



NURSE INTERVIEW short 15-vi

SERIAL NUMBER; ____/____/____/____/____/____ IDNO
NURSE/INTERVIEWER NUMBER; ____/____ NURSEID
STUDY DOCTOR TO BE NOTIFIED; HIBP

STHRSN

STMINSN

TIME INTERVIEW STARTED: ____/____HRS ____/____MINS

1 There are some kinds of health problems that keep recurring or that people have all the time. I'd like to read out a list of such problems and ask you if you've ever been bothered by them. I'll then ask a few questions about your experience of the problems you have had.

1a Have you ever been bothered with...?
(ask this for each condition, reading out the description given)

yes..... 1
no..... 2
d/k..... &

1b If yes, i.e. coded 1 above
Have you been bothered with this in the last 12 months?
(code as 1a above)

If yes, i.e. coded 1 above
1c What exactly was wrong?

1d How many days in all, if any, did you have to take off school because of that condition?
(enter number of days in the third column)

1e Did you have any treatment for that condition?
(code as for 1a above)

If yes, i.e. coded 1 above
1f What is the treatment?
(enter treatment in the fourth column)

2. Thinking back over this list, are there any of these conditions that you feel particularly prone to?
(or that you seem much more likely to be bothered by than other people your age?)
(code 1 in the last column of the grid for each condition mentioned)

3. Are there any other problems we haven't mentioned in this list that you are bothered by, either all the time or from time to time?
(record in last two lines of grid and ask same sequence of follow up questions)

ever	past year	type		days off	treat	type	prone	
1a	1b	1c		1d	1e	1f	2	
COLDEVER colds/flu/ throat infections/	1 2 &	COLDYEAR	COLDOFF	...1...	1 2 &	COLDTRT	1 2 &	COLDPRN
CHESEVER chest illness; pneumonia bronchitis etc.	1 2 &	CHESEYEAR	CHESOFF	...1...	1 2 &	CHESTRT	1 2 &	CHESPRN
ASTHEVER asthma or wheeziness	1 2 &	ASTHYEAR	ASTHOFF	...1...	1 2 &	ASTHTRT	1 2 &	ASTHPRN
HEADEVER headaches or migraine	1 2 &	HEADYEAR	HEADOFF	...1...	1 2 &	HEADTRT	1 2 &	HEADPRN
SICKEVER sickness/diarrhoea/or other stomach upsets	1 2 &	SICKYEAR	SICKOFF	...1...	1 2 &	SICKTRT	1 2 &	SICKPRN
NERVEVER nerves/depression/tension	1 2 &	NERVYEAR	NERVOFF	...1...	1 2 &	NERVTRT	1 2 &	NERVPRN
DYSMEVER period pains/trouble with periods	1 2 &	DYSMYEAR	DYSMOFF	...1...	1 2 &	DYSMTRT	1 2 &	DYSMPRN
FAINEVER fainting or dizzy turns	1 2 &	FAINYEAR	FAINOFF	...1...	1 2 &	FAINTRT	1 2 &	FAINPRN
FITSEVER convulsions/fits	1 2 &	FITSYEAR	FITSOFF	...1...	1 2 &	FITSTRT	1 2 &	FITSPRN
ALLEVER allergies; hay fever, eczema etc	1 2 &	ALLYEAR	ALLOFF	...1...	1 2 &	ALLTRT	1 2 &	ALLPRN
SKINEVER skin conditions; acne, rashes etc	1 2 &	SKINYEAR	SKINOFF	...1...	1 2 &	SKINTRT	1 2 &	SKINPRN
WEIGEVER weight problems	1 2 &	WEIGYEAR	WEIGOFF	...1...	1 2 &	WEIGTRT	1 2 &	WEIGPRN
SLPEVER difficulties sleeping	1 2 &	SLPYEAR	SLPOFF	...1...	1 2 &	SLPTRT	1 2 &	SLPPRN
EATEVER difficulties eating	1 2 &	EATYEAR	EATOFF	...1...	1 2 &	EATTRT	1 2 &	EATPRN
CONSEVER constipation	1 2 &	CONSEYEAR	CONSOFF	...1...	1 2 &	CONSTRT	1 2 &	CONSPRN
OTH1EVER 3 other condition 1 (specify)	1 2 &	OTH1YEAR	OTH1OFF	...1...	1 2 &	OTH1TRT	1 2 &	OTH1PRN
OTH2EVER other condition 2 (specify)	1 2 &	OTH2YEAR	OTH2OFF	...1...	1 2 &	OTH2TRT	1 2 &	OTH2PRN

4. In general, would you say that you are more likely than other people your age to get ill, about as likely as others to get ill, or less likely than others to get ill?

GETILL
 more likely..... 1
 about as likely..... 2
 less likely..... 3
 don't know &

5. Can I just check, do you ever wear glasses or contact lenses?

GLASSES	yes.....	1
	no.....	2
	d/k.....	&

5a Does your sight ever cause you any difficulties, even when you're wearing your glasses or contact lenses?

or Does your sight ever cause you difficulty?

SIGHT	yes.....	1
	no.....	2
	d/k.....	&

6 Can I just check, do you ever wear a hearing aid?

HEARAID	yes.....	1
	no.....	2
	d/k.....	&

6a Do you have difficulties with your hearing even when you're wearing your aid?

or Do you ever have any difficulties with your hearing?

HEARING	yes.....	1
	no.....	2
	d/k.....	&

7 Do you ever get out of breath when hurrying on flat ground or walking up a short hill?

BREATH	yes.....	1
	no.....	2
	d/k.....	&

8. How would you rate your level of fitness; do you think it is:

FITNESS	very good.....	1
	good.....	2
	moderate.....	3
	not very good.....	4
	d/k.....	&

9 How do you feel about your height; for your age, do you think you are:

PERCHT	shorter than you'd like.....	1
	taller than you'd like.....	2
	about right.....	3
	don't know.....	&

10. How do you feel about your weight; for someone your height, do you think you are:

	lighter than you'd like.....	1
	heavier than you'd like.....	2
PERCWT	about right.....	3
	don't know	&

11. What about your figure (girls)/ physique (boys): how would you rate that?

	very good.....	1
	good.....	2
PERCFIG	moderate.....	3
	not very good.....	4
	d/k.....	&

*

12 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, and that you do for more than 20 minutes at a time.

12a First can you think of when you're in school; how often do you play games or do other things that make you out of breath and sweat? (prompt if necessary from the codes below and record below)

12b Now thinking about outside school. In the free time you have in a normal week, how often do you play sports or games that make you out of breath and sweat? (record below)

12c Now thinking about outside school, apart from games or sports, how often are you physically active for at least 20 minutes during which you get out of breath and sweat? (for example, disco dancing, doing a spare time job, gardening, cycling to school, housework) (record below)

	school		games outside		other outside	
	12a		12b		12c	
more than once a day.....	01	SCHOOLEX	01	OUTEX	01	OTHEREX
once a day.....	02		02		02	
4 – 6 days a week.....	03		03		03	
2 – 3 days a week.....	04		04		04	
once a week.....	05		05		05	
at least once a fortnight.....	06		06		06	
at least once a month.....	07		07		07	
at least once every 3 months.....	08		08		08	
at least once every 6 months.....	09		09		09	
at least once a year.....	10		10		10	
less than once a year.....	11		11		11	
never.....	12		12		12	
varies.....	13		13		13	
d/k.....	&&		&&		&&	

15b What is it that most usually wakes you up, or stops you sleeping properly?

WSLPROB	restless/sleeping badly.....	1
	woken by something/one else;	
	baby.....	2
	other child(ren) in household.....	3
	other person in household.....	4
	full bladder.....	5
	neighbours.....	6
	traffic noise.....	7
	street noise.....	8
	other (specify).....	9
don't know.....	&	

16 (girls only) Have your periods started? If yes, what age were you when they started?

MENARCHE	before 11 th birthday.....	1
	when aged 11.....	2
	when aged 12.....	3
	when aged 13.....	4
	when aged 14.....	5
	when aged 15.....	6
	not yet started.....	7
	d/k.....	&

17 (boys only) At what age did your voice break?
(do not ask if his voice has obviously not broken)

VOICE	before 11 th birthday.....	1
	when aged 11.....	2
	when aged 12.....	3
	when aged 13.....	4
	when aged 14.....	5
	when aged 15.....	6
	not yet started.....	7
	d/k.....	&

*

18 Are you taking any medicines, pills, drugs, or mixtures at the moment? I don't just mean things you take every day, but things you might take from time to time, when you need them. I'm interested in pills or tablets, mixtures, skin preparations, vitamins, inhalants, injections ; anything at all you might take. (include pills eg vitamins, analgesics etc; mixtures eg tonics, cough mixtures,etc; skin preparations eg for acne or eczema; injections eg insulin; inhalants eg for asthma)

yes.....1
 no.....2 CURRMED
 d/k.....&

If yes, i.e. coded 1 above; what are you taking?

(ask to see the bottle/packet if respondent is not sure of the name; for each medication ask the following questions, entering the replies on the grid)

18a What are you taking this for?
 (enter name of condition/reason)

18b When did you first start taking this?
 (enter month and second two digits of year. If can't remember month, or too long ago to be of interest, enter month as 00)

18c Is this something you take regularly or occasionally? By occasionally I mean something you only take/use when you need to?

regularly..... 1
 occasionally..... 2
 d/k.....&

18d Was this prescribed for you or someone else by a doctor, or is it something you or your parent(s) bought or had without a prescription?

prescribed..... 1
 over the counter..... 2
 d/k.....&

name 18	reason 18a	date 18b M M Y Y MED1MON MED1YR ____/____/____/____ MED2MON MED2YR ____/____/____/____ MED3MON MED3YR ____/____/____/____ MED4MON MED4YR ____/____/____/____ MED5MON MED5YR ____/____/____/____	reg/occ 18c MED1REG 1 2 & MED2REG 1 2 & MED3REG 1 2 & MED4REG 1 2 & MED5REG 1 2 &	source 18d MED1SOUR 1 2 & MED2SOUR 1 2 & MED3SOUR 1 2 & MED4SOUR 1 2 & MED5SOUR 1 2 &
1.....			
2.....			
3.....			
4.....			
5.....			

We'd like to know a bit about young people's knowledge about things that might influence their health.

19 If someone asked you whether the following foods were good or bad for them if they wanted to lose weight (or keep themselves slim) while remaining healthy, what would you say? Can you tell me for each of these foods whether you think they would be good or bad if you wanted to lose weight?

	good	bad	d/k	
fresh vegetables.....	1	2	&	VEGGD
pastries/pies.....	1	2	&	PIESGD
sweets/lollies.....	1	2	&	SWEETGD
bread.....	1	2	&	BREADGD
red meat.....	1	2	&	MEATGD
fish.....	1	2	&	FISHGD
butter.....	1	2	&	BUTTEGD
chips.....	1	2	&	CHIPSGD
fresh fruit.....	1	2	&	FRUITGD
jacket potatoes.....	1	2	&	POTSGD

20 Again, if someone asked you what would be a healthy level of alcohol for the average adult to drink, what would you tell them? How many drinks per week would be a healthy level?
(prompt if necessary from list below)

	no alcohol at all.....	1
	occasional, drinking (birthdays, hogmanay etc).....	2
ALCLEVEL	a drink once a week.....	3
	2-5 drinks a week.....	4
	6-10 drinks per week.....	5
	11-15 drinks a week.....	6
	16-25 drinks a week.....	7
	more than 25 drinks a week.....	8
	d/k.....	&

21 People say that cigarette smoking is bad for your health. How many cigarettes do you think the average person would have to smoke, per week or per day, before their smoking starts damaging their health?

	any cigarettes at all.....	1
	1-6 cigarettes per week.....	2
CIGLEVEL	1-5 cigarettes per day.....	3
	6-10 cigarettes per day.....	4
	11-20 cigarettes per day.....	5
	21-30 cigarettes per day.....	6
	more than 30 per day.....	7
	cigarettes do not damage health.....	8
	d/k.....	&

22 How long do you think the average person might have to smoke for--how many months or years-- before cigarettes become damaging to their health?

CIGTIME	any time.....	1
	less than 6 months.....	2
	less than a year.....	3
	less than 5 years.....	4
	less than 10 years.....	4
	less than 15 years.....	5
	less than 20 years.....	6
	20 or more years.....	7
cigarettes do not damage health.....	8	
d/k.....	&	

23 If someone wanted to avoid getting a sexually transmitted disease (like V.D.. or A.I.D.S) what would be the safest form of contraception to use? Have a look at this card and tell me the number beside the method you think would best protect people from V.D or A.I.D.S

(HAND CARD A)

VDPROT	the pill.....	1
	condom (rubber,durex,sheath).....	2
	diaphragm (cap).....	3
	IUD (coil).....	4
	withdrawal.....	5
	none.....	6
	other (say what:.....	7
)	
don't know.....	&	

24 Do you know when girls/women are most likely to conceive a baby (get pregnant)? Is it if they have sexual intercourse just before a period, during a period, just after a period, in the middle of the month in between their periods, or what?

CONCTIME	just before a period.....	1
	during a period.....	2
	just after a period.....	3
	in the middle of the month.....	4
	at any time of the month.....	5
	d/k.....	&

Please ask the respondent to fill in the general health questionnaire and the life events check list..Use the explanations given on the questionnaires. While the respondent is filling in these self completion items, please complete the interviewer questionnaire.

6. Room temperature (Degrees C)

ROOMTEMP _____/_____/_____

record;

7 Clothes worn:

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

*

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

PULSERT _____/_____/_____

2 Blood pressure; (to nearest 2mm below)

First reading; systolic _____/_____/_____
 diastolic _____/_____/_____
 zero _____/_____/_____

Second reading; systolic _____/_____/_____
 diastolic _____/_____/_____
 zero _____/_____/_____

MEAN; systolic _____/_____/_____
 diastolic _____/_____/_____

(If the mean blood pressure reading is 150/90 or above, follow instructions about notifying the study doctor, who will notify the parents. Please remember to tick the box on the front cover)

3. Standing height (to nearest 0.5cm below)

HEIGHT _____/_____/_____

4. Weight (to nearest 0.5kg below)

WEIGHT _____/_____/_____

INTERVIEWER QUESTIONNAIRE

1 Please note here whether the respondent has any speech defects that have become apparent during the interview;

VOICEBAD	mild stammer or stutter.....	1
	moderate or severe stammer or stutter.....	2
	other speech disorder (specify).....	3
	.....	4
	no difficulties with speech.....	4

2 Please make an assessment here of the respondent's physical maturity for his/her age and sex;

MATURITY	below average maturity.....	1
	about average.....	2
	above average.....	3

3 Please make an assessment here of the respondent's physical grade for his/her age and sex;

ATTRATEN	very good.....	1
	.....	2
	.....	3
	average.....	4
	.....	5
	.....	6
	very good.....	7

4 Please state here whether there are any signs of dampness, mould and/or condensation in the accommodation.

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

5 Please state here whether there was any disturbance from noise during the interview

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

5a What was the source/type of the noise?

.....

.....

6 Is there anything about the accommodation which you feel is hazardous to the family's safety or mental or physical health?

6a Think first of the inside of the flat/house.

6b What about the outside of the building, including common parts shared with neighbours, and the immediate vicinity outside; is there anything you think is hazardous to the family's safety or physical or mental health?

	HA2iN	HA2OUT
	inside	outside
yes.....	1.....	1.....
no.....	2.....	2.....

6c If yes; what is it?

inside;.....

outside;.....

7 Was there a language/comprehension problem during the interview/examination?

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

7a If yes, describe

.....

8 Was anyone other than the young person present during the interview or physical measures?

	<u>Interview</u>		<u>Physical Measures</u>
PRESNiNT	yes.....	1.....	PRESPHYN
	no.....	2.....	

8a If yes – who?

		Y N D/K		Y N D/K	
NiNTMA	mother	1...2....&		1.....2.....&	PHYSMA
NiNTPA	father	1...2....&		1.....2.....&	PHYSMA
NiNTBRO	brother(s)	1...2....&		1.....2.....&	PHYSBRO
NiNTSiS	sister(s)	1...2....&		1.....2.....&	PHYSiS
NiNTHM	other household members	1...2....&		1.....2.....&	PHYSHM
NiNTOTH	others	1...2....&		1.....2.....&	PHYSOTH

8b How many were present altogether, apart from N?

NINTTOT Total number: ___ / ___ / ___

9 Any other comments on the interview/measures? Continue overleaf if necessary.