)

Interviewer - make sure this has been mentioned in surgical history table in q2b). If not, go back and record details in surgical history table , then ask:

b) Was this done as an

inpatient	1	} VASIPOP
or outpatient	2	
Don't know	&	

1

c) What made you decide to have a sterilisation/vasectomy?

VASREAS

60

2-61

Interviewer - if R has had a vasectomy, go to q5

If no, (ie not had a vasectomy)

Interviewer - Check back to facesheet to see if R is married or living as married. Ask 4 only of men who are married or living as married
(If R is not married or living as married, go to q5)

4a) Do either you or your wife (partner) use any form of contraception or birth control at the moment?

	BCUSEM
Yes	1
No	2 62
	→q5
D.K	8

If yes

b) What form of birth-control is it that you (or your wife/partner) are using?

Pill / oral contraceptives	01	
Depo-provera	02	
IUD/IUCD/coil	03	BCCURRM
Cap/diaphragm	04	63-64
Condom/sheath	05	2
Sponge/'Today'	06	
Spermicide or foam etc alone	07	
Withdrawal / coitus interruptus	08	
Safe period / rhythm	09	
Partner has had sterilisation	10	
Partner has had hysterectomy	11	
Combination of methods	12	
specify		
.....		
Other (specify)	13	
Don't know	&&	

Code 19 = vasectomy

c) How long have you and/or your wife (partner) been using (.....this method of contraception.....) for?

Number of months	65- 66&& 2 BCMTHSM
Number of years	67- 68&& 2 BCYRSM

d) What made you (both) decide to use this form of contraception?

BCREASM1

69-128

60

40 END OF LEVEL 3

BCREASM2

1-40

5a) (Other than for the operations you mentioned above) Have you ever been a patient in a hospital for at least one night for any reason?

Interviewer - Remember to prompt women about hospitalisation for deliveries, and distinguish these from other hospitalisations during pregnancy.
Remember to include any accidents which led to an inpatient stay.

Yes 1 IPEVER
No 2 41
D.K. 3 →q5c

If yes

b) How many times have you been in hospital apart from when you were having an operation?

2
Number of times 42- 43 && NIPSTAY

*=1 to 10 Interviewer - for each hospitalisation complete details in table below

	Name of hospital and town				Date of adm'n (month/year)				Reason	Length of stay (days)			
					M	M	Y	Y					
					④					①	③		
1st	20	HOSP*	44-63	IPMM*	64	65	66	67	① IPREAS* 68	69	-	71	IPTX*
2nd	20		72-91		92	93	94	95	96	97	-	99	END?
3rd	20		100-119		120	121	122	123	124	125	-	127	
4th	24		1-24		25	26	27	28	29	30	-	32	
5th	24		35-56		57	58	59	60	61	62	-	64	
6th	24		65-88		89	90	91	92	93	94	-	96	
7th	24		97-120		121	122	123	124	125	126	-	128	ENDO
8th	24		1-24		25	26	27	28	29	30	-	32	
9th	24		33-56		57	58	59	60	61	62	-	64	
10th	24		65-88		89	90	91	92	93	94	-	96	

c) So, could I just check, that means that you have been in hospital times in all (including the . . . number of times that you have been in for an operation).

Number of times 97- 98 && 2 IPTOTAL

Interviewer - mark dates of delivery (BI) or any miscarriage (MI) mentioned on reproductive calendar.

I'D LIKE NOW TO ASK YOU ABOUT ANY ACCIDENTS THAT YOU MAY HAVE HAD. *

6a) Thinking first of any accidents that you have had whilst working. Have you had any work related accidents? I mean any that you went to the casualty or an A. & E. department at (a) hospital for, or were seen by the works doctor or nurse?

None	0	} WKACEVER
Yes, 1.....	1	
Yes, 2.....	2	} 9
Yes, 3 to 5	3	
Yes, 6 or more	4	
Don't know.....	&	

If 3 or more work-related accidents ask:

b) Have you had the same type of injury several times?

Yes.....	1	} WKACREP	
No.....	2		100
Don't Know.....	&		→q7

c) What type(s) of injury was it (were they)? (What happened?)
(Roughly) How many times have you had this type of injury?

Type of repeated injuries

Number of times

26	TYPWKAC1	101-126	2		NWKACR1
			127-	128	&&
END OF					
30	TYPWKAC2	1-30	2		NWKACR2
			31-	32	&&

d) Have any of these happened to you whilst you've been working in your current place of work?

.....	WKACCURR
Yes.....	1
No	2 33
DK.....	&

Interviewer – include any other work accidents (ie. non-repeated) in the accidents table overleaf.

7a) Thinking back over the time since you were about 15 or 16, have you had any accidents either at home, or at work (not repeated work accidents), or somewhere else that you went to the casualty or A. & E. department at (a) hospital for?

Yes.....1 **ACCEVER**
 No.....2 **34**
 D.K.....& **→q8**

If yes

b) How many times have you had an accident that you had to go to hospital for?

2

Number of times.....

35-	36
-----	----

&& **NACC**

Interviewer – Complete table for each accident episode. Include work accidents if R has had only 1 or 2, and include any accidents that led to an overnight stay in hospital. Do not include childhood accidents, or repeated work accidents.

If R has had more than 5 'eligible' accidents record total number and ask about most recent five accidents.

Ask for each accident:

- i) How old were you when you had the accident?
- ii) What happened (type of accident)?
- iii) Where did the accident happen (circumstances)?
 - 1 – at home
 - 2 – at work
 - 3 – car or road traffic accident etc
 - 4 – sport
 - 5 – other (specify)
 - & - DK

	Age	Type of accident		circumstances
1 st	&&	2 AGEACC1 37-	38	20 TYPEACC1 39-58 CIRCACC1 1 2 3 4 5 59 &
2 nd	&&	3 AGEACC2 60-	61	20 TYPEACC2 62-81 CIRCACC2 1 2 3 4 5 82 &
3 rd	&&	3 AGEACC3 83-	84	20 TYPEACC3 85-104 CIRCACC3 1 2 3 4 5 105 &
4 th	&&	2 AGEACC4 106-	107	20 TYPEACC4 108-127 CIRCACC4 1 2 3 4 5 128 &
5 th	&&	2 AGEACC5 1-	2	20 TYPEACC5 3-22 CIRCACC5 1 2 3 4 5 23 &

END

*

TURNING NOW TO YOUR HEALTH AT THE MOMENT

8) Would you say that for someone of your own age your own health in general is. ?

Excellent.....	1	
Good.....	2	
Fair.....	3	SAHAGEN
Poor.....	4	24
Don't Know.....	&	

9) Over the last twelve months, would you say that your health has on the whole been ?

Excellent.....	1	
Good.....	2	
Fair.....	3	SAHLYRN
Poor.....	4	25
Don't Know.....	&	

10a) Do you have any long standing 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?

Yes.....	1	LSTANDN	
No.....	2		26
Don't Know.....	&		→q11

b) *If yes,*
What is the matter with you?

46 **LSIPROBN**
27-72

c) Does this illness or disability limit your activities in any way?

Yes.....	1	LSILIMN
No.....	2	73
Don't know.....	&	

AND THINKING FOR A MOMENT OF OTHER PEOPLE IN YOUR HOUSEHOLD

11a) Does anyone in your household suffer from any longstanding illness, disability or infirmity?

Yes.....1 **HSELSI**
 No2
 Don't know.....& } **→q14**
74

If yes,

b) Which member(s) of your household is this?

person 1 **75-76** **2** **HSELSIP1**
 person 2 **77-78** **2** **HSELSIP2**
 person 3 **79-80** **2** **HSELSIP3**

(If more than one member of household is suffering from any longstanding illness, disability or infirmity, go though questions below for each person)

END
??

	person 1	person 2	person 3						
c) What's the matter with him/her?	24 LSIMTP1 81-104	24 LSIMTP2 105-128	24 LSIMTP3 1-24						
d) How long has s/he suffered from this? (Record number of years)	2 && <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>25-</td><td>26</td></tr></table> LSIYRSP1	25-	26	2 && <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>27-</td><td>28</td></tr></table> LSIYRSP2	27-	28	2 && <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>29-</td><td>30</td></tr></table> LSIYRSP3	29-	30
25-	26								
27-	28								
29-	30								
e) How long have they lived with you? (Record number of years)	2 && <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>31-</td><td>32</td></tr></table> LSILIVP1	31-	32	2 && <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>33-</td><td>34</td></tr></table> LSILIVP2	33-	34	2 && <table border="1" style="display: inline-table; vertical-align: middle;"><tr><td>35-</td><td>36</td></tr></table> LSILIVP3	35-	36
31-	32								
33-	34								
35-	36								

12) Does have trouble with:
 (Record 1 – yes (and ask who helps and record response); 2 – no)

	person 1	person 2	person 3
a) getting out on his / her own?	LSIOUTP1	LSIOUTP2	LSIOUTP3
Yes	1	1	1
No	2 37	2 38	2 39
DK	&	&	&
b) getting around inside the house?	LSIINP1	LSIINP2	LSIINP3
Yes	1	1	1
No	2 40	2 41	2 42
DK	&	&	&
c) washing or dressing him/herself?	LSIWSHP1	LSIWSHP2	LSIWSHP3
Yes	1	1	1
No	2 43	2 44	2 45
DK	&	&	&
d) going to the toilet?	LSITOIP1	LSITOIP2	LSITOIP3
Yes	1	1	1
No	2 46	2 47	2 48
DK	&	&	&
e) bathing him/herself?	LSIBTHP1	LSIBTHP2	LSIBTHP3
Yes	1	2	1
No	2 49	2 50	2 51
DK	&	&	&
f) feeding him/herself?	LSIFEDP1	LSIFEDP2	LSIFEDP3
Yes	1	1	1
No	2 52	2 53	2 54
DK	&	&	&

13) Who is most involved in looking after ?

person 1 **CARESP1** **55** ①

person 2 **CARESP2** **56** ①

person 3 **CARESP3** **57** ①

NOW TURNING BACK AGAIN TO YOUR OWN HEALTH.

*

14) I'm going to read a list of problems which some people suffer from and I'd like you to look at the card and say whether it is something that you tend to have problems with, and also whether you have had problems with each within the LAST MONTH.

Interviewer – ask for each set of the symptoms hand R card 1a) to 1e) in turn and ask for each symptom on the card:

Do you tend to have problems with (Interviewer – read out each of symptoms from list in turn) ?

Have you suffered from any problems with any of them within the last month?

Interviewer – if R has said yes to either of above for a symptom, ask:

Have you ever sought treatment for this?

(Interviewer – circle appropriate response:

1 – yes has sought treatment and within the last year;

2 – yes has sought treatment but not within last year;

3 – no, has never sought treatment for this condition or symptom)

n=31 symptoms			TEND TO?		LAST MONTH		SOUGHT TREATMENT?								
			Yes	No	Yes	No	Yes in last year	Yes <u>not</u> in last year	Nev						
					LM...		ST.								
a)	Headaches	TTHEADAC	1	58	2	&	1	59	2	&	1	2	60	3	&
	Difficulty sleeping M	TTDIFFSL	1	61	2	&	1	62	2	&	1	2	63	3	&
	Constipation P	TTCONSTP	1	64	2	&	1	65	2	&	1	2	66	3	&
	Feeling run down	TTRUNDWN	1	67	2	&	1	68	2	&	1	2	69	3	&
	Trouble with varicose veins p	TTVEINS	1	70	2	&	1	71	2	&	1	2	72	3	&
	Trembling hands	TTTREMBL	1	73	2	&	1	74	2	&	1	2	75	3	&
b)	Back trouble	TTBACKTR	1	76	2	&	1	77	2	&	1	2	78	3	&
	Nerves M	TTNERVES	1	79	2	&	1	80	2	&	1	2	81	3	&
	Colds and 'flu P	TTCOLDFL	1	82	2	&	1	83	2	&	1	2	84	3	&
	Pain in your stomach (abdo. pain not period pains)	TTSTOMAC	1	85	2	&	1	86	2	&	1	2	87	3	&
	Always feeling tired	TTTIRED	1	88	2	&	1	89	2	&	1	2	90	3	&
	Excessive sweating	TTWEAT	1	91	2	&	1	92	2	&	1	2	93	3	&
c)	Kidney or bladder trouble P	TTKIDBLA	1	94	2	&	1	95	2	&	1	2	96	3	&
	Painful joints P	TTJOINTS	1	97	2	&	1	98	2	&	1	2	99	3	&
	Difficulty concentrating M	TTDIFFCO	1	100	2	&	1	101	2	&	1	2	102	3	&
	Palpitations or breathlessness	TTPALPNS	1	103	2	&	1	104	2	&	1	2	105	3	&
	Muscular tension	TTMUSCTN	1	106	2	&	1	107	2	&	1	2	108	3	&
	Diarrhoea P	TTDIARR	1	109	2	&	1	110	2	&	1	2	111	3	&
d)	Worrying over every little thing M	TTWORRY	1	112	2	&	1	113	2	&	1	2	114	3	&
	Indigestion or stomach trouble	TTINDIGN	1	115	2	&	1	116	2	&	1	2	117	3	&
	Sinus trouble or catarrh P	TT SINUS	1	118	2	&	1	119	2	&	1	2	120	3	&
	Depression M	TTDEPRN	1	121	2	&	1	122	2	&	1	2	123	3	&
	Faints or dizziness	TTFAINTS	1	124	2	&	1	125	2	&	1	2	126	3	&
	Poor appetite M	TTPOORAP	1	127	2	&	1	128	2	&	1	2	1	3	&
e)	Sore throat P	TTTHROAT	1	2	2	&	1	3	2	&	1	2	4	3	&
	Trouble with gums or mouth P	TTGUMS	1	5	2	&	1	6	2	&	1	2	7	3	&
	Wheeze or wheezy chest	TTWHEEZE	1	8	2	&	1	9	2	&	1	2	10	3	&
	Skin rash / skin trouble	TTSKIN	1	11	2	&	1	12	2	&	1	2	13	3	&
	Piles or haemorrhoids P	TTPILES	1	14	2	&	1	15	2	&	1	2	16	3	&
	General aches and pains	TTACHES	1	17	2	&	1	18	2	&	1	2	19	3	&
	Allergy (specify)	TTALLERG	1	20	2	&	1	21	2	&	1	2	22	3	&

NOW I'D LIKE TO ASK YOU A FEW QUESTIONS ABOUT YOUR SLEEP.

15) On the whole, how well do you sleep? would you say that you are a ?

- Very good sleeper.....1
- Good sleeper.....2
- Poor sleeper.....3 **SLPWELL**
- Very poor sleeper / Insomniac.....4 **23**
- Don't know.....&

16) On average, how many hours do you sleep a night?

- 2**
- Number of hours.....

24-	25
-----	----

 && **SLPHOURS**

17) Do you think that you get enough sleep?

- Yes.....1
- No.....2 **SLPENOF**
- D.K.....& **26**

18) How often do you have trouble with falling to sleep?

- HBSLP.A**
- Every day1
 - Most days.....2
 - At least weekly3 **SLPTROUB**
 - At least monthly.....4 **27**
 - Less than monthly.....5
 - Never.....6
 - Don't know.....&

19a) How often do you have trouble with waking up during the night?

- Every day1
- Most days.....2
- At least weekly3 **SLPWAKE**
- At least monthly.....4 **28**
- Less than monthly.....5
- Never.....6
- Don't know.....&

- b) What is it that usually wakes you up? Do you usually wake up because you are restless or sleeping badly, or do you usually get woken up by something?
If woken up by something, what is it?

Restless or sleeping badly	1	②
Woken by something else.....		
Baby	2	
Other child(ren) in household.....	3	
Other person in household.....	4	SLPREAS
Full bladder.....	5	
Neighbours.....	6	29-30
Traffic	7	
Street noise	8	
Other (specify).....	9	
Don't know.....	&	

- 20) How often do you get so sleepy during the day that you find it difficult to concentrate?

Every day	1	
Most days	2	
At least weekly	3	SLPCONC
At least monthly.....	4	31
Less than monthly	5	
Never.....	6	
Don't know.....	&	

- 21a) How often do you take a sedative or sleeping pill that has been prescribed by a doctor to help you get off to sleep?

Every day	1	
Most days	2	
At least weekly	3	SLPPILLS
At least monthly.....	4	32
Less than monthly	5	
Never.....	6	
.....		} →q??
Don't know.....	&	

- b) Which sedative, tranquillizer or sleeping pill do you take?

.....
.....

(Interviewer – Record any sedatives, tranquillisers or sleeping pills that R is currently taking on current medications card)

CURRENT MEDICATIONS

22a) Are you taking anything else at the moment? For example, any (other) tablets, medicines, drugs or inhalers, creams, or the pill, or any tonics or vitamins, or anything else like that?
Interviewer – Record all information from b-f on current medications card

Yes.....	1	} CURMED
No.....	2	
Don't know.....	&	

33
→q23 ♀
→Q33 ♂

If yes

b) What are you taking? (Do you have the bottle/packet so that I can take the name down?)
Interviewer – record all details in current medications card.

c) When did you start taking this?

d) Was this prescribed for you or did you buy it over the counter?
Interviewer – record all details in current medications card.

e) What are you taking this for?
Interviewer – record the reasons that R gives on current medication card.

f) Is this something that you take regularly or occasionally. By occasionally I mean something that you only take/use when you need to?

Regularly	1
Occasionally	2
DK.....	&

Interviewer - men go to q33a) (p19)

WOMEN ONLY A) CURRENT CONTRACEPTION *

IF WOMAN HAS NOT MENTIONED OC'S IN Q22, ASK:

23a) So could I just check, are you taking the pill (oc's) at the moment?

- Yes.....1
- No.....2 } →q2?
- Don't know.....&

IF YES OR IF WOMAN HAS MENTIONED OC'S IN Q22, ASK

b) Which pill are you taking at the moment? (Record response in current medication table)

.....

WE ARE INTERESTED IN GETTING A COMPLETE HISTORY OF WOMEN'S EXPERIENCE OF PREGNANCIES, CHILDBIRTHS AND CONTRACEPTION AS THIS MAY AFFECT WOMEN'S HEALTH. SO COULD I JUST ASK YOU . . .

c) How long have you been taking the pill for? (duration of this spell of use) ?

number of months.....

--	--	--

 &&&

d) What made you decide to use this form of contraception?

→q25

IF NOT CURRENTLY USING OC'S.

WE ARE INTERESTED IN GETTING A COMPLETE HISTORY OF WOMEN'S EXPERIENCE OF PREGNANCIES, CHILDBIRTHS AND CONTRACEPTION AS THIS MAY AFFECT WOMEN'S HEALTH. SO COULD I JUST ASK YOU SOME QUESTIONS ABOUT THIS

24a) First of all, are you currently using any method of contraception?

- Yes.....1
- No.....2 } →q?
- Don't know.....&

b) What method(s) of contraception are you using?

.....
.....

If using more than one method of contraception, ask:

c) Which is the form of contraception which you mainly use at the moment?

2

Main method.....

34-	35
-----	----

 && BCCURRW

d) What made you decide to use this form of contraception or family planning (or to have the operation etc)?

NB. See derived contraception variables.

e) How long have you been using this form of contraception or family planning? (Mark response on reproductive calendar)

We have found that the best way to record details of pregnancies, childbirths and so on in the past is to use a calendar like this.

(Interviewer – show R reproductive calendar)

You have already mentioned that you have had births, I have already marked these on the calendar.

25a) Have you had any other children.

Yes.....1
 No.....2 →q26

b) How many other children have you had?

Record number.....

--	--

&&

c) When was s/he born (Ask for each child mentioned in b above)

Interviewer – mark month and year of birth (BI) for each child and block out the months of pregnancy (PR) leading up to the birth (BI) on the reproductive calendar

d) So that means that you have had children in all.

number of children

103-	104
------	-----

&&²

NKIDW

26a) Can I just ask, have you ever given birth to a child who later died – even one who only lived for a short time?

Yes.....1
 No.....2
 Don't know.....&]
KIDDIEDW
105
→q27

b) How many of your children have died?

Record number.....

106-	107
------	-----

&² **NKIDDIED**

c) When was s/he born (Ask for each child mentioned in b above)

Interviewer – mark month and year of birth for each child that has died and block out the months of pregnancy leading up to the birth (BI) or stillbirth (SB) on the reproductive calendar.

^{1st} **YDIEK1W** ^{2nd} **YDIEK2W** ^{3rd} **YDIEK3W**

d) When did s/he die?
(record last 2 digits of year)

2 &&

108-	109
------	-----

 &&

110-	111
------	-----

 &&

112-	113
------	-----

e) How old was s/he when s/he died?
(Age in years or months)

4 &&

--	--	--	--

 &&

--	--	--	--

 &&

--	--	--	--

f) And what did s/he die from?

114-117 **118-121** **122-125**
AGDIEK1W **AGDIEK2W** **AGDIEK3W**

27a) (You mentioned earlier that you had had . . . miscarriages (MI) / terminations (TA) / stillbirths (SB). I have already marked these on the calendar but . . .) could I just ask, have you ever had a(ny other) pregnancy that lasted only a few weeks or months and ended in a miscarriage (MI), termination (TA), abortion (TA) or stillbirth (SB)?

Yes.....1
 No.....2
 Don't know.....&

MITASBEV
126
→q2?

b) How many of these pregnancies have you had?

2 **NMITASB**
 Record number.....

127-	128
------	-----

 && **END ??**

c) Now, can I ask you how this (these) pregnancy(cies) ended - was it a miscarriage, a stillbirth, an abortion or termination carried out by a doctor or what?
 In what month/year did the pregnancy end?

Interviewer - mark date (month and year) of any miscarriage (MI); termination or abortion (TA); or stillbirth (SB) on reproductive calendar, and block out the months of pregnancy (PR) leading up to the event.

B. PAST USE OF CONTRACEPTION

28) So could you now tell me which forms of contraception or family planning if any you have used? You may have used some of the forms of contraception or family planning shown on this card. (Interviewer - hand R card 2) You may find it helpful to look through this calendar with me.

Interviewer - give R time to look at the list of methods.

Complete reproductive calendar with R

See list of codes for different methods, and obstetric events. Remember to code times when R is not using any form of contraception according to whether R was:

- i) Trying to get pregnant (TP)
- ii) Not sexually active (NS)
- iii) sexually active, but not trying to get pregnant and not using any contraception (NU).

When the calendar is complete from first use of contraception right up to present date, ask:

29a) So can I just check that you took the pill (cc's) for x months and x years before your first pregnancy.

Number of months use before first pregnancy.....

1-	2
3-	4

 && **OCMMBFFP**
 Number of years use before first pregnancy..... && **OCYYBFFP**

b) Can you remember which pill you took for the longest period of time? How long did you take this brand for?

20 **5-24** **BRANDOC**
 Brand of pill taken for longest.....
25-26 **27-28** **TIMMBROC**
 Length of time taken for.....
2 **2**.....**TIMYBROC**

AND COULD I ASK YOU A FEW MORE QUESTIONS ABOUT WOMEN'S HEALTH *

30. Do you tend to have problems with: (Interviewer - read out from list below)
 Have you had problems with in the last month?
 And have you ever sought treatment for?

		TEND TO?			LAST MONTH ?				SOUGHT TREATMENT							
		Yes	No	DK		Yes	No	DK	Yes in last year	Yes <u>not</u> in last year	Neve	DK				
Painful periods	TTPPAIN	1	29	2	&	LM.	1	30	2	&	ST	1	2	31	3	&
Premenstrual problems (specify)	TTPMT	1	32	2	&		1	33	2	&		1	2	34	3	&
Other period problems (specify)	TTOTHPER	1	35	2	&		1	36	2	&		1	2	37	3	&
Menopause problems (specify)	TTMENOP	1	38	2	&		1	39	2	&		1	2	40	3	&
Any other gynaecological problems (specify)	TTGYNAE	1	41	2	&		1	42	2	&		1	2	43	3	&

31. (As far as you know) have you ever had a cervical smear test?
 (If yes, establish when and code below)

- Yes, within past 12 months1
 - Yes, between 1 and 5 years ago.....2
 - Yes, but longer than 5 years ago3
 - No, never4
 - Don't know.....&
- SMEAREV**
44

32a) Do you ever examine your breasts?

- Yes, once a month or more often1
 - Yes, but not as often as once a month2
 - No3
 - Don't know.....&
- BSEEV**
45

b) Have you ever been taught how to examine your breasts?
 (If so who by?)

- Never been taught.....1
 - Taught by family planning doctor/nurse.....2
 - Taught by other doctor3
 - Taught by other nurse/midwife4
 - Taught by someone else5
 - (specify).....
 - Don't know.....&
- BSETGHT**
46

c) Do you know how to do breast self-examination?

Yes	1	} BSEKNOW
No.....	2	
Don't know	&	

47
→q3?

d) Where did you first find out about breast self-examination?

Family planning/well-woman clinic	1	} BSEFSTHD
Other doctor.....	2	
Self-help group	3	
Other nurse.....	4	
TV programme (specify).....	5	
Radio programme (specify).....	6	
Magazine	7	
Pamphlet or leaflet.....	8	
Other (specify).....	9	

48-??
2

Don't know.....&

Ask all - ie women and men

MOVING ON NOW TO THINK OF YOUR HEALTH OVER THE LAST YEAR OR SO. *

33a) Have you attended a hospital outpatient department (for your self) over the last year or so (but excluding the FP clinic and accident and emergency) ?

Yes	1	} OPYREV
No.....	2	
Don't know	&	

50
→q??

If yes,
b) How many times have you been?

2

Number of times.....

51-	52
-----	----

 && **NOPIR**

34) How many times have you been to see your GP (or family doctor) ON YOUR OWN BEHALF over the year?

2

Number of times.....

53-	54
-----	----

 && **NGPIR**

35a) Who is your family doctor/GP (or which health centre do you attend?)

GPNAME 20

Name of dr or group practice.....
 **55-74**
 Not registered →(q38)

b) Where is their surgery/health centre? (Get full address if possible)

Address..... **GPADDR**..... **40**
 **75-114**

c) How do you (usually) get there?

GPGETTO

walk..... 1
 bus..... 2
 tube..... 3
 car..... 4 **115**
 train..... 5
 other (specify)..... 6
 Don't know..... &

d) How far away is that? I mean, how long does it take you to get there?

GPDIST

5 mins or less..... 1
 6 – 15 mins..... 2
 16 – 30 mins..... 3
 31 – 60 mins..... 4 **116**
 More than 1 hour..... 5
 Don't know..... &

e) Why do you go to this dr/ health centre?

Interviewer – circle one (main) response only

GPWHY

Nearest..... 1
 Same GP/practice since childhood..... 2
 Changed to spouse's doctor..... 3
 Recommended when moved to area..... 4 **117**
 Recommended other (specify)..... 5
 Other (specify)..... 6
 Don't know..... &

36a) How easy is it to get an appointment? Can you usually get an appointment. . . .

GPAPPT

on the same day	1
the next day	2
within 2 or 3 days	3
within 4 or 5 days	4 118
usually have to wait longer	5
no appointments system	8
Don't know	&

b) And how about if you really insisted or in an emergency. When would you be able to get an appointment. . . .

GPEMERG

on the same day	1
the next day	2
within 2 or 3 days	3
within 4 or 5 days	4 119
usually have to wait longer	5
would call doctor out in an emergency	6
N/A no appointments system	8
Don't know 'cos never tried	9
Don't know	&

37) How satisfied are you with your GP/family doctor? Would you say that you were. . . . ?
(Interviewer – Read out . . .)

GPSATIS

Very satisfied	1
Quite satisfied	2
Neither satisfied nor dissatisfied	3
Quite dissatisfied	4 120
Very dissatisfied	5
Can't say / DK	&

38a) Have you ever FELT that you disagreed either about a treatment or a diagnosis that a doctor has given you or suggested for you (or one of your family)? I mean, have you ever stopped a course of treatment, or sought a second opinion, or told the doctor that you disagreed with him or her, or even just felt that you disagreed but done nothing?

Interviewer – probe as necessary

Yes1 **DISAGREE**
 No.....2 **121**
 Don't know& **→q39**

If yes

b) What happened? Could you tell me about it in a bit more detail. If there has been more than one occasion, could you tell me about the one that you felt most strongly about?

c) What did you do about it, if anything?
 Interviewer – code all that apply

	Yes	No
Did nothing	1	2
Changed dr	1	2
Sought a second opinion	1	2
Challenged dr verbally	1	2
Discontinued medicine or treatment.....	1	2
Other (specify)	1	2

39a) Some people these days have health insurance which pays * the cost of private medical treatment. Are you covered by any private medical insurance of this kind?

PRIVHI.A

Yes1 **PRIVMED**
 No.....2 **122**
 . } **→q4?**
 D.K.....&

If yes,

b) Who pays the subscription?

PRIVSUB

Respondent pays it all1
 Employer pays it all.....2
 Employer pays for R, but R pays for dependant.....3
 Employer pays part, R pays for part.....4 **123**
 R's S/P's employer pays all or part5
 Trade union scheme.....6
 Other (specify)7
 Don't know&

40a) Do you ever wear glasses or contact lenses?

Yes1 **GLASSES**
 No.....2 **124**
 . } **→q4?**
 Don't know&

b) Does your sight ever cause you any difficulties (even when wearing glasses or contact lenses)?

Yes1 **SIGHT**
 No.....2 **125**
 . }
 D.K.....&

41a) Do you ever wear a hearing aid?

Yes1 **HEARAID**
 No.....2 **126**
 . } **→q???**
 DOn't know.....&

b) Do you ever have any difficulties with your hearing (even when you are wearing your aid)?

Yes1 **HEARING**
 No.....2 **127**
 . }
 Don't know&

42a) Have you lost any of your second (adult) teeth?

Yes1 **TLOST**
 No.....2 **128**
 Don't know& **→q43**

END OF U??

If yes

b) Roughly how many of your second (adult) teeth have you lost?

2

Number of teeth.....

1-	2
----	---

 && **NTLOST**

c) How old were you when you lost the first of your second (adult) teeth because of decay?

Interviewer – If R cannot remember, ask for an estimate of age

2

Age in years

3-	4
----	---

 && **AGEDECAY**

43) Have you ever had any dentures, that is, false teeth on a plate to replace some of your natural teeth?

Yes1 **DENTURES**
 No.....2 **5**
 Don't know&

44) About how long ago was your last visit to the dentist?

Less than 6 months ago1
 More than 6 but less than 12 months2
 More than 1 but less than 2 years3 **DENTLAST**
 More than 2 but less than 5 years4 **6**
 More than 5 but less than 10 years5
 More than 10 years6
 Never been to dentist7 **→q46**
 Don't know&

45) In general, do you go to the dentist for a regular check-up, an occasional check-up, or only when you are having trouble with your teeth?

Regular check-up.....1
 Occasional check-up2
 Only when having trouble3 **DENTREG**
 False teeth / not applicable.....4 **7**
 Don't know&

46) Over the last year or so, have you seen anyone (else) about any problems you've been having, or about your or your family's health or welfare or for any other things like that? For example, have you seen any of the people mentioned on this card? Interviewer - hand R card 3.

If yes: Who was it that suggested that you should see them?

	Yes	No	DK	Own dr	Referral? Self	Other pers (sp)	DK
acupuncturist	1	2	&	1	2	3	&
chiropracist	1	2	&	1	2	3	&
chiropractor	1	2	&	1	2	3	&
counsellor	1	2	&	1	2	3	&
dietician	1	2	&	1	2	3	&
district nurse	1	2	&	1	2	3	&
health visitor	1	2	&	1	2	3	&
herbalist	1	2	&	1	2	3	&
homeopath	1	2	&	1	2	3	&
medical social worker	1	2	&	1	2	3	&
marriage guidance counsellor	1	2	&	1	2	3	&
midwife	1	2	&	1	2	3	&
nutritionist	1	2	&	1	2	3	&
occupational therapist	1	2	&	1	2	3	&
optician	1	2	&	1	2	3	&
osteopath	1	2	&	1	2	3	&
physiotherapist	1	2	&	1	2	3	&
psychotherapist	1	2	&	1	2	3	&
priest or minister	1	2	&	1	2	3	&
self-help group (specify)	1	2	&	1	2	3	&
social worker	1	2	&	1	2	3	&
spiritualist	1	2	&	1	2	3	&
other (specify)	1	2	&	1	2	3	&

47a) Over the last year how often have you had to take time off work because of ill-health? (Ask for each occasion) How long were you off work on each occasion? (Record number of times; 00 for none)

2

Number of times.....

8-	9
----	---

 && **NOFFWORK**

2

10-	11
12-	13
14-	15
16-	17
18-	19

Number of days (1st time)..... && **OFFWORK1**
 Number of days (2nd)..... && **OFFWORK2**
 Number of days (3rd)..... && **OFFWORK3**
 Number of days (4th)..... && **OFFWORK4**
 Number of days (5th)..... && **OFFWORK5**

b) Over the last year or so how many times have you had to stay in bed because you were feeling unwell? (Ask for each occasion) How long did you stay in bed on this occasion? (Record number of times; 00 for none)
 (Interviewer – remember, this does not necessarily refer to whole days in bed)

2

Number of times.....

20-	21
-----	----

 && **NSICKBED**

2

22-	23
24-	25
26-	27
28-	29
30-	31

Number of days (1st time)..... && **SICKBED1**
 reason.....
 Number of days (2nd)..... && **SICKBED2**
 reason.....
 Number of days (3rd)..... && **SICKBED3**
 reason.....
 Number of days (4th)..... && **SICKBED4**
 reason.....
 Number of days (5th)..... && **SICKBED5**

c) Over the last year have there been other times when you have felt unfit to do your normal work or carry on with your normal day, but you haven't either stayed in bed or stopped doing the things which you normally do (your normal work-day)? (Record number of times; 00 for none)

2

Number of times.....

32-	33
-----	----

 && **NUNFIT**

2

34-	35
36-	37
38-	39
40-	41
42-	43

Number of days (1st time)..... && **UNFIT1**
 Number of days (2nd)..... && **UNFIT2**
 Number of days (3rd)..... && **UNFIT3**
 Number of days (4th)..... && **UNFIT4**
 Number of days (5th)..... && **UNFIT5**

Were there particular reasons why you could not stop?

38 UNFITREA

44-81

48) During the past year, how often have you been bothered by feeling sad, or depressed? Would you say *

- Very often1
- Fairly often2
- Sometimes.....3 **SADYR**
- Almost never.....4
- Never5 **82**
- Don't know&

49a) Have there (ever) been periods in your life when you have gone to see the GP or family doctor for nerves or depression?

- Yes1 **GPNERV**
- No.....2 **83**
- Don't Know.....& **→q50**

If yes

b) How many

Number of times.....

--	--

 &&

ASK FOR EACH EPISODE AND COMPLETE TABLE BELOW:

- c) When was that (age)?;
- d) Did the doctor give you a prescription? If yes, What was it? (Record name and/or type of drug) ;
- e) Did the doctor tell you what was the matter or put a name to it?;
- f) Did the doctor refer you to anyone for your nerves or depression? (If referred as IP, also complete appropriate details in table in Q5.)

	AGE (years)		PRESCRIPTION	DIAGNOSIS	REFERRAL?			???
	Yes	No			DK			
1 st	&&	84- 85	AGENERV1	REFNERV1	1	2	&	???
2 nd	&&	87- 88	AGENERV2	REFNERV2	1	2	&	???
3 rd	&&	90- 91	AGENERV3	REFNERV3	1	2	&	???
4 th	&&	93- 94	AGENERV4	REFNERV4	1	2	&	???
5 th	&&	96- 97	AGENERV5	REFNERV5	1	2	&	???

50a) Have you ever taken (any other) anti-depressants or tranquilisers or things like that for any other reasons?

Yes	1	} TRANQS
No	2	
D.K.	&	

99
→q51

If yes,
b) Do you know what you took?

Name of medicine.....

(Amend responses to Q49 and on current medications card if necessary)

51a) Do you have any other health or medical problems that you've not mentioned?

Yes	1	} OTHMED
No	2	
Don't know	&	

100
→q52

Interviewer – REMEMBER TO INCLUDE ANY HEALTH OR MEDICAL OR RELATED PROBLEMS WHICH HAVE BEEN MENTIONED DURING THE COURSE OF THE INTERVIEW HERE WHICH HAVE NOT BEEN RECORDED ELSEWHERE.

If yes,
b) Could you give me a few more details?

28

RESIDMED

101-128

END OF

L12

c) Did your doctor say that you had that?

Yes	1
No	2
Don't know	&

52. I'D LIKE TO ASK YOU NOW HOW OFTEN IN A NORMAL WEEK YOU HAVE *
PHYSICAL EXERCISE THAT MAKES YOU OUT OF BREATH AND SWEAT.
- a) First can you think of the time that you're at work or are doing any sort of work around the house. How often do you do things for at least 20 minutes during which time you get out of breath and sweat?
 - b) and thinking now of your free time in a normal week, how often do you do any sport or games or anything else for at least 20 minutes during which time you get you out of breath and sweat?
 - c) and thinking about your time as a whole. How often are you physically active for at least 20 minutes during which time you get out of breath and sweat?

	'work'	'free'	'overall'
More than once a day	1	1	1
4-6 times a week	2	2	2
2-3 times a week	3	3	3
At least once a week	4	4	4
At least once a fortnight	5	5	5
At least once a month	6	6	6
less than once a month	7	7	7
never	8	8	8
Don't know	& 1	& 2	& 3

EXWORK EXFREE EXALL

MRC CHRONIC BRONCHITIS QUESTIONNAIRE

53a) Do you usually cough first thing in the morning in winter?

Yes1 **COUGHAM**
 No.....2 **4**
 Don't know&

b) Do you usually cough during the day or night in winter?

Yes1 **COUGHNT**
 No.....2 **5**
 Don't know&

Interviewer – if R has said 'yes' to a) or b), ask:

c) Do you cough like this on most days for as much as 3 months each year?

Yes1 **COUGH3M**
 No.....2 **6**
 Don't know&

54a) Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?

Yes1 **PHLEGMAM**
 No.....2 **7**
 Don't know&

b) Do you usually bring up any phlegm (spit from the chest) during the day or at night in winter?

Yes1 **PHLEGMNT**
 No.....2 **8**
 Don't know&

Interviewer – if R has said 'yes' to a) or b), ask:

c) Do you bring up phlegm on most days for as much as 3 months each year?

Yes1 **PHLEGM3M**
 No.....2 **9**
 Don't know&

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

Yes1 **COUGH3WK**
 No.....2 **10**
 Don't know&

56a) Does your chest ever sound wheezy or whistling?

Yes1 **WHEEZYEV**
 No.....2 **11**
 Don't know&

b) Do you get this most days (or nights)?

Yes1 **WHEEZYM**
 No.....2 **12**
 Don't know&

57a) During the past 3 years have you had any chest illness e.g. bronchitis, pneumonia, which has kept you off work or indoors for a week or more?

Yes1 **BRONCH**
 No.....2 **13**
 Don't know&

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

number of times.....

14-	15
-----	----

 && **NBRONCH**

CHEST PAIN QUESTIONNAIRE

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

Yes1 **CHESTDIS**
 No.....2 **16**
 Don't know&

59) Have you ever had any pressure or heaviness in your chest?

Yes1 **CHESTHV**
 No.....2 **17**
 Don't know&

Interviewer – If R has said 'no' to both 58 and 59, go to q66

60) Do you get it when you walk uphill or hurry?

Yes1 **CHESTWLK**
 No.....2 **18**
 Don't know&

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

Yes1 **CHESTLVL**
 No.....2 **19**
 Don't know&

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

Stop.....1 **CWALKDO**
 Slow down.....2 **20**
 Carry on at same pace3
 Don't know&

63) What happens to it if you stand still?

Is relieved in 10 minutes or less1 **CSTILL**
 Is relieved in more than 10 minutes2 **21**
 Is not relieved.....3
 Don't know&

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

Sternum (upper and middle).....1 **CPAINLOC**
 Sternum (lower)2 **22**
 Left anterior chest3
 Left arm4
 Other (specify)5
 Don't know&

65) Do you feel it anywhere else?

Yes (specify)1 **CPAINELS**
 No.....2 **23**
 Don't know&

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

Yes1 **CPAINHHR**
 No.....2 **24**
 Don't know&

PHYSICAL MEASURES SECTION

ASK;

1. Have you taken any medications today?

yes.....1
no2 **MEDTODAY**
d/k, can't remember.....& **25**

If yes, what?

.....
.....

2) Have you smoked a cigarette today?

yes.....1
no2 **CIGTODAY**
d/k, can't remember.....& **26**

2a) How long ago did you last smoke a cigarette?
(record in hours and decimals)

3 ___ / ___ / ___ &&& **LASTCIG**
27 - **29**

3) Have you done any vigorous physical exercise today?

yes.....1
no2 **EXTODAY**
d/k, can't remember.....& **30**

3a) How long ago was that?
(record in hours and decimals)

3 **31** / - / **33** &&& **LASTEX**

4. How long ago did you last have a meal?
(record in hours and decimals)

3 **34** / - / **36** &&& **LASTMEAL**

5a) Have you currently got any medical conditions which might affect the measures I'm going to take? A cold, or anything like that?

yes.....1
no2 **AFFECTPM**
d/k,& **37**

If yes; What is that?

.....

5b) And to your knowledge, are you pregnant?

yes.....1
no2 **CURRPREG**
d/k,& **38**

6 Room temperature (Degrees C)

ROOMTEMP
39 / - / 40

7 Clothes worn:

light.....1
medium.....2 CLOTHWT
heavy.....3 41

1 Resting pulse rate; beats per minute:
(wrist pulse recored over 15 secs multiplied by 4)

3
42 / - / 44 PULSERT

2. Blood pressure; (to nearest 2mm below)

			3		
First reading;	systolic	BPS1-A	45 / - / 47	BPSYST1	
	diastolic	BPQ1-A	48 / - / 50	BPDIAS1	
	zero	BPZ1-A	51 / - / 53	BPZERO1	
Second reading;	systolic	BPS2-A	54 / - / 56	BPSYST2	
	diastolic	BPD2-A	57 / - / 59	BPDIAS2	
	zero	BPZ2-A	60 / - / 62	BPZERO2	
MEAN	systolic	BPSMN-A	63 / - / 65	BPSYSTEM	
	diastolic	BPDMN-A	66 / - / 67	BPDIASM	

(If the mean blood pressure reading is >180/105 or above, follow instructions set out in manual about elevated blood pressures. Please remember to tick the box below).

Advised (ie mean bp >180/105).....	<input type="checkbox"/>	} BPADVICE ⓐ 69
Strongly advised (ie mean by >200/115.....)	<input type="checkbox"/>	

3 Standing height (to nearest 0.5cm below)

3
70 / - / 72 HEIGHT

4 Weight (to nearest 0.5kg below)

3
72 / - / 75 WEIGHT

5 Waist circumference (to nearest 1cm below)

3
75 / - / 78 WAIST

6 Hip circumference (to nearest 1cm below)

34

3

79 / - / 81

HIP

7 Respiratory function:

	first go	second go	third go
	3 RFFE1	3 RFFE2	3 RFFE3
FEV1	<u> / / </u>	<u> / / </u>	<u> / / </u>
	82 - 84	85 - 89	89 - 90
	3 RFPE1	3 RFPE2	3 RFPE3
PEF	<u> / / </u>	<u> / / </u>	<u> / / </u>
	91 - 93	94 - 96	97 - 99
	3 RFFVC1	3 RFFVC2	3 RFFVC3
FVC	<u> / / </u>	<u> / / </u>	<u> / / </u>
	100 - 102	103 - 105	106 - 108

8 Reaction times:

simple reaction times;

	3 RTSIMP
mean time;	<u> / / </u>
	109 - 111

	RTSIMPSE
standard error;	<u> / / </u>
	112 - 114

four- choice reaction times;

	RTCORRM
mean time (correct);	<u> / / </u>
	115 - 117

	RTCORRSD
standard deviation (correct);	<u> / / </u>
	118 - 120

	RTNERRS
number of errors;	<u> / / </u>
	121 - 123

	RTERRM
mean time (errors);	<u> / / </u>
	124 - 126

	RTERRSD
standard deviation (errors);	<u> / / </u>
	1 - 3

END OF L13

9. In order to get complete information for the study, we may need to consult medical records in the future. Would you have any objection to us consulting your records?

Interviewer – do not read out, but code response below.

no objection	1	PERMITMR
hesitant	2	4
refusal	3	

35

Interviewer Questionnaire

*

1. What type of accommodation does the respondent occupy?

- house; detached (bungalow, villa etc) 01
- house; semi detached 02
- house; terraced 03 **HOMETYPN**
- flat; 4 in a block 04
- flat; in tenement (sandstone) 05 **5-6**
- flat; low rise (<5 floors) 06
- flat; high rise (5 or more floors) 07
- flat; villa/terrace conversion 08
- other (specify) 09

2. What is the level of the household's accommodation?

- all on ground floor, or ground & others 1 } **HLEVELN**
- all in basement 2 } **→q3 7**
- all on first or higher floor 3

Interviewer – if on 1st floor or higher (ie code 3 above)

2a. What is the actual floor of entry to household's accommodation?

② FLOORN 8-

3. Are there any of the following means of access to the household's accommodation?

- | | Yes | No | |
|--------------------------------------|-------------|------------------|--|
| Deck | 1 10 | 2 DECKN | |
| external stairs with 6 or more steps | 1 11 | 2 EXSTEPN | |
| internal stairs with 6 or more steps | 1 12 | 2 INSTEPN | |
| lift | 1 13 | 2 LIFTN | |

4. Any evidence of damp, mould or condensation?

- yes..... 1 **ANYDAMPN**
- no..... 2 **14**

5. General state of repair inside,

- Excellent 1
- very good 2
- good 3 **INREPN**
- fair 4 **15**
- poor 5
- very poor 6

6. General state of repair outside (i.e., outside of building and common parts of building,

Excellent	1	
very good	2	
good	3	OUTREPN
fair	4	16
poor	5	
very poor	6	

7. Who was present during the interview apart from the respondent?
(ring all that apply)

	Yes		No	
Spouse/partner	1	17	2	PRESSPN
child(ren)	1	18	2	PRESKIDN
mother	1	19	2	PRESMON
father	1	20	2	PRESFAN
sibling(s)	1	21	2	PRESSIBN
other household members	1	22	2	PRESHMN
other non-household members (specify)	1	23	2	PRESOTHN
total number of persons present		24-	25	2 NPRESN

8. Was there a language problem during the interview?

Yes (describe)	1	LANGN
No	2	26

9. Do you feel that the information provided by the respondent was satisfactory?

Yes	1	SATINFON
No (describe)	2	27

10. Please make an assessment of the respondent's race.

'White'	1	
'coloured'		ASSRACEN
Afro-Caribbean	2	28
Indian subcontinent	3	
Far Eastern	4	
Other	5	

11. Time taken for interview (time from entry to household to completing the schedule)

Hours.....¹29.....Minutes.....²30 - 31..... ~~TXINTN~~

HRINTN MININTN

12. Were there any interruptions during the interview?

Yes 1 **BRKINTN**
No 2 **32**

13. If yes, what was the nature of the interruption & how long was it?

What happened How long was it (minutes)

1st interruption

2nd interruption

3rd interruption

14. Please tick this box if you missed any questions in error when administering the questionnaire

4 ENDINTN

15. Time interview finished

33	-	36	
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16. Please record any further comments about the interview which may be helpful

.....
.....
.....
.....

Repeat serial number from front cover.

4

I.D.

A					
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CURRENT MEDICATIONS CARD

Medication Name	Dates started	Prescribed Yes/No	Why taken	When taken Occ Reg
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &
		1 2 &		1 2 &

