



**West of Scotland
Twenty-07 Study
Health in the Community**

1075

RECORD 1

Respondent Serial Number CHTID.B 1 2 3 4 5

3				
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Interviewer Number NIVNO.B 6 7 8

6	7	8
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Twenty-07 Survey 1992 Visit Schedule

LOCALITIES

Date of Interview Day NIVDY.B Mth NIVMT.B 19 NIVYR.B

9	10	11	12	13	14
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Post code NPCD1.B NPCD2.B NPCD3.B NPCD4.B

15	16	17	18	19	20	21
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Sex
Male.....1
Female.....2 22 SEX.B

Date of Birth Day DOBDY.B Mth DOBMT.B 19 DOBYR.B

23	24	25	26	27	28
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Record time started

	HOUR1.B			MIN1.B	
Hrs	29	30	M	31	32

CURRENT HEALTH

I am going to give you a copy of a measure which we call the ‘faces scale’, you may remember it from last time. I would like you to keep it beside you as we will use it a number of times.

As you can see, there are seven different faces. They go from face A, which is a face showing someone who is very happy and has no stress or worries, to face G which shows someone who is very unhappy or has a lot of stress or worries.

1 I would like you to think overall about your health now. Which face shows best how you feel about your health now? FHLTH.B 33
code A=1, B=2, C=3, D=4, E=5, F=6, G=7

2 a) Over the last 12 months on how many separate occasions have you stayed in bed because you were feeling unwell? (Other than occasions on which you were in hospital overnight). NYRBED.B 34 35
(none code 00, don't know 99) Q→3

b) How many days would that be in all over the last 12 months? NDYBED.B 36 37 38

3 a) Can I just check, do you work at the moment? 39 CHKWK.B
yes..... 1
no..... 2 Q→4

b) Over the last 12 months on how many separate occasions have you stayed off work because you were feeling unwell? NYROFW.B 40 41
(none code 00, don't know 99) Q→4

c) How many days would that be in all over the last 12 months? NDYOFW.B 42 43 44

4 Over the last 12 months how many times have you attended an out-patient clinic in a hospital? NOPYR.B 45 46
(none code 00, don't know 99)

5 a) Over the last 12 months, how many times have you been in hospital for at least one night? NIPYR.B 47 48
(none code 00, don't know 99) Q→6

b) How many nights would that be in all? NIPNYR.B 49 50 51

Now I'd like to ask about your GP or family doctor.

6(a) Over the last 12 months have you consulted a GP or family doctor on your own behalf?

- Yes..... 1
- No..... 2
- <don't know>..... 9 Q→7

GPYR.B
52

(b) First, how many times have you consulted the GP at his or her surgery on your own behalf?
(none code 00, don't know99)

53	54
----	----

NGPYRS.B

(c) Secondly, how many times has the doctor visited you at home on your own behalf?
(none code 00, don't know99)

55	56
----	----

NGPYRH.B

7(a) Who is your GP or family doctor?
(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 only)
(If not currently registered write none) Q→13

Doctor _____

--	--	--	--

Practice _____

--	--	--	--

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

Address (with postcode if known) _____

8 How do you usually get to the doctor's surgery?

- walk..... 01
- bus..... 02
- underground..... 03
- train..... 04
- car (driven by self)..... 05
- car (driven by neighbour/friend/relative)..... 06
- taxi..... 07
- cycle..... 08
- other (specify)..... 09
- <don't know>..... 99

GPTRAN.B
57, 58

9 How long does it usually take to get there?

- <5 minutes..... 1
- 6-15 minutes..... 2
- 16-30 minutes..... 3
- 31-60 minutes..... 4
- >one hour..... 5
- other (specify)..... 6
- <don't know>..... 9

NGPMIN.B
59

10 What is the main reason you are registered with that practice?

nearest practice.....	1	
recommended.....	2	
family always gone there.....	3	GPWHY.B
female doctor in the practice.....	4	60
other – please specify.....	5	
<don't know>.....	9	

11 Looking at the faces scale, which face shows best how you feel about your practice?
code A=1, B=2, C=3, D=4, E=5, F=6, G=7

FRACT.B 61

12 Can you get an appointment with your GP...

on the same day.....	1	
next day.....	2	
within 2-3 days.....	3	GPAPPT.B
within 4-5 days.....	4	62
usually have to wait > 5 days.....	5	
no appointments system.....	6	
<don't know>.....	9	

13 Have you or has anyone in the household been unable to register with a GP of your/their choice in the last 3 year?

yes.....	1	GPREG.B
not tried to register with new practice.....	2	63
no.....	3	Q→14
<don't know>.....	9	

If yes

Who couldn't register?.....

(write in person(s) relationship to R)

Why?.....

.....

14 In the last 3 years, have you or anyone else in the household had difficulty in getting a home visit by your GP?

yes.....	1	GPHVIS.B
no.....	2	Q→15
<don't know>.....	9	64

If yes

Which household members?.....

(write in person(s) relationship to R)

Why?.....

.....

I'd like to ask you one or two more questions about your health in general.

15 Over the last 12 months would you say that your health on the whole has been.....

excellent.....	1	SAHLYR.B
good.....	2	65
fair.....	3	
poor.....	4	
<don't know>.....	9	

16 Would you say that for someone of your age your own health in general is.....

excellent.....	1	SAHAGE.B 66
good.....	2	
fair.....	3	
poor.....	4	
<don't know>.....	9	

17 Comparing yourself with most people your age, would you say that you were ill or unwell....

much more often than others.....	1	SAILL.B 60
a little more often than others.....	2	
about as often as others.....	3	
a little less often than others.....	4	
much less often than others.....	5	
<don't know>.....	9	

Sometimes people have times when they feel sad or depressed.

18 During the past 12 months have you ever been bothered by feeling sad or depressed?
If yes: Was that....

very often.....	1	SADYR.B 68
fairly often.....	2	
sometimes.....	3	
almost never.....	4	
<never>.....	5	
<don't know>.....	9	

19 During the past 12 months have you ever been bothered by feelings of anxiety?
If yes: Was that....

very often.....	1	ANXYR.B 69
fairly often.....	2	
sometimes.....	3	
almost never.....	4	
<never>.....	5	
<don't know>.....	9	

20 Have you ever, at any time in your life, felt that life was not worth living?

yes.....	1	SUICEV.B 70
no.....	2	

21(a) Have you ever seriously thought about taking an overdose of drugs or injuring yourself deliberately?

yes.....	1	SUICTH.B 71
no.....	2 Q→23	

(b) When was the last time you felt like that? 19

72	73
----	----

 M

74	75
----	----

(Code year and month, month unknown code 99)

SUTHYR.B SUTHMT.B

22(a) Have you ever actually taken an overdose of drugs or injured yourself deliberately?

yes..... 1 SUICOD.B
no..... 2 Q→23 76

SUODYR.B SUODMT.B

(b) When was the last time that happened?
(Code year and month, month unknown code 99)

19

77	78
----	----

 M

79	80
----	----

LONG-STANDING/CHRONIC ILLNESS

I'd like to ask now about all the particular conditions which might affect your health.

Interviewers, first ask prompt a). For each condition mentioned fill in the name of the condition on the first blank condition sheet and ring the appropriate 'prompt' code. (Don't forget to do this).

Ask 'Is there anything else?' and fill in the next sheet if another condition is mentioned. (Start at sheet 1 and always fill in the next blank sheet. Do not skip sheets).

Carry on until they run out of conditions.

Then ask prompt b) and follow the same procedure. Remember to ring code 2 each time. Then ask prompt c) and follow the same procedure. Remember to ring code 3 each time.

When you have asked all the prompts go back and, starting at sheet 1, ask the detailed questions about each condition they mentioned.

23(a) Do you have any LONG-STANDING illness, disability or infirmity?
By LONG-STANDING I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?
(Probe: 'Is there anything else?')

(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?

(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?

Try to get a reasonably clear description of the health problem. If they say 'cancer' for example, ask for type or site. If they say 'heart trouble' ask 'Did a doctor ever tell you what the condition was called?' and so on.

CONDITION 1

RECORD 2

(a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C1PMPT.B**

- longstanding prompt..... 1
- serious prompt..... 2
- mental prompt..... 3 **1**
- card prompt..... 4
- other (specify)..... 5

COND1.B

c) When did you first have...(cond)...?
(year and month, month unknown code 99)
19 M
C1YR.B C1MT.B

d) Does ...(cond)... normally limit your activities in any way?
If yes is that...
a very great deal.....1
quite a lot.....2 C1LIM.B
to a moderate degree.....3 6
only a little.....4
<not at all>.....5
<don't know>.....9

e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
yes.....1 7
no.....2 Q→next C1MED.B
cond

ASK FOR EACH
Did a doctor prescribe this for you?
yes.....1
no.....2
<don't know.....3

med.1 _____	prescribe	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/>	8	C1M1PR.B
med.2 _____	prescribe	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/>	9	C1M2PR.B
med.3 _____	prescribe	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/>	10	C1M3PR.B

CONDITION 2

(a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C2PMPT.B**

- longstanding prompt..... 1
- serious prompt..... 2
- mental prompt..... 3 **11**
- card prompt..... 4
- other (specify)..... 5

COND2.B

c) When did you first have...(cond)...?
(year and month, month unknown code 99)
19 M
C2YR.B C2MT.B

d) Does ...(cond)... normally limit your activities in any way?
If yes is that...
a very great deal.....1
quite a lot.....2 C2LIM.B
to a moderate degree.....3 16
only a little.....4
<not at all>.....5
<don't know>.....9

e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
yes.....1 17
no.....2 Q→next C2MED.B
cond

ASK FOR EACH
Did a doctor prescribe this for you?
yes.....1
no.....2
<don't know.....3

med.1 _____	prescribe	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/>	18	C2M1PR.B
med.2 _____	prescribe	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/>	19	C2M2PR.B
med.3 _____	prescribe	<input type="text" value="1"/> <input type="text" value="2"/> <input type="text" value="9"/>	20	C2M3PR.B

CONDITION 3

(a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C3PMPT.B**
 longstanding prompt..... 1
 serious prompt..... 2
 mental prompt..... 3 **21**
 card prompt..... 4
 other (specify)..... 5

COND3.B

c) When did you first have...(cond)...?
(year and month, month unknown code 99)
 19

22	23
----	----

 M

24	25
----	----

 C3YR.B C3MT.B

d) Does...(cond)... normally limit your activities in any way?
If yes is that...
 a very great deal.....1
 quite a lot.....2 **C3LIM.B**
 to a moderate degree.....3 **26**
 only a little.....4
 <not at all>.....5
 <don't know>.....9

e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
 yes.....1 **27**
 no.....2 Q→next **C3MED.B**
 cond

ASK FOR EACH
 Did a doctor prescribe this for you?
 yes.....1
 no.....2
 <don't know.....3

med.1 _____	prescribe	1 2 9	28	C3M1PR.B
med.2 _____	prescribe	1 2 9	29	C3M2PR.B
med.3 _____	prescribe	1 2 9	30	C3M3PR.B

CONDITION 4

(a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C4PMPT.B**
 longstanding prompt..... 1
 serious prompt..... 2
 mental prompt..... 3 **31**
 card prompt..... 4
 other (specify)..... 5

COND4.B

c) When did you first have...(cond)...?
(year and month, month unknown code 99)
 19

32	33
----	----

 M

34	35
----	----

 C4YR.B C4MT.B

d) Does...(cond)... normally limit your activities in any way?
If yes is that...
 a very great deal.....1
 quite a lot.....2 **C4LIM.B**
 to a moderate degree.....3 **36**
 only a little.....4
 <not at all>.....5
 <don't know>.....9

e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
 yes.....1 **37**
 no.....2 Q→next **C4MED.B**
 cond

ASK FOR EACH
 Did a doctor prescribe this for you?
 yes.....1
 no.....2
 <don't know.....3

med.1 _____	prescribe	1 2 9	38	C4M1PR.B
med.2 _____	prescribe	1 2 9	39	C4M2PR.B
med.3 _____	prescribe	1 2 9	40	C4M3PR.B

CONDITION 5

- (a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C5PMPT.B**

longstanding prompt..... 1
serious prompt..... 2
mental prompt..... 3 **41**
card prompt..... 4
other (specify)..... 5

COND5.B

- c) When did you first have...(cond)...?
(year and month, month unknown code 99)

19

42	43
----	----

 M

44	45
----	----

C5YR.B C5MT.B

- e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?

yes.....1 **47**
no.....2 Q→next C5MED.B
cond

- d) Does...(cond)... normally limit your activities in any way?

If yes is that...
a very great deal.....1
quite a lot.....2 C5LIM.B
to a moderate degree.....3 **46**
only a little.....4
<not at all>.....5
<don't know>.....9

ASK FOR EACH

Did a doctor prescribe this for you?
yes.....1
no.....2
<don't know>.....3

med.1 _____ prescribe
med.2 _____ prescribe
med.3 _____ prescribe

1	2	9
---	---	---

 48 C5M1PR.B

1	2	9
---	---	---

 49 C5M2PR.B

1	2	9
---	---	---

 50 C5M3PR.B
CONDITION 6

- (a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C6PMPT.B**

longstanding prompt..... 1
serious prompt..... 2
mental prompt..... 3 **51**
card prompt..... 4
other (specify)..... 5

COND6.B

- c) When did you first have...(cond)...?
(year and month, month unknown code 99)

19

52	53
----	----

 M

54	55
----	----

C6YR.B C6MT.B

- e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?

yes.....1 **57**
no.....2 Q→next C6MED.B
cond

- d) Does...(cond)... normally limit your activities in any way?

If yes is that...
a very great deal.....1
quite a lot.....2 C6LIM.B
to a moderate degree.....3 **56**
only a little.....4
<not at all>.....5
<don't know>.....9

ASK FOR EACH

Did a doctor prescribe this for you?
yes.....1
no.....2
<don't know>.....3

med.1 _____ prescribe
med.2 _____ prescribe
med.3 _____ prescribe

1	2	9
---	---	---

 58 C6M1PR.B

1	2	9
---	---	---

 59 C6M2PR.B

1	2	9
---	---	---

 60 C6M3PR.B

CONDITION 7

- (a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C7PMPT.B**

longstanding prompt..... 1
serious prompt..... 2
mental prompt..... 3 **61**
card prompt..... 4
other (specify)..... 5

COND7.B

- c) When did you first have...(cond)...?
(year and month, month unknown code 99)

19 M
C7YR.B C7MT.B

- e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?

yes.....1 **67**
no.....2 Q→next C7MED.B
cond

- d) Does...(cond)... normally limit your activities in any way?

If yes is that...
a very great deal.....1
quite a lot.....2 C7LIM.B
to a moderate degree.....3 **66**
only a little.....4
<not at all>.....5
<don't know>.....9

ASK FOR EACH

Did a doctor prescribe this for you?
yes.....1
no.....2
<don't know>.....3

med.1 _____ prescribe
med.2 _____ prescribe
med.3 _____ prescribe

1	2	9	68	C7M1PR.B
1	2	9	69	C7M2PR.B
1	2	9	70	C7M3PR.B

CONDITION 8

- (a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code **C8PMPT.B**

longstanding prompt..... 1
serious prompt..... 2
mental prompt..... 3 **71**
card prompt..... 4
other (specify)..... 5

COND8.B

- c) When did you first have...(cond)...?
(year and month, month unknown code 99)

19 M
C8YR.B C8MT.B

- e) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?

yes.....1 **77**
no.....2 Q→next C8MED.B
cond

- d) Does...(cond)... normally limit your activities in any way?

If yes is that...
a very great deal.....1
quite a lot.....2 C8LIM.B
to a moderate degree.....3 **76**
only a little.....4
<not at all>.....5
<don't know>.....9

ASK FOR EACH

Did a doctor prescribe this for you?
yes.....1
no.....2
<don't know>.....3

med.1 _____ prescribe
med.2 _____ prescribe
med.3 _____ prescribe

1	2	9	78	C8M1PR.B
1	2	9	79	C8M2PR.B
1	2	9	80	C8M3PR.B

I am going to show you two cards showing lists of conditions people suffer from. I would like you to tell me whether you have EVER suffered from any of them. Some of them may be conditions which you still suffer from now and have already told me about.

Record 3

USE CARDS 1 AND 2

24(a) Can you tell me which of these conditions you have ever had?

any condition mentioned..... 1 CONDEV.B
 no conditions mentioned..... 2 Q→25 1

ASK FOR EACH

Is this one of the conditions which you have already told me about?

If yes: (interviewers check) So that is the ...(cond)... you already told me about?

If no: Is this a problem that you have only had in the past, or is it something that still troubles you from time to time?

'New' current conditions: enter the condition on the first blank condition sheet and ask the detailed questions as before.

Past problems only: ask the extra questions below. Record answers in grid.

(In the first column record the condition number from the card. A copy of the cards is on the back cover of the schedule).

(b) If WOMEN identify hypertension, anaemia or diabetes as past problems ask: Was that only during pregnancy?
 (Males and all other conditions leave blank)
 yes..... 1
 no..... 2

d) Have you ever consulted a doctor about ...(cond)...?
 yes..... 1
 no..... 2
 don't know..... 9

(c) When did you first have ...(cond)...?
 (code year, six months to a year ago code 97, less than 6 months ago code 98)

e) You say that the problem doesn't trouble you now, when was the last time it was a problem for you?
 (Code year, six months to a year ago code 97, less than 6 months ago code 98)

	cond no.		preg.	Started		consult	ended			
	PC1CD.B	PC1CD.B	PC1PRG.B	PC1YST.B	PC1YST.B	PC1DR.B	PC1YEN.B	PC1YEN.B		
Past cond. 1	2	3	4	19	5	6	7	19	8	9
	PC2CD.B	PC2CD.B	PC2PRG.B		PC2YST.B	PC2YST.B	PC2DR.B		PC2YEN.B	PC2YEN.B
Past cond. 2	10	11	12	19	13	14	15	19	16	17
	PC3CD.B									
Past cond. 3	18	19	20	19	21	22	23	19	24	25
	PC4CD.B									
Past cond. 4	26	27	28	19	29	30	31	19	32	33
	PC5CD.B									
Past cond. 5	34	35	36	19	37	38	39	19	40	41
	PC6CD.B									
Past cond. 6	42	43	44	19	45	46	47	19	48	49
	PC7CD.B									
Past cond. 7	50	51	52	19	53	54	55	19	56	57
	PC8CD.B									
Past cond. 8	58	59	60	19	61	62	63	19	64	65

I would like to ask a few questions about your health since we last talked to you, that is, over the last 4 years for 55s, 5 years for 35s). *(For the 35s last visit was a year before the 55s).*

- 25 Thinking about your health in general as it is now compared with 4/5 years ago, would you say that it is...
- | | | |
|-------------------------------|---|----------|
| a lot better now..... | 1 | |
| a little better now..... | 2 | |
| about the same as before..... | 3 | RECSAH.B |
| a little worse now..... | 4 | 66 |
| a lot worse now..... | 5 | |
| <don't know>..... | 9 | |

- 26(a) During the last 4/5 years have you had any operations or surgical procedures?
- | | | |
|----------|---|-------------|
| yes..... | 1 | RECOP.B |
| no..... | 2 | men Q→27 67 |
| | | women Q→28 |

- (b) What was the operation or procedure for?
- (c) When did you have that operation?
- (d) Has that operation had any lasting bad effect on your health?
If yes: Has it affected your health?

- | | |
|---------------------------|---|
| a very great deal..... | 1 |
| quite a lot..... | 2 |
| to a moderate degree..... | 3 |
| only a little..... | 4 |
| <not at all>..... | 5 |
| <don't know>..... | 9 |

operation 1 for							OP1CD.B
when had	19	OP1YR.B	M	OP1MT.B	health now	OP1EFF.B	
		68 69		70 71		72	
operation 2 for							OP2CD.B
when had	19	OP2YR.B	M	OP2MT.B	health now	OP2EFF.B	
		73 74		75 76		77	
operation 3 for							OP3CD.B
when had	19	OP3YR.B	M	OP3MT.B	health now	OP3EFF.B	
REC 4		78 79		1 2		3	

ASK MEN ONLY (If not already mentioned: If already mentioned above, ring 'yes' and put in date). WOMEN Q→28

27 Can I ask, have you ever had a vasectomy, that is an operation for sterilisation?

yes..... 1 VASEV.B
no..... 2 4
<don't know>..... 9 Q→30

*If yes: When was that?
(code year and month, month unknown code 99)*

19	5	6	M	7	8
----	---	---	---	---	---

VASYR.B VASMT.B

**MEN Q→30

ASK WOMEN ONLY (If not already mentioned: If already mentioned above, ring 'yes' and put in date). MEN Q→30

28 Can I ask, have you ever had an operation for sterilisation?

yes..... 1 STEREV.B
no..... 2 9
<don't know>..... 9 Q→29

*If yes: When was that?
(code year and month, month unknown code 99)*

19	10	11	M	12	13
----	----	----	---	----	----

STERYR.B STERMT.B

29 Can I ask, have you ever had a hysterectomy?

yes..... 1 14
no..... 2 HYSTEV.B
<don't know>..... 9 Q→30

*If yes: When was that?
(code year and month, month unknown code 99)*

19	15	16	M	17	18
----	----	----	---	----	----

HYSTYR.B HYSTMT.B

30(a) During the last (4 years for 55s, 5 years for 35s) years have you had any serious episodes of illness? I am thinking both of physical illnesses and problems like depression but not including those conditions which you have already told me about because they are troubling you now or which were on the card?

yes..... 1 RECSI.B
 no..... 2 Q→31 19

(b) What was the illness?
 (Code in grid)

(c) When did it start?

(d) Has it had any lasting effect on your health?
 If yes: Has it affected your health?

a very great deal..... 1
 quite a lot..... 2
 to a moderate degree..... 3
 only a little..... 4
 <not at all>..... 5
 <don't know>..... 9

illness 1									SI1CD.B
first started	19	SI1YR.B	SI1MT.B	health now	SI1EFF.B				
		20 21	M 22 23		24				
illness 2									SI2CD.B
first started	19	SI2YR.B	SI2MT.B	health now	SI2EFF.B				
		25 26	M 27 28		29				
illness 3									SI3CD.B
first started	19	SI3YR.B	SI3MT.B	health now	SI3EFF.B				
		30 31	M 32 33		34				
illness 4									SI4CD.B
first started	19	SI4YR.B	SI4MT.B		SI4EFF.B				
		35 36	37 38		39				

31(a) During the last (4 years for 55s, 5 years for 35s) have you had any serious injuries or accidents which caused injury? By serious I mean accidents which caused you to go to hospital or which seriously limited your activities for a period?

yes..... 1 **RECACC.B**
 no..... 2 Q→32 **40**

(b) What sort of injury did you have?
 (This is the nature of the injury, not how it happened eg fractured left forearm)

(c) What sort of accident was it? That is, how did it happen?
 (Code in grid)

- a domestic accident at home..... 1
- a work accident..... 2
- driving in a vehicle (driver or passenger)..... 3
- as a pedestrian..... 4
- while taking part in sport..... 5
- as a result of violence..... 6
- self inflicted..... 7
- other (specify)..... 8

(d) When did that happen?

(e) Has it had any lasting bad effect on your health?
 If yes: Has it affected your health...

- a very great deal..... 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- <not at all>..... 5
- <don't know>..... 9

						AC1CD.B			
injury 1	-----								
AC1SRT.B	AC1YR.B	AC1MT.B	AC1EFF.B						
41 when had	19	42	43	M	44	45	health now	46	
						AC2CD.B			
injury 2	-----								
AC2SRT.B	AC2YR.B	AC2MT.B	AC2EFF.B						
47 when had	19	48	49	M	50	51	health now	52	
						AC3CD.B			
injury 3	-----								
AC3SRT.B	AC3YR.B	AC3MT.B	AC3EFF.B						
53 when had	19	54	55	M	56	57	health now	58	

Turning back again to your health now...

32(a) Do you take any sedatives, tranquilisers or sleeping pills to help you sleep?

- yes..... 1
- no..... 2
- <don't know>..... 9 Q→33

SEDANY.B
59

(b) *If yes: What are they called?
(record name of pills/sedative)*

ASK FOR EACH ONE

(c) 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

sed.1 _____

SED1CD.B

--	--	--	--

SED1F.B

frequency

sed.2 _____

SED2CD.B

--	--	--	--

SED2F.B

frequency

sed.3 _____

SED3CD.B

--	--	--	--

SED3F.B

frequency

33(a) Do you take any vitamins or other dietary supplements?

If yes: How often do you use them?

yes..... 1 VITANY.B
 no..... 2 women Q→34 63
 <don't know>..... 9 men Q→35

(b) *If yes: What are they called?
 (record name of vitamins)*

ASK FOR EACH ONE

(c) How often do you take them?

every day..... 1
 most days..... 2
 at least once a week..... 3
 at least once a month..... 4
 less than monthly..... 5

vit.1 _____

VIT1CD.B

--	--	--	--

VIT1F.B
 frequency

64

vit.2 _____

VIT2CD.B

--	--	--	--

VIT2F.B
 frequency

65

vit.3 _____

VIT3CD.B

--	--	--	--

VIT3F.B
 frequency

66

ASK WOMEN ONLY. MEN Q→35

34(a) Have you ever taken hormone replacement therapy?

yes..... 1 HRTEV3.B
 no..... 2 Q→35 67

(b) Are you taking HRT now?

yes..... 1 HRTNW3.B
 no..... 2 68

(c) When did you first have HRT?
(code year and month, month unknown code 99)

HRTFYR.B HRTFMT.B

19	69	70	M	71	72
----	----	----	---	----	----

(d) In total how long have/did you take(n) HRT?
(code in years and months)

19	73	74	M	75	76
----	----	----	---	----	----

HRTNYR.B HRTNMT.B

35(a) Apart from the medicines you take for the conditions you have already told me about, and the sedatives and vitamins you have just mentioned, are you taking any other 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, inhalers, creams and anything else you take for your health; either things prescribed for you or things you buy yourself.

yes..... 1 OTHMED.B
 no..... 2 Q→36 77

ASK FOR EACH

(b) What is the medicine called?
 (Code in grid)

(c) What condition do you take it for?

(d) Did a doctor prescribe it for you?

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

med. 1 _____			OM1CD.B
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	OM1TF.B		OM1PR.B
taken for _____	<input type="text"/> <input type="text"/>	prescribed	<input type="text"/> 78
med. 2 _____			OM2CD.B
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	OM2TF.B		OM2PR.B
taken for _____	<input type="text"/> <input type="text"/>	prescribed	<input type="text"/> 79
med. 3 _____			OM3CD.B
			<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	OM3TF.B		OM3PR.B
taken for _____	<input type="text"/> <input type="text"/>	prescribed	<input type="text"/> 80

SYMPTOMS

I am going to show you some cards containing lists of common symptoms. FOR EACH SYMPTOM I am going to ask you whether it is something which you have had in the last month also whether it is something you tend to suffer from (given if you have not had it in the last month).

I would like you to tell me about all the symptoms you have had, including any which might be due to the conditions you just told me about.

36 *SHOW CARDS ONE BY ONE*

FOR EACH CARD ASK

- (a) Have you suffered from any of these symptoms in the last month?
*If yes ask for each Is it something you tend to have?
 (prompt..any others?)*

last month and tend to..... 1
 last month but don't tend to..... 2

THEN ASK

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

not in last month, but tend to..... 3

REC 5

<u>Symptom Card 1</u>			month/tend	<u>Symptom Card 2</u>			month/tend
			S...MT.B				S...MT.B
RDW	Headaches	SHEDMT.B	1 2 3	1	Always feeling tired	TRD	1 2 3 7
	Difficulty Sleeping	SDSLMT.B	1 2 3	2	Nerves or tension	NRV	1 2 3 8
	Constipation	SCSPMT.B	1 2 3	3	Colds or flu	FLU	1 2 3 9
	Feeling generally run down	SRDWT.MT.B	1 2 3	4	Stomach pain or cramps	STM	1 2 3 10
	Back trouble	SBCKMT.B	1 2 3	5	Persistent cough	CGH	1 2 3 11
	Trembling Hands	STRHMT.B	1 2 3	6	Hot and sweating a lot	HSW	1 2 3 12
<u>Symptom Card 3</u>			month/tend	<u>Symptom Card 4</u>			month/tend
			S...MT.B				S...MT.B
PLP	Kidney or bladder problems	BLD	1 2 3	13	Worrying over every little thing	WOR	1 2 3 19
	Stiff or painful joints	JNT	1 2 3	14	Indigestion	IND	1 2 3 20
	Difficulty concentrating	DCN	1 2 3	15	Sinus, catarrh/blocked nose	NSE	1 2 3 21
	Palpitations/breathlessness	PLP	1 2 3	16	Feeling depressed	DEP	1 2 3 22
	Diarrhoea	DRR	1 2 3	17	Fainting or dizziness	DIZ	1 2 3 23
	Muscle tightness or tension	MTN	1 2 3	18	Poor appetite	APP	1 2 3 24
<u>Symptom Card 5</u>			month/tend	<u>Symptom Card 6</u>			month/tend
			S...MT.B				S...MT.B
	Sore throat	STH	1 2 3	25	Cold sweats	CSW	1 2 3 31
	Trouble with teeth or mouth	TTH	1 2 3	26	Trouble with eyes	EYE	1 2 3 32
	Wheezy chest	WHZ	1 2 3	27	Trouble with ears	EAR	1 2 3 33
					<i>ASK WOMEN ONLY</i>		
	Skin rash or skin problems	SKR	1 2 3	28	Painful periods	DYS	1 2 3 34
	Piles or haemorrhoids	HAE	1 2 3	29	Premenstrual tension	PMT	1 2 3 35
Sickness or nausea	SCK	1 2 3	30	Vaginal infection/discharge	VAG	1 2 3 36	

DISABILITY

Quite a lot of adults in Britain have problems getting about, trouble with eyesight or hearing, or other disabilities.

- 37(a) Do you consider yourself disabled or handicapped?
If yes: Would you say your disability is...
- | | | | |
|--|-----------------------|---|--------------|
| | severe..... | 1 | |
| | moderate..... | 2 | DSSA.B
37 |
| | slight..... | 3 | |
| | <don't disabled>..... | 9 | |
-
- (b) At what age did you first become disabled?
(from birth code 00)
- | | | | | |
|----|-----|--|----|----|
| | AGE | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; text-align: center;">38</td> <td style="width: 50%; text-align: center;">39</td> </tr> </table> | 38 | 39 |
| 38 | 39 | | | |
-
- ASK ALL*
- 38(a) Are you registered as disabled?
- | | | | |
|--|----------|--------|---------------|
| | Yes..... | 1 | |
| | No..... | 2 Q→39 | DSREG.B
40 |
-
- (b) At what age were you first registered disabled?
(from birth code 00)
- | | | | | |
|----|-----|--|----|----|
| | AGE | <table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; border-right: 1px solid black; text-align: center;">41</td> <td style="width: 50%; text-align: center;">42</td> </tr> </table> | 41 | 42 |
| 41 | 42 | | | |

WALKING

- 39(a) Do you have any difficulty walking for a quarter of a mile on the level? (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 | DSW1A.B
43 |
-
- (b) Can I just check, can you walk that distance on your own without stopping and without severe discomfort?
- | | | | |
|--|--|--------|---------------|
| | can walk without stopping/discomfort..... | 1 Q→40 | |
| | cannot walk without stopping/discomfort..... | 2 | DSW1B.B
44 |
-
- (c) What is the furthest you can walk on your own without stopping and without severe discomfort?
- | | | | |
|--|---|---|--------------|
| | 200 yards, less than quarter mile.....
<i>(more than half Buchanan Street)</i> | 1 | |
| | 50 yards, less than 200 yards.....
<i>(across St Enoch's Square)</i> | 2 | DSW2.B
45 |
| | a few steps but not 50 yards.....
<i>(not across St Enoch's Square)</i> | 3 | |
| | cannot walk at all..... | 4 | |

SIGHT

- 40(a) May I just check, are you registered as blind or partially sighted?
- | | | |
|------------------------|---|----------|
| blind..... | 1 | DSSREG.B |
| partially sighted..... | 2 | 46 |
| neither..... | 3 | |
- (b) In a room during daytime, can you tell by the light where the windows are?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSSWIN.B |
| no..... | 2 | 47 |
- 41 Do you ever wear glasses or contact lenses?
If yes: Is that...
- | | | |
|---|---|----------|
| all the time..... | 1 | DSSGLA.B |
| a lot of the time..... | 2 | 48 |
| only for special activities (eg reading/driving)..... | 3 | |
| <never wears glasses>..... | 4 | |
- 42(a) Do you have difficulty recognising a friend across the road (even if you are wearing your glasses or contact lenses)
- | | | |
|----------|---|----------|
| yes..... | 1 | DSSGRD.B |
| no..... | 2 | 49 |
- (b) Do you have difficulty seeing to read ordinary newspaper print (even if you are not wearing your glasses or contact lenses)?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSSGNP.B |
| no..... | 2 | 50 |

HEARING

- 43 Respondent is:
- | | | |
|-----------------------|---|---------|
| totally deaf..... | 1 | DSHTD.B |
| not totally deaf..... | 2 | 51 |
- (Do NOT ask this, it ought to be apparent by this stage if the respondent is completely deaf).*
- 44(a) Do you ever wear a hearing aid?
If yes: Is that?...
- | | | |
|--|---|----------|
| all the time..... | 1 | DSHAID.B |
| a lot of the time..... | 2 | 52 |
| only for special activities (eg telephoning or listening to TV)..... | 3 | |
| <never>..... | 4 | |
- (b) Do you have difficulty following a conversation if there is a background noise like a TV set or radio (even if you are wearing a hearing aid)
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHHBK.B |
| no..... | 2 | 53 |

I would like to ask you about each person who lives with you.

45 Could you tell me how many other people live in this household?
(include spouse) none code 00 Q→46

NOPHSE.B

54	55
----	----

Col.1 Sex
1...male
2...female

Col.5 How long has he/she lived with you?
(code in years)
(0 to 5 months 97, 6 to 11 months 98)

Col.2 What is his/her relationship to you?
01...spouse
02...partner (not spouse)
03...parent
04...parent in law
05...sib (brother or sister)
06...sib in law
07...child (own blood)
08...child (step or partner's)
09...child (adopted etc)
10...grandchild
11...paying lodger
12...other kin (specify)
13...other non kin (specify)

Col.6 How close do you feel to him/her?
1...very close
2...quite close
3...not very close
4...not at all close

Col.7 Does he/she do any paid work?
1...employed (full time)
2...employed (part time)
3...unemployed
4...disabled/ill
5...retired
6...housewife
7...child/student
8...other (specify)

Col.3 How old is he/she?
(code in years)
(less than one year code 0)

What is his/her job now?
(write job now, 'main lifetime' job if not working now)
(never worked write 'none')

Col.4 How would you describe his/her health?
1...excellent
2...good
3...fair
4...poor

Is he/she...
1...self employed (no paid employees)
2...self employed (with paid employees)
3...manager
4...foreman/supervisor
5...employee
(blank if never worked)

spouse/partner

(record only spouse/partner here, all blank if no spouse/partner)

SPSEX.B Sex 1	SPREL.B relation 2	SPAGE.B age 3	SPHLTH.B health 4	SPRES.B co-res 5	SPCLOS.B close 6	SPWORK.B work 7
56	57 58	59 60	61	62 63	64	65

Job _____

Industry _____

SPEMPS.B

employment status

8 66

Size of firm

24 or less employees in the UK..... 1
25 or more employees in the UK..... 2

67 SPFIRM.B

Other household members

Record from the oldest downward. If more than 5 other household members, fill in relationships to R of those missed out at the bottom of the page.

P1SEX.B	P1REL.B	P1AGE.B	P1HLTH.B	P1RES.B	P1CLOS.B	P1WORK.B
Person 1						
Sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
68	69 70	71 72	73	74 75	76	77

Job _____

Industry _____

P1EMPS.B
employment status 8
78

P2SEX.B	P2REL.B	P2AGE.B	P2HLTH.B	P2RES.B	P2CLOS.B	P2WORK.B
Person 2						
Sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
79	1 2	3 4	5	6 7	8	9

Job _____

Industry _____

P2EMPS.B
employment status 8
10

REC 6__

P3SEX.B	P3REL.B	P3AGE.B	P3HLTH.B	P3RES.B	P3CLOS.B	P3WORK.B
Person 3						
Sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
11	12 13	14 15	16	17 18	19	20

Job _____

Industry _____

employment status
8
21

P4SEX.B	P4REL.B	P4AGE.B	P4HLTH.B	P4RES.B	P4CLOS.B	P4WORK.B
Person 4						
Sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
22	23 24	25 26	27	28 29	30	31

Job _____

Industry _____

employment status
8
32

P5SEX.B	P5REL.B	P5AGE.B	P5HLTH.B	P5RES.B	P5CLOS.B	P5WORK.B
Person 5						
Sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
33	34 35	36 37	38	39 40	41	42

Job _____

Industry _____

employment status
8
43

EXTRA household members'
Relationship to Respondent

6	44 45	7	46 47	8	48 49
	P6REL.B		P7REL.B		P8REL.B

MARITAL STATUS

- 46(a) Are you married at the present moment?
 yes..... 1 MSCMAR.B
 no..... 2 O→47 50
- (b) When did you get married?
(code last two digits of year) 19 MSCMYR.B
51 52
- (c) Do you live with your husband/wife?
 yes..... 1 O→52 MSLW.B
 no..... 2 O→49 53
- 47(a) Are you...
 widowed..... 3
 divorced..... 4 O→48
 never married..... 5
- (b) Sometimes people choose to live, or have to live, with someone
 as a long term partner without being legally married. Do you live
 with someone you are not married to as a long term partner?
 yes..... 1 O→51b MSNMLV.B
 no..... 2 O→54 54
- 48 When did you get married?
(most recent marriage, code last two digits of year) 19 MSPMYM.B
55 56
- 49 When were you widowed/divorced/separated?
(code last two digits of year) 19 MSPMYR.B
57 58
- 50 Looking at the faces scale, which face shows best how you feel
 about being separated/widowed/divorced?
 code A=1 B=2 C=3 D=4 E=5 F=6 G=7 MSPMFC.B
59
- 51(a) Sometimes people choose to live, or have to live, with someone
 as a long term partner without being legally married. Do you live
 with someone you are not married to as a long term partner?
 yes..... 1 MSPMLV.B
 no..... 2 O→54 60
- (b) How long have you lived together?
(code in years. 0 to 5 months-97, 6 to 11 months-98) Yrs MSLVYR.B
61 62

MARRIAGE/PARTNER/SINGLE

- 52 Is there a spouse/partner present when these questions are being
 asked?
*(N.B. don't ask this, you will now from before if there is a
 spouse/partner or not).*
 spouse/partner not present..... 1 SPPRES.B
 spouse/partner present..... 2 63

Married/with partner (*ie all currently cohabiting*)

- 53 Looking at the faces scale, which face shows best how you feel about your marriage/relationship?
code A=1 B=2 C=3 D=4 E=5, F=6, G=7

FSPOUS.B
64

Not married and not cohabiting (*include separated, widowed and divorced, not cohabiting*)

- 54 Looking at the faces scale, which face shows best how you feel about being on your own?
code A=1 B=2 C=3 D=4 E=5, F=6, G=7

FONOWN.B
65

FAMILY, FRIENDS AND SOCIAL SUPPORT

I would like to ask a few questions about your family and other people who might be important to you. (You will need to use your common sense a bit in the following sections. For some questions you ought to have a fair idea of the answer from information you will have already collected. You may have to alter the wording of the questions as appropriate).

55(a) Firstly, can you tell me whether anyone in your close family has died since we had talked to you in 1987/1988? By close family I mean your spouse or partner, children, parents or brothers and sisters.

(the 35s were last visited in 1987, the 55s in 1988)
(if in laws are mentioned code them at Q56, not here)

yes..... 1
no..... 2 O→56

FMDIED.B

66

ASK FOR EACH (CODE B TO F ON THE GRIDS BELOW)

(b) Who was that?
(If more than 4, code in the following order of priority, spouse/partner first, children second, parent third, sibs fourth).

spouse/partner..... 1
male child..... 2
female child..... 3
brother..... 4
sister..... 5
father..... 6
mother..... 7
other close blood relation (specify)..... 8

(c) What did he/she die of?

(d) When did he/she die?

(code year and month, months unknown code 99)

(e) How old was he/she when he/she died?

Person 1 cause of death _____

FM1CSE.B cause	FM1REL.B relationship	FM1YRD.B when died	FM1MTD.B	FM1AGD.B age died
<input type="text"/>	67 19	68 69	70 71	72 73

Person 2 cause of death _____

FM2CSE.B cause	FM2REL.B relationship	FM2YRD.B when died	FM2MTD.B	FM2AGD.B age died
<input type="text"/>	74 19	75 76	77 78	79 80

REC 7 Person 3 cause of death _____

FM3CSE.B cause	FM3REL.B relationship	FM3YRD.B when died	FM3MTD.B	FM3AGD.B age died
<input type="text"/>	1 19	2 3	4 5	6 7

Person 4 cause of death _____

FM4CSE.B cause	FM4REL.B relationship	FM4YRD.B when died	FM4MTD.B	FM4AGD.B age died
<input type="text"/>	8 19	9 10	11 12	13 14

56(a) Has anyone else important to you died since we last talked to you in 1987/1988? A friend or someone else who played an important part in your life?

yes..... 1 **CFDIED.B**
no..... 2 O→57 **15**

(b) Who was that? What relationship did they have to you?
(If more than 3, code most recent deaths)

friend..... 1
in-law..... 2
'distant' relation..... 3
neighbour..... 4
other (specify)..... 5

(c) When did he/she die?
(code year and month, month unknown code 99)

(d) How old was he/she when he/she died?

Person 1	CF1REL.B relationship <input type="text" value="16"/> 19	CF1YRD.B when died <input type="text" value="17"/> <input type="text" value="18"/>	CF1MTD.B <input type="text" value="19"/> <input type="text" value="20"/>	CF1AGD.B effect on R <input type="text" value="21"/> 22
Person 2	CF2REL.B relationship <input type="text" value="23"/> 19	CF2YRD.B when died <input type="text" value="24"/> <input type="text" value="25"/>	CF2MTD.B <input type="text" value="26"/> <input type="text" value="27"/>	CF2AGD.B effect on R <input type="text" value="28"/> 29
Person 3	CF3REL.B relationship <input type="text" value="30"/> 19	CF3YRD.B when died <input type="text" value="31"/> <input type="text" value="32"/>	CF3MTD.B <input type="text" value="33"/> <input type="text" value="34"/>	CF3AGD.B effect on R <input type="text" value="35"/> 36

Parents

57(a) Can I just check, is your mother/mother substitute still alive?
(N.B. we are interested in the person R thinks of as a mother, who may be a step mother etc. You may know the answer from the questions above).

yes..... 1 **MALIVE.B**
no..... 2 **37**
don't know..... 9 Q→58

(b) How far away does she live now?

same household..... 1
within walking distance..... 2
within five miles..... 3 **MLIVE.B**
within 30 miles..... 4 **38**
rest of Scotland..... 5
england or Wales..... 6
other (specify)..... 7
don't know..... 9 Q→58

(c) About how often do you see your mother/mother substitute?

live with..... 1
daily..... 2
every two or three days..... 3 **SEEMUM.B**
weekly..... 4 **39**
at least once a month..... 5
a few times a year..... 6
once a year or less..... 7
never..... 8

- 58(a) Is your father/father substitute still alive?
(*N.B. we are interested in the person R thinks of as a father, who may be a step father etc. You may know the answer from the questions above.*)
- | | | |
|-----------------|--------|----------|
| yes..... | 1 | DALIVE.B |
| no..... | 2 | 40 |
| don't know..... | 9 Q→59 | |
- (b) How far away does he live now?
- | | | |
|------------------------------|--------|---------|
| same household..... | 1 | |
| within walking distance..... | 2 | |
| within five miles..... | 3 | DLIVE.B |
| within 30 miles..... | 4 | 41 |
| rest of Scotland..... | 5 | |
| England or Wales..... | 6 | |
| other (specify)..... | 7 | |
| don't know..... | 9 Q→59 | |
- (c) About how often do you see your father/father substitute?
- | | | |
|------------------------------|---|----------|
| live with..... | 1 | |
| daily..... | 2 | |
| every two or three days..... | 3 | SEEDAD.B |
| weekly..... | 4 | 42 |
| at least once a month..... | 5 | |
| a few times a year..... | 6 | |
| once a year or less..... | 7 | |
| never..... | 8 | |
- Children, sibs and family
- 59 How many children do you have who are alive now?
(*All children, including those still living with R, code number*)
Include step, adopted etc if the respondent thinks of them as his/her own children.
None code 00 Q→63
- NKIDAL.B
43 44
- 60 Can I just check, how many children do you have who don't live here with you?
(*You can check from household composition and from the total number above. Code number*) *If none code 00 Q→63*
- NKIDDL.B
45 46
- 61 (Not counting any you live with) how many live...
(*none, code 00 in both boxes*)
- (a) within walking distance?
- NKIDWD.B
47 48
- (b) not within walking distance but within 30 miles?
- NKIDFA.B
49 50
- 62 Thinking about the last four weeks, (apart from children you live with) how many of your children did you see?
(*none code 00*)
- NKID4W.B
51 52

- 63 How many brothers or sisters do you have who are alive now?
None code 00 Q→67 NSIBAL.B

53	54
----	----
- 64 Can I just check, how many brothers and sisters do you have who don't live here with you?
(You can check from household composition and from the total number above. Code number) If none code 00 Q→67 NSIBDL.B

55	56
----	----
- 65 (Not counting any you live with) how many live...
(none, code 00 in both boxes)
- (a) within walking distance? NSIBWD.B

57	58
----	----
- (b) not within walking distance but within 30 miles? NSIBFA.B

59	60
----	----
- 66 Thinking about the last four weeks, (apart from brothers and sisters you live with) how many of your brothers and sisters did you see?
(none code 00) NSIB4W.B

61	62
----	----
- 67 Thinking about all the people you think of as close family, looking at the faces scale, which face shows best how you feel in general about your close family?
code A=1, B=2, C=3, D=4, E=5, F=6, G=7
(if none code 0) FFAMILY.B

63

- 68 I have asked about your parents, and about any children and brothers and sisters you have. Are there any other members of the family that you keep in regular contact with?
If yes: How many other family members would that be roughly? (none code 00) NOTHFM.B

64	65
----	----
- Friends
- 69 I would like you to think about your friends now. About how many friends would you say you had? I am thinking about people who you like to meet or talk to socially.
(none code 00) Q→72 NFRNDS.B

66	67	68
----	----	----
- 70 (a) Thinking of all your friends, how many of them would you describe as close friends? The sort of people you could drop in on uninvited and would choose to spend a lot of time with.
(no close friends code 00) Q→72 NCLFR.B

69	70
----	----
- (b) Thinking about the last four weeks, how many of your close friends did you see?
(none code 00) NCLF4W.B

71	72
----	----

71 Thinking about all the people you think of as close friends, looking at the faces scale, which face shows best how you feel in general about your close friends?
code A=1, B=2, C=3, D=4, E=5, F=6, G=7

FFRNDS.B

73

Support

72 Loneliness can be a serious problem for some people and not for others. At the present moment do you ever feel lonely?
If yes: Is that...

- most of the time..... 1
- quite often..... 2
- only occasionally..... 3
- seldom..... 4
- <never>..... 5
- <don't know..... 9

SUPLON.B
74

73(a) If you had a serious problem, perhaps like an illness which meant you had to stay in bed for a week or more, is there someone you could turn to for practical help?
If yes: Who would you mainly rely on?

- spouse/partner..... 01
- mother..... 02
- father..... 03
- mother in law..... 04
- father in law..... 05
- female sib..... 06
- male sib..... 07
- female child..... 08
- male child..... 09
- female child in law..... 10
- male child in law..... 11
- male friend..... 12
- female friend..... 13
- other (specify)..... 14
- <no one>..... 15 Q→74

SUPWHO.B
75, 76

(b) Are there other people who you feel you could ask for practical help like that?

If yes: About how many other people could you ask for practical help like that?
(none code 00)

SUPNPH.B

77	78
----	----

- 74(a) Thinking of your family and all the people around you, who would you say you were closest to?
- spouse/partner..... 01
 - mother..... 02
 - father..... 03
 - mother in law..... 04
 - father in law..... 05
 - female sib..... 06
 - male sib..... 07
 - female child..... 08
 - male child..... 09
 - female child in law..... 10
 - male child in law..... 11
 - male friend..... 12
 - female friend..... 13
 - other (specify)..... 14
 - <no one>..... 15 Q→75

SUPWCL.B
79, 80

REC8

- (b) Thinking about ...(person)... would you say that you could share...

- most of your feelings..... 1
- some of your feelings..... 2
- few of your feelings..... 3

SUPSHF.B
1

- 75(a) Are there other people you could talk to about problems and share your worries with?

If yes: About how many other people would you share your problems with?
(none code 00)

SUPNSH.B

2	3
---	---

- (b) Are there ever times when you keep problems or worries to yourself because you feel that there is no-one you can discuss them with?

If yes: Would you say that is...

- very frequently..... 1
- quite often..... 2
- only occasionally..... 3
- <never>..... 4

SUPNNE.B
4

Life satisfaction

- 76 I would like to ask you how you feel about your life in general, looking at the faces scale, which face shows best how you feel about your life as it is now?

Code A=1, B=2, C=3, D=4, E= 5, F=6, G=7

FLIFE.B

5

HELPING OTHERS

77 Is there anyone who regularly depends on you for help or support? By that I mean that you do things they couldn't manage for themselves because of illness, disability, old age or some other reason?
(Only include things done for spouse if they are due to illness etc. 'Normal' helping doesn't count. Exclude childcare).

yes..... 1 **HOANY.B**
 no..... 2 Q→78 **6**

(If the help is given jointly to a couple, eg elderly parents living together, then only make one entry but add 10 to the relationship code. For example, for help given to 2 elderly parents instead of coding 02, code 12. If the aid is given to only one member of the pair then code 02 for that person alone).

Col.1 What relationship do they have to you?
("If couple add 10 to code")
 spouse.....1
 parent.....2
 parent in law.....3
 brother/sister.....4
 brother/sister in law.....5
 own child.....6
 (child, step, adopted etc).....7
 friend.....8
 other (specify).....9

Cols 2,3,4 What do you help with?
(code in order mentioned)
 personal care..... 1
 (bathing, taking medicine etc)
 mobility round house..... 2
 household chores..... 3
 (cleaning, cooking etc)
 transportation outside..... 4
 (take shopping etc)
 dealing with officials,
 financial affairs etc..... 5
 companionship..... 6
 'everything'.....7
 other (specify)..... 8

Co.5 How many hours do you spend helping them in an average week?
(code hours per week)

Co.6 How much of a strain is it?
 a great strain..... 1
 quite a strain..... 2
 a moderate strain..... 3
 not much of a strain.....4
 no strain at all.....5

	1	2	3	4	5	6
	HO1REL.B relationship	HO1HP1.B help 1	HO1HP2.B help 2	HO1HP3.B help 3	HO1HRS.B hours	HO1STR.B strain
person 1	7 8	9	10	11	12 13	14
person 2	HO2REL.B 15 16	17	18	19	20 21	22
person 3	HO3REL.B 23 24	25	26	27	28 29	30
person 4	HO4REL.B 31 32	33	34	35	36 37	38

EMPLOYMENT

78(a) Which of the following descriptions comes closest to how you would describe yourself....
 (If R can't choose, repeat... Which comes closest to describing you now?)

- retired..... 1
- disabled, invalid or permanently sick..... 2
- caring for home or 'housewife'..... 3
- unemployed..... 4
- employed, a worker or self employed..... 5
- other..... 6

EMPSTA.B
39

If other:

How would you describe yourself now?

79 Looking at the faces scale, which face shows best how you feel about being... (current status or current job)...?
 (If disabled ask ...”being unable to work because of ill health or disability”)
 Code A=1, B=2, C=3, D=4, E= 5, F=6, G=7

FEMPST.B

40

80(a) I would like to find out what you have been doing between the last time we visited you in 1987/1988 and now. You say that you are ...(current status)...now, have you been ...(current status)...all the time since 1987/1988?

Work backward from the present filling in the calendar. Use the categories and codes above.

Go back to the beginning of 1987 for the 35s and to 1988 for the 55s.
Use the following code if necessary.

- temporarily sick..... 7

(b) When did you become ...(current status)...?

19

ESWHEN

41	42
----	----

ES287.B ES487.B ES687.B ES887.B ES1087.B ES1287.B
 ES187.B ES387.B ES587.B ES787.B ES987.B ES1187.B
 Jan Feb March April May June July Aug Sept Oct Nov Dec

1987	43	44	45	46	47	48	49	50	51	52	53	54
1988	55	56	57	58	59	60	61	62	63	64	65	66
1989	67	68	69	70	71	72	73	74	75	76	77	78
1990	79	80	1	2	3	4	5	6	7	8	9	10
1991	11	12	13	14	15	16	17	18	19	20	21	22
1992	23	24	25	26	27	28	29	30	31	32	33	34

REC 9

NB. You must check after the interview that there is a code in every box of the calendar up to the current date.

(c) Code total number of jobs since 1987/1988.

NJOBS.B

(No jobs code 00) Q→81

35 36

(d) What is your current job? (If no job now, but had job since last visited Q→e)

JB1CD.B

job now _____ Industry _____

Are you... How many employees does the firm have?

self employed (with paid employees)... 1		firm has 24 or less employees in UK..... 1	JB1SZE.B
self employed (no paid employees)..... 2	JB1ES.B	firm has 25 or more employees in UK..... 2	38
manager..... 3	37		
foreman/supervisor..... 4			
employee..... 5			

JB1YRS.B JB1MTS.B

When did you start this job? 19 39 40 M 41 42
(month unknown code 99)

**Q→81

(e) What was your last job?

JBLCD.B

last job _____ Industry _____

Were you... Why did you leave that job?

self employed (with paid employees)... 1		ill health..... 1	JBLWHL.B
self employed (no paid employees)..... 2	JBLES.B	retirement..... 2	45
manager..... 3	43	redundant..... 3	
foreman/supervisor..... 4		to be better off financially..... 4	
employee..... 5		family reasons (specify)..... 5	
		other (specify)..... 6	

Was it...
part time..... 1 JBLFT.B
full time..... 2 44

Was it your own choice or did you have to leave?
own choice..... 1 JBLOCH.B
had to leave..... 2 46

JBLYRS.B JBLMTS.B

When did you start this job? 19 47 48 M 49 50

JBLYRL.B JBLMTL.B

When did you leave that job? 19 51 52 M 53 54

USE CARDS 3 AND 4

81 I am going to show you two cards which have on them a set of statements which might describe being ... (current status or current job)... For each of them I would like you to tell me whether it is true for you...
(If disabled ask ... 'being unable to work because of ill health or disability').

very frequently.....	1
quite frequently.....	2
only occasionally.....	3
or never.....	4
<don't know>.....	9

card 3

A Is boring	ESBORE.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	55	F is interesting and challenging	ESINT.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	60
B prevents me feeling in control of things	ESCONT.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	56	G forces me to do what other people want	ESFORC.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	61
C allows me to be sociable and meet people	ESSOC.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	57	H is full of stress	ESSTRS.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	62
D can be quite lonely	ESLONE.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	58	I lets me make full use of my abilities	ESABIL.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	63
E leaves me mentally tired out at the end of the day	ESMTIR.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	59	J is too routine	ESROUT.B	<input type="text"/> 1 <input type="text"/> 2 <input type="text"/> 3 <input type="text"/> 4 <input type="text"/> 9	64

card 4

K	causes me a lot of worry	ESWORR.B	1 2 3 4 9	65	P	Is too frantic and hurried	ESFRAN.B	1 2 3 4 9	70
L	makes me feel important and worthwhile	ESIMPT.B	1 2 3 4 9	66	Q	Allows me to set my own Pace of life	ESPACE.B	1 2 3 4 9	71
M	bad for my health	ESHLTH.B	1 2 3 4 9	67	R	Leaves me physically tired Out at the end of the day	ESPTIR.B	1 2 3 4 9	72
N	leaves me plenty of time for myself	ESTIME.B	1 2 3 4 9	68	S	Is more than I can cope with	ESCOPE.B	1 2 3 4 9	73
O	makes me feel isolated	ESISOL.B	1 2 3 4 9	69	T	Requires me to concentrate hard	ESCONC.B	1 2 3 4 9	74

***those who said they were employed Q→94*

82 Do you have any paid work now?
(Some of those who did not describe themselves as employees eg 'housewives' might actually have some paid work).

yes..... 1
 no..... 2 Q→84

WKNOW.B
 75

83(a) What work do you do?

Work now _____ WKNCD.B _____ Industry _____

self employed (with paid employees)... 1
 self employed (no paid employees)..... 2 **76**
 manager..... 3 **JBNES.B**
 foreman/supervisor..... 4
 employee..... 5

firm has 24or less employees in UK..... 1 **JBNSZE.B**
 firm has 25 or more employees in UK..... 2 **77**

JBNSYR.B JBNSMT.B

(b) When did you start this job? 19 **78** **79** M **1** **2**

REC10 _____ |

***Q→94*

All not currently in paid work

84 Are you on the unemployment register?

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

UNREG.B
 3

85 At the moment are you...

seriously looking for work..... 1
 not seriously looking for work..... 2 Q→88
 waiting to start a job..... 3 Q→91

UNLKWK.B
 4

86 How long have you been looking for work?
(code in years. 0 to 5 months=97, 6 to 11 months=98)

UNLKYR.B
 Yrs **5** **6**

87 How easy do you think it is for you to find work, without having to move from this area? Would you say it was...

very easy.....	1	
fairly easy.....	2	UNEASY.B
fairly hard.....	3	7
very hard.....	4	
<don't know>.....	9	

** Q→107

Not seriously looking for work

88 Would you like to work at some time in the future if you could find a suitable job?

yes.....	1	
no.....	2	UNFUT.B
		8

89(a) What is the main reason that you are not looking for work?

illness.....	1	
disability.....	2	
looking after relative.....	3	
too old to get job.....	4	UNNLK.B
lack of skills.....	5	9, 10
out of work too long.....	6	
too much competition.....	7 Q→90	
never worked.....	8	
looking after home.....	9	
in education.....	10	
financially not worth while.....	11	
permanently retired.....	12	
other (specify).....	13	

(b) *If ill or disabled.* What is the illness which prevents you looking for a job?
 Illness _____

		UNILCD.B		
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		

(c) How long have you suffered from ...(illness)...?
 (code in years. 0 to 5 months=97, 6 to 11 months=98)

		UNILLY.B		
	Yrs	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">11</td> <td style="width: 20px; height: 20px; text-align: center;">12</td> </tr> </table>	11	12
11	12			

90 Do you think you will start looking for work again in the next 5 years...

definitely yes.....	1	
possibly yes.....	2	UNL5YR.B
definitely no.....	3	13

**Q→107

Waiting to start work

91 How long had you been looking for work?
 (code years and months, d/k months and code 99)

		WWKYR.B WWKMT.B					
	Yrs	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px; text-align: center;">14</td> <td style="width: 20px; height: 20px; text-align: center;">15</td> <td style="width: 10px; text-align: center;">M</td> <td style="width: 20px; height: 20px; text-align: center;">16</td> <td style="width: 20px; height: 20px; text-align: center;">17</td> </tr> </table>	14	15	M	16	17
14	15	M	16	17			

92 What is the job you are going to?

Job _____ **WWKCD.B** _____ Industry _____

- self employed (with paid employees)... 1
- self employed (no paid employees)..... 2 **WWKES.B**
- manager..... 3 **18**
- foreman/supervisor..... 4
- employee..... 5

93(a) Is it a temporary or permanent job?

- temporary..... 1 **WWKTMP.B**
- permanent..... 2 **19**

(b) Is it a part time or a full time job?

- part time..... 1 **WWKPT.B**
- full time..... 2 **20**

**Q→107

ALL CURRENTLY IN PAID WORK

I would like to ask some further questions about the paid work you do now.

94(a) Where do you mainly work?

- in factory/office or similar place..... 1 **WKPLAC.B**
- at home..... 2 **21**
- travelling about, no fixed place..... 3 **Q→97**
- other (specify)..... 4

(b) We are interested in how far from their homes people work - can you tell me the address of your workplace?
(If R has difficulty giving an exact address ask who they work for in addition).

address _____

95 How do you usually travel to and from work?

- walk..... 01
- bus..... 02
- underground..... 03 **WKTRAV.B**
- train..... 04 **22, 23**
- car (driven by self)..... 05
- car (driven by neighbour/friend/relative)..... 06
- taxi..... 07
- cycle..... 08
- other (specify)..... 09
- <don't know>..... 99

- 96 How long does it usually take you to get to or from work?
- | | | |
|----------------------|---|----------|
| <5 minutes..... | 1 | |
| 6-15 minutes..... | 2 | |
| 16-30 minutes..... | 3 | WKMINS.B |
| 31-60 minutes..... | 4 | 24 |
| >one hour..... | 5 | |
| other (specify)..... | 6 | |
| <don't know>..... | 9 | |
- 97(a) What is the basic number of hours per week for the job you do?
(If no basic, eg self employed, then ask normal or average hours).
- WKBHRS.B
25 26
- (b) Do you normally work paid overtime or extra hours for which you are paid?
*If yes: How many hours extra in an average week?
(code in hours, if no extra code 00)*
- WKXHRS.B
27 28
- (c) Do you normally work extra hours without pay?
*If yes: How many hours extra in an average week?
(code in hours, if no extra code 00)*
- WKUHRS.B
29 30
- 98 How secure would you say your job is? Would you say that it is...
- | | | |
|----------------------|---|---------|
| very secure..... | 1 | |
| fairly secure..... | 2 | |
| fairly insecure..... | 3 | WKSEC.B |
| very insecure..... | 4 | 31 |
| <don't know>..... | 9 | |
- 99 If you had to leave that job, how easy do you think it would be for you to find another job like that, without having to move from this area? Would you say that it was...
- | | | |
|-----------------------|---|----------|
| very easy..... | 1 | |
| fairly easy..... | 2 | WKEASY.B |
| fairly difficult..... | 3 | 32 |
| very difficult..... | 4 | |
| <don't know>..... | 9 | |
- 100(a) In your current job how are you normally paid?
- | | | |
|-------------------------------------|---|----------|
| a fixed wage or salary..... | 1 | |
| paid hourly..... | 2 | |
| piecework..... | 3 | WKPAID.B |
| fixed wage plus commission..... | 4 | 33 |
| commission only..... | 5 | |
| self employed, no fixed salary..... | 6 | |
| other (specify)..... | 7 | |

(b) Do you mind telling me what your gross pay is from the job you have been describing? By that I mean what you get before tax and national insurance are deducted. Let me just repeat that all the information you give me is confidential and will not be passed on to any other organisation.

(For *self employed* respondents: How much do you take out of the business for your own use?)

(Record per week, month or year as appropriate.)

per week WKPWK.B	per month WKPMT.B	per year WKPYR.B													
34	35	36	37	or	38	39	40	41	or	42	43	44	45	46	47

(If R refuses give INCOME CARD and see if he/she will give category)

code A=1 B=2 C=3 D=4 E=5 F=6 G=7 H=8 I=9 J=10 K=11

(totally refuses code 88 in 'card' boxes)

WKPCD.B

48	49
----	----

101(a) In the job you have been talking about, do you normally work shifts?

If yes: Is that...?

- 2 shift (no nights)..... 1
- 3 shift (including nights)..... 2
- permanent nights..... 3
- permanent back shift (evenings)..... 4
- other (specify)..... 5
- <no shifts>..... 6

WKSHFT.B

50

(b) Do you normally work any hours outside the usual working week? By that I mean early mornings before 7 am, after 6 pm in the evening or weekend work?

- yes..... 1
- no..... 2 Q→102

WKNHRS.B

51

(code all which apply)

- | | yes | no | |
|------------------------------|-----|----|-------------|
| early morning work..... | 1 | 2 | 52 WAMHRS.B |
| evening work..... | 1 | 2 | 53 WPMHRS.B |
| Saturday work..... | 1 | 2 | 54 WSTHRS.B |
| Sunday work..... | 1 | 2 | 55 WSNHRS.B |
| 'on call' (no set time)..... | 1 | 2 | 56 WOCHRS.B |

102 Thinking about your job in general, would you say that you had to be...

- very physically active..... 1
- fairly physically active..... 2
- not very physically active..... 3
- not at all physically active..... 4

WKPHYA.B

57

I would like you to think back over the time you spent at work during the last working week.

- 103(a) About how many days did you do any hard physical work for more than 20 minutes at a time? I am thinking about things which might make you sweat or make you out of breath, perhaps lifting or moving heavy weights or digging by hand?
(none=0) Q→C WKHPW.B
58
- (b) *If any:* Thinking about the whole week, how long did you spend doing hard physical work if you added it all together?
(code in hours and minutes) WKHPWH.B WKHPWM.B
Hrs 59 60 M 61 62
- (c) At work do you usually have to walk up and down stairs at least once a day?
yes..... 1 WKSTRS.B
no..... 2 Q→104 63
- (d) On an average day how many stairs in all do you climb at work? WKNSTR.B
64 65 66
- 104 Where you work, would you say that
everybody smokes..... 1
most people smoke..... 2 67
half smoke..... 3 WKSMOK.B
few people smoke..... 4
nobody smokes..... 5
<don't know>..... 9
- 105 Where you work, what is the policy on smoking – is there...
a total ban on smoking..... 1
smoking only allowed in certain places..... 2
smoking only allowed at certain times..... 3 68
smoking allowed at certain times in certain places..... 4 WKSMPO.B
no smoking unless by agreement..... 5
smoking allowed unless there are objections..... 6
no restrictions on smoking..... 7
<don't know>..... 9
- 106(a) Looking back over the last year or so, how often has stress from your work upset your sleep?...
frequently..... 1
sometimes..... 2 WKSSLP.B
only occasionally..... 3 69
never..... 4
- (b) Over the last year or so, how often has stress from your work upset your appetite?
frequently..... 1
sometimes..... 2 WKSAPP.B
only occasionally..... 3 70
never..... 4

I would like you to think back over the whole of your working life since leaving full time education.

ASK ALL

107 Could you tell me what was the first serious full time job you ever had? By that I mean the first full time job you had after you left school or college or finished an apprenticeship which wasn't just a temporary fill-in job while you waited to start something else.
(No full time job ever write in 'none') Q→112

		JBFC.D.B				Industry _____
<u>Job</u> _____	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
self employed (with paid employees)... 1						firm has 24 or less employees in UK..... 1 72
self employed (no paid employees)..... 2	JBFES.B					firm has 25 or more employees in UK..... 2 JBFSZE.B
manager..... 3	71					
foreman/supervisor..... 4						
employee..... 5						

108(a) How old were you when you first started that job? **JBFAS.B**
Age

(b) How old were you when you left that job? **JBFAL.B**
Age
(Never left – it is current job – code 98)

109 About how many years in all have you spent in paid employment? **YRSEMP.B**
(none code 00) Q→112 Yrs

110 Thinking about all the jobs you have had, would you say that in your working life in general you have been...

very physically active..... 1	
fairly physically active..... 2	
not very physically active..... 3	
not at all physically active..... 4	
<can't say, it varied>..... 9	

JBSPHA.B
79

USE CARD 5

111 The card shows a number of conditions which people sometimes experience in their work. Have you ever been in a job or jobs where you experienced any of these quite a bit of the time?

yes..... 1	CONDEX.B
no..... 2 Q→112	80

REC11

If yes: Thinking about all the jobs where you experienced that, roughly how many years in all did you experience that during your working life?
(code in years, none=00, less than a year code 01)

A work in very noisy conditions	<input type="text" value="1"/> <input type="text" value="2"/>	YRNOIS.B	G work with a lot of vibration	<input type="text" value="13"/> <input type="text" value="14"/>	YRVIBR.B
B work in very dusty conditions	<input type="text" value="3"/> <input type="text" value="4"/>	YRDUST.B	H work in a bent or uncomfortable position	<input type="text" value="15"/> <input type="text" value="16"/>	YRBENT.B
C work in very hot conditions	<input type="text" value="5"/> <input type="text" value="6"/>	YRHOT.B	I work which was monotonous and repetitive	<input type="text" value="17"/> <input type="text" value="18"/>	YRMONO.B
D work in very cold conditions	<input type="text" value="7"/> <input type="text" value="8"/>	YRCOLD.B	J work which was too hectic or fast	<input type="text" value="19"/> <input type="text" value="20"/>	YRFAST.B
E work in very wet conditions	<input type="text" value="9"/> <input type="text" value="10"/>	YRWET.B	K work causing a lot of stress and worry	<input type="text" value="21"/> <input type="text" value="22"/>	YRSTRS.B
F work with fumes or chemicals	<input type="text" value="11"/> <input type="text" value="12"/>	YRFUME.B	L hard lifting physical work	<input type="text" value="23"/> <input type="text" value="24"/>	YROUTD.B

WORK AROUND THE HOMEHousework

I would like to ask you about housework and other things you do when you are not working.

- 112 a) First I would like you to think back over the last four weeks (28 days). In the last four weeks did you do any housework?
If yes: On how many days did you do housework?
(none code 00) Q→113
- HWNDY.B

25	26
----	----
- b) On an average day when you did housework how long did you spend on it?
(code in hours and minutes)
- HWHRS.B HWMNS.B
Hrs

27	28
----	----

 M

29	30
----	----
- USE CARD 6*
- c) Some kinds of housework are heavier than others: the card gives some examples of heavy housework. In the last four weeks did you do any heavy housework like that?
If yes: On how many days did you do heavy housework like that?
(none code 00) Q→113
- HWHNDY.B

31	32
----	----
- d) I would like you to think about the most recent day when you did heavy housework. How long did you spend doing it?
(code in hours and minutes)
- HWHHRS.B HWHMNS.B
Hrs

33	34
----	----

 M

35	36
----	----
- 113(a) Are you regularly involved in caring for a small child. Either your own or for someone else? (*Small means pre-school. Regularly means at least once a week in a normal week.*)
- CHCARE.B
yes..... 1
no..... 2 Q→114 37
- (b) In an average week how many days are you involved in caring for a small child?
- CHCNDY.B

38

- (c) How much of a strain is that?
- CHCSTR.B
a great strain..... 1
quite a strain..... 2
a moderate strain..... 3
not much of strain..... 4
no strain at all..... 5
39

Chores and maintenance

- 114 a) In the last four weeks (28 days) did you do any chores or maintenance round the house, things like DIY, building, car repairs or car cleaning?
If yes: On how many days did you do these things?
(none code 00) Q→115
- CHM4WD.B

40	41
----	----
- b) On an average day when you did these things how long did you spend on it?
(code in hours and minutes)
- CHMAHR.B CHMAMN.B
Hrs

42	43
----	----

 M

44	45
----	----

USE CARD 7

- c) Some kinds of work are heavier than others: the card gives some examples of heavy and light work around the house. In the last four weeks, did you do any heavy work like that round the house?
If yes: On how many days did you do heavy work like that?
(none code 00) Q→115

CHMHDY.B

46	47
----	----

- d) I would like you to think about the most recent day when you did heavy work around the house. How long did you spend doing it?
(code in hours and minutes)

CHMHHR.B

48	49
----	----

CHMHMN.B

50	51
----	----

Gardening

- 115(a) Have you done any gardening in the last 12 months?

yes..... 1 GDNLYR.B
no..... 2 Q→117 52

- (b) Thinking back over the last 12 months, in how many of these months did you do any gardening?

GDNYMT.B

53	54
----	----

- (c) In the months when you did gardening, on about how many days a month on average did you do some gardening?

GDNMDY.B

55	56
----	----

- 116(a) In the last four weeks did you do any gardening?

If yes: On how many days did you do some gardening?
(none code 00) Q→117

GDN4WD.B

57	58
----	----

- b) On an average day when you did gardening how long did you spend on it?
(code in hours and minutes)

GDNAHR.B

Hrs

59	60
----	----

 M

GDNAMN.B

61	62
----	----

USE CARD 8

- c) Some kinds of gardening are heavier than others: the card gives some examples of heavy and light gardening. In the last four weeks, did you do any heavy gardening?
If yes: On how many days did you do heavy gardening like that?
(none code 00) Q→117

GDNHDY.B

63	64
----	----

- d) I would like you to think about the most recent day when you did heavy gardening. How long did you spend doing it?
(code in hours and minutes)

GDNHHR.B

Hrs

65	66
----	----

 M

GDNHMN.B

67	68
----	----

EXERCISE

- 117(a) Thinking now about last week and thinking both about housework and other chores like DIY and gardening. on how many days did you do work around the house which made you really sweat or out of breath for 20 minutes or more?
(none code 00) Q→118

SWTDY.B

69

- (b) If you added together all the time you spent last week on housework, chores and gardening, which made you sweat or out of breath, how long would that be in all?

SWTHR.B

Hrs

70	71
----	----

 M

SWTMN.B

72	73
----	----

Walking

118 Which of the following best describes your usual walk...
 a slow pace..... 1
 a steady average pace..... 2 WLKPAC.B
 a fairly brisk pace..... 3 74
 a fast pace..... 4
 can't walk..... 5 Q→122

119(a) During the last year have you done any walks of two miles or more? These are walks which would usually take about 40 minutes. I am interested both in walks you took for pleasure and in walking for other reasons like at work, to and from work or to the shops.
 yes..... 1 WLKLYR.B
 no..... 2 Q→121 75

(b) Is that mainly around here, that is in this area, or outside this area?
 in area..... 1
 outside area..... 2 76
 both..... 3 WLKAR.B

120(a) Thinking back over the last 12 months, in how many of these months did you regularly walk two miles or more?
(regularly means at least once a week)
 WLKYMT.B

77	78
----	----

(b) In the last four weeks did you do any walks of two miles or more?
 yes..... 1 WLK4W.B
 no..... 2 Q→121 79

REC12

(c) How many times in the last four weeks have you walked two miles or more?
 WLKN4W.B

1	2
---	---

(d) How long did you spend walking on the last occasion you walked for two miles or more?
(code in hours and minutes)
 Hrs WLKLHR.B M WLKLMN.B

3	4
---	---

5	6
---	---

121(a) Is there a dog in your household?
 yes..... 1 DOG.B
 no..... 2 Q→122 7

(b) Do you ever take the dog for a walk?
If yes: In an average week how often do you take the dog for a walk? (code days per week. If less than weekly code B) never code 0 Q→122
 WLKDOG.B

8

(c) On days when you take the dog for a walk, how long do you spend in total walking the dog?
 Hrs WLKDHR.B M WLKDMN.B
 9 10 11 12

(d) Is that mainly around here, that is in this area, or outside this area?
 in area..... 1 WLKDAR.B
 outside area..... 2 13
 both..... 3

Cycling

- 122(a) During the last year have you done any cycling, either for pleasure or just to get around?
- yes..... 1 CYCLYR.B
no..... 2 Q→124 14
- (b) Is that mainly around here, that is in this area, or outside this area?
- in area..... 1 15
outside area..... 2 CYCAR.B
both..... 3
- 123(a) How many months in the last year did you regularly cycle?
(regularly means at least once a week)
- CYCYMT.B
16 17
- (b) In the last four weeks have you cycled at all?
- yes..... 1 CYC4W.B
no..... 2 Q→124 18
- (c) How many times in the last month have you cycled?
- CYCN4W.B
19 20
- (d) How long did you spend cycling on the last occasion you cycled?
(Code in hours and minutes)
- CYCLHR.B CYCLMN.B
Hrs 21 22 M 23 24
- (e) Did the effort make you out of breath or sweaty?
- yes..... 1 25 CYCSWT.B
no..... 2

Sport*USE CARD 9*

- 124 The card shows lists of sports or other physical activities people do in their free time. Are there any of these which you do regularly now?
(regularly means at least once a week for two or more months in the year)
- yes..... 1 SPTANY.B
no..... 2 Q→125 26

*FOR ALL AMENTIONED ASK A TO G**(more than five mentioned code five on which respondent spends most time)*

- a) Record sport number from the sport card below.
- b) How many months in the year do you do ...activity...?
- c) About how many days in the month do you do ...activity...?
- d) On a normal occasion when you do ...(activity)... how long do you spend doing it?
(code in minutes)
- e) Does it usually make you out of breath or sweaty?
- yes.....1
no.....2
- f) In total, for about how many years have you done ...activity...?
- g) Do you do that around here, that is in this area, or outside this area?
- in area.....1
outside area.....2
both.....3

Team Games

- 01 Football
- 02 Hockey
- 03 Cricket
- 04 Rugby
- 05 Netball
- 06 Basketball
- 07 Volleyball
- 08 Lacrosse
- 09 Shinty
- 10 Rounders
- 11 any other team games like these

Individual Sports

- 12 Tennis
- 13 Squash
- 14 Table Tennis
- 15 Badminton
- 16 Swimming
- 17 Golf
- 18 Bowls
- 19 Ice Skating
- 20 Athletics
- 21 Gymnastics
- 22 Boxing
- 23 Martial Arts
- 24 Running/Jogging
- 25 Weight lifting
- 26 Cycling as a sport
- 27 any other individual sports like these (specify)

Training and Fitness

- 28 Weight Training
- 29 Yoga
- 30 Keep Fit/Aerobics
- 31 Dancing for fitness
- 32 Social dancing
- 33 Exercises/circuit training
- 34 Any other fitness activities like these (specify)

Outdoor Activities

- 35 Walking/Rambling
- 36 Hiking/Backpacking
- 37 Climbing
- 38 Sailing
- 39 Canoeing
- 40 Rowing
- 41 Horse Riding
- 42 Fishing
- 43 Shooting
- 44 Skiing
- 45 any other outdoor activity like this (specify)

Other Games and Sports

- 46 Snooker
- 47 Darts
- 48 Ten pin bowling
- 49 Skittles
- 50 Pool
- 51 All Motor Sports
- 52 Any other game or sport not mentioned (specify)

Sport No.	Months done	Days per month	Mins per occasion	Sweat	Yrs done	In area
SPTN1.B	SPTMT1.B	SPTDY1.B	SPTMN1.B	SPTSW1.B	SPTYR1.B	SPTAR1.B
27 28	29 30	31 32	33 34 35	36	37 38	39
SPTN2.B						
40 41	42 43	44 45	46 47 48	49	50 51	52
SPTN3.B						
53 54	55 56	57 58	59 60 61	62	63 64	65
SPTN4.B						
66 67	68 69	70 71	72 73 74	75	76 77	78
SPTN5.B						
79 80	1 2	3 4	5 6 7	8	9 10	11

125 Are there any other sports on the card which you used to play regularly earlier in your life but have given up? I am not including sports which you only played when you were at school?

yes..... 1
 no..... 2 Q→126 12
SPXANY.B

FOR ALL MENTIONED ASK A TO C

- (a) Record Sport number from the sport card.
- (b) How old were you when you stopped doing ...(sport)...regularly?
- (c) In total for about how many years did you do ...(sport)...regularly?

	Sport no.	age gave up	years done
	SPXN1.B	SPXAG1.B	SPXYR1.B
	13 14	15 16	17 18
SPXN2.B	19 20	21 22	23 24
SPXN3.B	25 26	27 28	29 30
SPXN4.B	31 32	33 34	35 36
SPXN5.B	37 38	39 40	41 42

126

Are there any sports or types of exercise which you would like to do, but can't because there is no local provision?

- yes..... 1
- no..... 2
- <don't know>..... 9 Q→127

SPLOCP.B
43

If yes, what sports?
(enter code from list)

No. 1

SPLOC1.B

44	45
----	----

No. 2

SPLOC2.B

46	47
----	----

No. 3

SPLOC3.B

48	49
----	----

NCLUBS.B

50	51
----	----

127(a) Do you belong to any clubs, associations, church groups or anything similar?

If yes: How many in all?
(none code 00) Q→128

(b) Record description of club and code as below.
(If more than 4, code in order mentioned)

- sports club..... 1
- sports supporters club..... 2
- social club (eg British Legion)..... 3
- volunteers (eg St John's Ambulance)..... 4
- hobby or interest group..... 5
- church group..... 6
- Masonic lodge/orange lodge etc..... 7
- other (specify)..... 8

(c) (for each one ask and code in box) Does that meet...

- in area..... 1
- outside area..... 2
- both..... 3

	Club	In area		
club 1 _____	CLUB1.B <table border="1" style="display: inline-table;"><tr><td>52</td></tr></table>	52	CLB1AR.B <table border="1" style="display: inline-table;"><tr><td>53</td></tr></table>	53
52				
53				
club 2 _____	CLUB2.B <table border="1" style="display: inline-table;"><tr><td>54</td></tr></table>	54	CLB2AR.B <table border="1" style="display: inline-table;"><tr><td>55</td></tr></table>	55
54				
55				
club 3 _____	CLUB3.B <table border="1" style="display: inline-table;"><tr><td>56</td></tr></table>	56	CLB3AR.B <table border="1" style="display: inline-table;"><tr><td>57</td></tr></table>	57
56				
57				
club 4 _____	CLUB4.B <table border="1" style="display: inline-table;"><tr><td>58</td></tr></table>	58	CLB4AR.B <table border="1" style="display: inline-table;"><tr><td>59</td></tr></table>	59
58				
59				

INCOME

I would like to ask you a few questions about your household finances. By this I mean the finances which you and your husband/wife/partner have available to you from all different sources like earnings, benefits, private sources or contributions from other people. We have found in the past that people's income can be very important in explaining their health.

Before I start I would like to emphasise that the information is completely private to the Medical Research Council and will not be passed on to any other organisation whatsoever. If there are any particular questions which you would rather not answer we can miss them out.

128 Looking at the faces scale, which face shows best how you feel about how adequate your household income is taken altogether?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7 FINCME.B

60

129 Would you mind telling me what your total household income is? By that I mean the amount you (and your husband)/wife/partner normally have after deductions like tax, and including any benefits, pensions and so on.
(Interviewers, record in one of the boxes below, ie either amount per week, month or year as reported. Code to the nearest £)

INCHWK.B per week <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">61</td> <td style="padding: 2px 10px;">62</td> <td style="padding: 2px 10px;">63</td> <td style="padding: 2px 10px;">64</td> </tr> </table>	61	62	63	64	or	INCHMT.B per month <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">65</td> <td style="padding: 2px 10px;">66</td> <td style="padding: 2px 10px;">67</td> <td style="padding: 2px 10px;">68</td> </tr> </table>	65	66	67	68	or	INCHYR.B per year <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 10px;">69</td> <td style="padding: 2px 10px;">70</td> <td style="padding: 2px 10px;">71</td> <td style="padding: 2px 10px;">72</td> <td style="padding: 2px 10px;">73</td> <td style="padding: 2px 10px;">74</td> </tr> </table>	69	70	71	72	73	74
61	62	63	64															
65	66	67	68															
69	70	71	72	73	74													

(Interviewer, if refuses give INCOME CARD and see if R will give category).
code A=01 B=02 C=03 D=04 E=05 F=06 G=07 H=08 I=09 J=10 K=11
(If completely refuses code 88, don't know code 99)

INCHCD.B

75	76
----	----

SMOKING

130 Do you ever smoke tobacco now? I am thinking of a pipe, cigars and your own roll ups as well as cigarettes you might buy.
If no: Did you ever used to smoke any sort of tobacco?
(Probe: Not at any time in your life?)

- never smoker..... 1 Q→143
- ex smoker..... 2 Q→138
- current smoker..... 3

SMTYPE.B

77

CURRENT SMOKERS

131 How old were you when you started smoking on a regular basis?

SMSREG.B

Age

78	79
----	----

REC 14

132(a) In the last 3 years have you ever seriously tried to give up smoking?
If yes: How many times?
(If no code 00) Q→133

SM3YST.B

1	2
---	---

(b) Thinking about the last time you tried to give up). Why did you try to give up, what was the main reason?

- health – doctor advised..... 1
- health – own decision..... 2
- cost..... 3
- spouse/partner stopped..... 4
- other (specify)..... 5

SMWHY.B

3

- 133 What do you smoke? Do you smoke (cigarettes etc) and (if yes) is that regularly or occasionally?
(prompt if necessary – regular means someone who smokes every day) (regular =1, occasional=2, never=3)
- | | | | | | |
|-----------------|---|---|---|---|----------|
| cigarettes..... | 1 | 2 | 3 | 4 | SMCIGT.B |
| cigars..... | 1 | 2 | 3 | 4 | SMCIGR.B |
| roll-ups..... | 1 | 2 | 3 | 4 | SMROLL.B |
| pipe..... | 1 | 2 | 3 | 4 | SMPIPE.B |

Cigarette Smokers

- 134 How many cigarettes do you smoke a day?
(if varies get average/if less than one per day
code 00 in per day box and record amount in weeks
box instead)

cigarettes per day

8	9
---	---

or
cigarettes per week

10	11	12
----	----	----

(code <1/week 000)

Cigar Smokers

- 135 How many cigars do you smoke a day?
(if varies get average/if less than one per day
code 00 in per day box and record amount in weeks
box instead)

cigars per day

13	14
----	----

or
cigars per week

10	16	17
----	----	----

(code <1/week 000)

Hand-rolled cigarettes/Roll-up smokers

- 136 How many ounces of roll your own tobacco do you smoke a week?
(If varies get average)
(code <1/2 oz per week as 0.0; 1/2 as 0.5;
1 oz as 1.0; 1½ oz as 1.5 etc)

SMROWK.B SMROPT.B
Ozs per week.

18

 .

19

Pipe Smokers

- 137 How many ounces of pipe tobacco do you smoke a week?
(If varies get average)
(code <1/2 oz per week as 0.0; 1/2 as 0.5;
1 oz as 1.0; 1½ oz as 1.5 etc)

SMPIWK.B SMPIPT.B
Ozs per week.

20

 .

21

** Q→143

EX-SMOKERS

- 138(a) How old were you when you first started smoking regularly? SMXREG.B
Age

22	23
----	----
- (b) How old were you when you gave up smoking completely? SMXAGE.B
Age

24	25
----	----
- (c) Why did you give up, what was the main reason? SMXWHY.B
26
- health – doctor advised..... 1
health – own decision..... 2
cost..... 3
spouse/partner stopped..... 4
other (specify)..... 5
- (d) What did you used to smoke? Did you smoke (cigarettes etc) and was that regularly or occasionally? 27 SMXCIT.B
28 SMXCIG.B
29 SMXROL.B
30 SMXPIP.B
(prompt if necessary – regular means someone who smokes every day) (regular =1, occasional=2, never=3)
- cigarettes..... 1 2 3
cigars..... 1 2 3
roll-ups..... 1 2 3
pipe..... 1 2 3

Ex-cigarette Smokers

- 139 How many cigarettes did you smoke a day?
(if varied get average/if less than one per day code 00 in per day box and record amount in weeks box instead)
- SMXFDY.B

31	32
----	----

SMXFWK.B

33	34	35
----	----	----
- cigarettes per day
or
cigarettes per week
(code <1/week 000)

Ex-cigar Smokers

- 140 How many cigars did you smoke a day?
(if varied get average/if less than one per day code 00 in per day box and record amount in weeks box instead)
- SMXCDY.B

36	37
----	----

SMXCWK.B

38	39	40
----	----	----
- cigars per day
or
cigars per week
(code <1/week 000)

Ex-Roll-up smokers

141 How many ounces of roll your own tobacco did you smoke a SMXRWK.B SMXRPT.B
 week? Ozs per week. .
(If varied get average)
(code < 1/2 oz per week as 0.0; 1/2 as 0.5;
1 oz as 1.0; 1½ oz as 1.5 etc)

Ex-Pipe Smokers

142 How many ounces of pipe tobacco did you smoke a SMXPWK.B SMXPPT.B
 week? Ozs per week. .
(If varied get average)
(code < 1/2 oz per week as 0.0; 1/2 as 0.5;
1 oz as 1.0; 1½ oz as 1.5 etc)

DRINKING

143 Do you ever drink alcohol, even if it is just occasionally?
If no: Did you ever used to drink alcohol?

never drinker.....	1 Q→157	DRTYPE.B
ex drinker.....	2 Q→153	45
current drinker.....	3	

CURRENT DRINKERS

144 Do you mainly drink... DRAREA.B

in the area.....	1	46
outside the area.....	2	
both.....	3	

145 Thinking about the amount you drink now, would you say that you are... DRDES.B

a very light or occasional drinker.....	1	47
a light but regular drinker.....	2	
a moderate drinker.....	3	
quite a heavy drinker.....	4	
a very heavy drinker.....	5	

146(a) In the last three years have you tried to seriously give up drinking? DR3YST.B
If yes: How many times have you tried to give up in the last three
years?
If no code 00 Q→147

(b) (Thinking about the last time you tried to give up), why did you try to give up, what was the main reason? DRWHY.B

health – doctor advised.....	1	50
health – own decision.....	2	
cost.....	3	
spouse/partner stopped.....	4	
other (specify).....	5	

147(a) How old were you when you first started drinking alcohol regularly? DRAGEF.B
 Age

148(a) I would like you to think back over the last seven days and tell me what you had to drink on each day. Thinking about yesterday, which was.....day, did you have any alcoholic drinks?
(Ring today at b) then start yesterday and work back through 7 days).

	(BE) beer/lager/cider DRSUBE.B		(WI) wine DRSUWI.B		(FW) fortified wine DRSUFW.B		(SP) spirits DRSUSP.B		(OT) other (specify) DRSUOT.B	
(SU) Sunday	53	54	55	56	57	58	59	60	61	62
(SA) Saturday	63	64	65	66	67	68	69	70	71	72
(FR) Friday	73	74	75	76	77	78	79	80	1	2
(TH) Thursday	3	4	5	6	7	8	9	10	11	12
(WE) Wednesday	13	14	15	16	17	18	19	20	21	22
(TU) Tuesday	23	24	25	26	27	28	29	30	31	32
(MO) Monday	33	34	35	36	37	38	39	40	41	42
	DRMOBE.B		DRMOWI.B		DRMOFW.B		DRMOSP.B		DRMOOT.B	

(Record beer etc in half pints, ie one and a half pints=3)

NB. One bottle wine =6 glasses. One bottle sherry etc =12 glasses. One bottle spirits =27 single measures.

(b) Record day of the week when question was asked

Monday.....	1	
Tuesday.....	2	
Wednesday.....	3	DAYINT.B
Thursday.....	4	43
Friday.....	5	
Saturday.....	6	
Sunday.....	7	

149(a) Have you ever felt that you should cut down on your drinking?

yes.....	1	DRACUT.B
no.....	2 Q→150	44

(b) Have you felt that in the last year?

yes.....	1	DRACLY.B
no.....	2	45

(c) Have people ever annoyed you by criticising your drinking?

yes.....	1	DRAANN.B
no.....	2 Q→151	46

(d) Has this happened in the last year?

yes.....	1	DRAALY.B
no.....	2	47

151(a) Have you ever felt bad or guilty about your drinking?

yes.....	1	DRABAD.B
no.....	2 Q→152	48

(b) Have you felt that in the last year?

yes.....	1	DRABLY.B
no.....	2	49

- 152(a) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?
- | | | |
|----------|---------|----------|
| yes..... | 1 | DRAFAM.B |
| no..... | 2 Q→157 | 50 |
- (b) Has this happened in the last year?
- | | | |
|----------|---|----------|
| yes..... | 1 | DRAFLY.B |
| no..... | 2 | 51 |

EX DRINKERS

- 153 Thinking about the time you used to drink, would you say that on average you were...
- | | | |
|---|---|----------------|
| a very light or occasional drinker..... | 1 | DRXDES.B
52 |
| a light or regular drinker..... | 2 | |
| a moderate drinker..... | 3 | |
| quite a heavy drinker..... | 4 | |
| a very heavy drinker..... | 5 | |
- 154 When you gave up drinking completely, why did you give up, what was the main reason?
- | | | |
|------------------------------|---|----------------|
| health – doctor advised..... | 1 | DRXWHY.B
53 |
| health – own decision..... | 2 | |
| cost..... | 3 | |
| spouse/partner stopped..... | 4 | |
| other (specify)..... | 5 | |
- 155(a) How long is it since you gave up drinking alcohol completely?
(Code in years, 0 to 5 months=97, 6=11 months=98)?
- Yrs

54	55
----	----
- (b) How old were you when you first started drinking alcohol regularly?
- Age

56	57
----	----
- 156(a) When you used to drink alcohol regularly, on average how often did you drink alcohol? (Record on one line only)
- | | | | | |
|--------------------------|---------|---|----|----|
| days a week | DRXDY.B | <table border="1"><tr><td>58</td></tr></table> | 58 | |
| 58 | | | | |
| <u>or</u> days a month | DRXMT.B | <table border="1"><tr><td>59</td></tr></table> | 59 | |
| 59 | | | | |
| <u>or</u> times per year | DRXYR.B | <table border="1"><tr><td>60</td><td>61</td></tr></table> | 60 | 61 |
| 60 | 61 | | | |

- (b) On the days when you used to drink, what sort of drinks did you have and how much did you drink of each on average?

beer and cider (<u>half pints</u>)	DRXBE.B	62	63
wine (<u>glasses</u>)	DRXWI.B	64	65
Fortified wine (<u>glasses</u>) (eg sherry, vermouth etc)	DRXFW.B	66	67
spirits (<u>measures</u>)	DRXSP.B	68	69
other drinks (specify what and how much)	DRXOT.B	70	71

DIET

- 157 At the moment do you watch what you eat to control your weight?
If yes: Is that to lose weight or to gain weight?
- | | | |
|--------------------|---|----------|
| lose..... | 1 | DWTNOW.B |
| gain..... | 2 | 72 |
| <not on diet>..... | 3 | |
- 158 Do you keep to a special diet or watch what you eat for any health reason other than controlling your weight? Either because of some condition you have or to look after your health in the future?
- | | | |
|----------|---|----------|
| yes..... | 1 | DHLTHR.B |
| no..... | 2 | 73 |
- 159 Are there any foods which you don't eat for reasons other than health or weight control, such as for religious or moral reasons?
If yes: Why is that?
- | | | |
|--|---|----------|
| vegetarian (meat free)..... | 1 | DFOODA.B |
| vegan/strict veg (no animal products)..... | 2 | 74 |
| religion..... | 3 | |
| other (specify)..... | 4 | |
| <none>..... | 5 | |
- 160 Thinking overall about the things you eat, would you say your diet is...
- | | | |
|-----------------------|---|----------|
| very healthy..... | 1 | DHLTHY.B |
| fairly healthy..... | 2 | 75 |
| fairly unhealthy..... | 3 | |
| very unhealthy..... | 4 | |

- 161 Who does most of the food shopping for this household?
- spouse/partner..... 01
 - mother..... 02
 - father..... 03
 - mother in law..... 04
 - father in law..... 05
 - female sib..... 06
 - male sib..... 07
 - female child..... 08
 - male child..... 09
 - female child in law..... 10
 - male child in law..... 11
 - male friend..... 12
 - female friend..... 13
 - other (specify)..... 14
 - <no one>..... 15

76, 77
FDWHO.B

- 162 I am going to ask about a number of different food items most of us buy and I would like you to tell me where each is mainly bought for this household. Where is the (eg bread) bought?
- delivered..... 01
 - van..... 02
 - local or general shops..... 03
 - specialised shops (eg fishmongers, bakers)..... 04
 - supermarkets..... 05
 - frozen food shops..... 06
 - make/grow own..... 07
 - varies..... 08
 - don't buy it..... 09
 - other (specify)..... 10
 - <don't know>..... 99

REC 16_____

bread	FDBRD.B	<input type="text" value="78"/>	<input type="text" value="79"/>
meat	FDMEAT.B	<input type="text" value="1"/>	<input type="text" value="2"/>
fish	FDFISH.B	<input type="text" value="3"/>	<input type="text" value="4"/>
potatoes	FDPOT.B	<input type="text" value="5"/>	<input type="text" value="6"/>
vegetables	FDVEG.B	<input type="text" value="7"/>	<input type="text" value="8"/>
fruit	FDFRT.B	<input type="text" value="9"/>	<input type="text" value="10"/>
groceries	FDGROC.B	<input type="text" value="11"/>	<input type="text" value="12"/>
milk	FDMILK.B	<input type="text" value="13"/>	<input type="text" value="14"/>

SHOW CARD 10

163 Looking at this card, could you tell me how important the following are for where you choose to buy your food?
(code very important=1, fairly important=2, not very important=3, not at all important=4)

		very imp	fairly imp	not very imp	not at all imp	D/K	
FDPRIC.B	price.....	1	2	3	4	9	15
FDLOC.B	location/easy to get to/park.....	1	2	3	4	9	16
FDQUAL.B	quality of food.....	1	2	3	4	9	17
FDRNGE.B	range of food.....	1	2	3	4	9	18
FDSERV.B	service.....	1	2	3	4	9	19
FDBUSY.B	not too busy.....	1	2	3	4	9	20
FDLAB.B	clear food labelling (eg additives, fat content).....	1	2	3	4	9	21
FDCLN.B	cleanliness.....	1	2	3	4	9	22
FDENV.B	environmentally friendly products.....	1	2	3	4	9	23

164 Is most of the food shopping for this household done...
in the area..... 1 **FDAREA.B**
outside the area..... 2 **24**
both..... 3

I would like to ask you a few questions about coughs and chest pains.

MRC BRONCHITIS

165(a) Do you usually cough first thing in the morning in winter?
yes..... 1 **BRCAM.B**
no..... 2 **25**

(b) Do you usually cough during the day or night in winter?
yes..... 1 **BRCNT.B**
no..... 2 **26**

**If Respondent says no to both a and b Q→166

(c) Do you cough like this on most days for as much as 3 months
each year?
yes..... 1 **BRC3M.B**
no..... 2 **27**

166(a) Do you usually bring up any phlegm (spit from the chest) first thing
in the morning in winter?
yes..... 1 **BRPHAM.B**
no..... 2 **28**

(b)	Do you usually bring up any phlegm (spit from the chest) during the day or night in winter		
	yes.....	1	BRPHNT.B
	no.....	2	29
**If Respondent says no to <u>both</u> a and b Q→167			
(c)	Do you bring up any phlegm on most days for as much as 3 months each year?		
	yes.....	1	BRPH3M.B
	no.....	2	30
167	In the past 3 years, have you had a period of cough and phlegm lasting for 3 weeks or more?		
	yes.....	1	BRC3WK.B
	no.....	2	31
168(a)	Are you troubled by shortness of breath when hurrying on level ground or walking up a short hill?		
	yes.....	1	BRSBLG.B
	no.....	2	32
	unable to walk.....	3 Q→169	
(b)	Do you get short of breath walking with other people of your own age on level ground?		
	yes.....	1	BRSBOP.B
	no.....	2	33
(c)	Do you ever have to stop for breath when walking at your own pace on level ground?		
	yes.....	1	BRSTBR.B
	no.....	2	34
169(a)	Does your chest ever sound wheezy or whistling?		
	yes.....	1	BRWHEV.B
	no.....	2 Q→170	35
(b)	Do you get this most days or nights?		
	yes.....	1	BRWHM.B
	no.....	2	36
170(a)	During the past 3 years have you had any chest illness, such as bronchitis or pneumonia, which has kept you off work or indoors for a week or more?		
	yes.....	1	BRILL.B
	no.....	2 Q→171	37
(b)	How many illnesses like this have you had in the last 3 years?		BRILLN.B
			38 39

MRC CHEST PAIN

171(a)	Have you ever had any pain or discomfort in your chest?			
	yes.....	1	CPPNEV.B	
	no.....	2	40	
(b)	Have you ever had any pressure or heaviness in your chest?			
	yes.....	1	CPPREV.B	
	no.....	2	41	
**If Respondent says no to <u>both</u> a and b Q→173				
(c)	Do you get it when you walk uphill or hurry?			
	yes.....	1	CPHILL.B	
	no.....	2 Q→172	42	
	can't walk.....	3		
(d)	Do you get it when you walk at an ordinary pace on the level?			
	yes.....	1	CPLVL.B	
	no.....	2	43	
(e)	What do you do if you get it while walking?			
	stop.....	1	CPWDO.B	
	slow down.....	2	44	
	carry on at the same pace.....	3		
(f)	What happens to it if you stand still?			
	is relieved in 10 minutes or less.....	1	CPSTST.B	
	is relieved in more than 10 minutes.....	2	45	
	is not relieved.....	3		
172	Could you show me where you get the pain and discomfort? Do you feel it anywhere else? (code all sites mentioned)			
		yes no		
	sternum (upper and middle).....	1 2	46 CPSTU.B	
	sternum (lower).....	1 2	47 CPSTL.B	
	left anterior chest.....	1 2	48 CPLAC.B	
	left arm.....	1 2	49 CPLA.B	
	other (specify).....	1 2	50 CPOTH.B	
173(a)	Have you ever had a severe pain across the front of your chest lasting half an hour or more?			
	yes.....	1	CPHHR.B	
	no.....	2 Q→174	51	
(b)	Have you ever seen a doctor because of this pain?			
	yes.....	1	CPDOC.B	
	no.....	2 Q→d	52	
(c)	What did the doctor say that it was? (record response verbatim)			
(d)	How many of these attacks have you had? (code 97 for continuous attacks, 99 don't know)			
			CPNATT.B	
			53	54

- | | | | | | | | | | |
|-----|-------------------------------|----|---|----|----------|---|---|----|----|
| | | | CPFAYR.B | | CPFAMT.B | | | | |
| (e) | When was your (first) attack? | 19 | <table border="1"><tr><td>55</td><td>56</td></tr></table> | 55 | 56 | M | <table border="1"><tr><td>57</td><td>58</td></tr></table> | 57 | 58 |
| 55 | 56 | | | | | | | | |
| 57 | 58 | | | | | | | | |
| | | | CPLAYR.B | | CPLAMT.B | | | | |
| (f) | When was your last attack? | 19 | <table border="1"><tr><td>59</td><td>60</td></tr></table> | 59 | 60 | M | <table border="1"><tr><td>61</td><td>62</td></tr></table> | 61 | 62 |
| 59 | 60 | | | | | | | | |
| 61 | 62 | | | | | | | | |

PREVENTATIVE HEALTH SERVICE USE

WOMEN ONLY. MEN Q→176

- | | | | | | | | | | |
|--------|---|-----|---|----|--------------|---|---|----|----|
| | | | CXYR.B | | CXMT.B | | | | |
| 174(a) | Have you ever had a routine cervical smear test?
<i>If yes: How long ago was your most recent cervical smear?
(Code in years and months, months unknown code 99, within one month code 00 98). Never code 00 00 Q→C</i> | Yrs | <table border="1"><tr><td>63</td><td>64</td></tr></table> | 63 | 64 | M | <table border="1"><tr><td>65</td><td>66</td></tr></table> | 65 | 66 |
| 63 | 64 | | | | | | | | |
| 65 | 66 | | | | | | | | |
| (b) | Where did you have your most recent test done?
GP surgery..... 1
well-woman clinic..... 2
family planning clinic..... 3
maternity clinic..... 4
colposcopy clinic..... 5 Q→175
other gynae clinic..... 6
G.U.M clinic..... 7
place of work..... 8
other (specify)..... 9 | | | | CXWH.B
77 | | | | |
| (c) | <i>If no</i> , has either the Greater Glasgow Health Board or your GP <u>ever</u> written to you to invite you to go for a routine cervical smear test?
yes..... 1
no..... 2 Q→175
<don't know>..... 9 | | | | CXGP.B
68 | | | | |
| (d) | Can you tell me why you decided not to attend? | | | | CXNOT.B | | | | |
| <hr/> | | | | | | | | | |
| | | | MGYR.B | | MGMT.B | | | | |
| 175(a) | Have you ever had a routine breast examination by mammography?
<i>If yes: When was this?
(Code year and month, month unknown code 99, never code 00 00 If never Q→C)</i> | Yrs | <table border="1"><tr><td>69</td><td>70</td></tr></table> | 69 | 70 | M | <table border="1"><tr><td>71</td><td>72</td></tr></table> | 71 | 72 |
| 69 | 70 | | | | | | | | |
| 71 | 72 | | | | | | | | |
| (b) | Where was the most recent test done?
Woodside Place..... 1
Govanhill Health Centre..... 2
elsewhere (specify)..... 3 Q→176
<don't know>..... 9 | | | | MGWH.B
73 | | | | |
| (c) | <i>If no</i> , has either the Greater Glasgow Health Board or your GP <u>ever</u> written to you to invite you to go for a routine breast examination by mammography?
yes..... 1
no..... 2 Q→176
<don't know>..... 9 | | | | MGGP.B
74 | | | | |
| (d) | Can you tell me why you decided not to attend? | | | | MGNOT.B | | | | |

MEN AND WOMEN

176(a) Have you ever had your blood pressure checked by a doctor or nurse? 19 **BPYR.B** **BPMT.B**
If yes: How long ago was your most recent blood pressure check? M
(Code year and month, month unknown code 99, within one month code 00 98). Never code 00 00 Q→177
(Exclude BP checks on females during pregnancy and the check done in the first visit of this study).

(b) Has a doctor ever told you your blood pressure was too high?
 yes..... 1 **BPHIGH.B**
 no..... 2 Q→177 **79**
 <don't know>..... 9

REC 17

(c) When was the most recent time you were told that? 19 M
(code year and month, month unknown code 99)
(Exclude the last Twenty-07 visit). **BPHYR.B** **BPHMT.B**

177(a) Have you ever had your cholesterol level checked by a doctor or nurse? 19 **CHYR.B** **CHMT.B**
If yes: How long ago was your most recent cholesterol check? M
(Code year and month, month unknown code 99, within one month code 00 98). Never code 00 00 Q→178

(b) Has a doctor ever told you your cholesterol level was too high?
 yes..... 1 **CHHIGH.B**
 no..... 2 Q→178 **9**
 <don't know>..... 9

(c) When was the most recent time you were told that? 19 **CHHYR.B** **CHHMT.B**
(code year and month, month unknown code 99) M

178(a) Do you wear a denture or false teeth? **DENT.B**
If yes: Is that a full or partial denture? **14**
 full denture..... 1
 partial denture..... 2
 no denture..... 3

(b) Do you go to the dentist for regular check ups or only when you need to? **DENTR.B**
 regular – at least 6 mthly..... 1 **15**
 regular – at least annually..... 2
 less frequent ‘regular’ check ups..... 3
 only when need to..... 4
 never go to the dentist..... 5

- 179 Do you go to the optician for regular check ups or only when you need to?
- | | | |
|--|---|----------|
| regular – at least 6 mthly..... | 1 | |
| regular – at least annually..... | 2 | OPTICR.B |
| less frequent ‘regular’ check ups..... | 3 | 16 |
| only when need to..... | 4 | |
| never need to go to the optincian..... | 5 | |
- 180(a) Sometimes people go for a general health check up even if there is nothing particularly wrong with them. Have you ever had a check up like this?
- | | | |
|----------|-------|---------|
| yes..... | 1 | HLTHC.B |
| no..... | 2 Q→e | 17 |
- (b) Do you have checks like that regularly
If yes: How often is that?
- | | | |
|--|---|----------|
| regular – at least 6 mthly..... | 1 | |
| regular – at least annually..... | 2 | HLTHCR.B |
| less frequent ‘regular’ check ups..... | 3 | 18 |
| not regularly..... | 4 | |
- (c) Was the last one done privately or through the National Health Service?
- | | | |
|----------------------|---|----------|
| privately..... | 1 | HLTHCP.B |
| on the NHS..... | 2 | 19 |
| other (specify)..... | 3 | |
- (d) Was it something that...
- | | | |
|--|---------|----------|
| you decided on yourself..... | 1 | |
| was recommended by your GP..... | 2 | HLTHCW.B |
| was a requirement at work..... | 3 | 20 |
| was needed for insurance..... | 4 Q→181 | |
| was for some other reason (specify)..... | 5 | |
- If no:*
- (e) Has your GP ever written to invite you to come for a general health check up?
- | | | |
|-------------------|---------|----------|
| yes..... | 1 | HLTCGP.B |
| no..... | 2 | 21 |
| <don’t know>..... | 9 Q→181 | |
- If yes:*
- (f) Can you tell me why you didn’t take up that invitation?
-
- HLTCNO.B

HEALTH BEHAVIOURS

I would like to ask you about sleeping and about things you might do for your health.

- 181(a) How often do you have trouble getting to sleep?
- | | | |
|----------------------------|---|---------|
| every day..... | 1 | |
| most days..... | 2 | |
| at least once a week..... | 3 | HBSLP.B |
| at least once a month..... | 4 | 22 |
| less than monthly..... | 5 | |
| <never>..... | 6 | |
| <don't know>..... | 9 | |
- (b) How often are you bothered by waking earlier than you would like to, or by waking up in the middle of the night?
(*This means disturbed sleep: do not include waking to go to the toilet.*)
- | | | |
|----------------------------|---|---------|
| every day..... | 1 | |
| most days..... | 2 | |
| at least once a week..... | 3 | HBWKE.B |
| at least once a month..... | 4 | 23 |
| less than monthly..... | 5 | |
| <never>..... | 6 | |
| <don't know>..... | 9 | |
- 182 From time to time there are programmes about health on television or radio. Would you say that you...
- | | | |
|---|---|---------|
| watch or listen whenever you can..... | 1 | HBT.V.B |
| sometimes watch or listen, sometimes not..... | 2 | 24 |
| prefer not to watch or listen to them..... | 3 | |
- 183 Magazines or newspapers often have articles on health. Would you say that you...
- | | | |
|---|---|---------|
| read them whenever you can..... | 1 | HBMAG.B |
| sometimes read them, sometimes not..... | 2 | 25 |
| prefer not to read them..... | 3 | |
- 184 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 | HB.YOGA.B |
| an occasional thing you do..... | 2 | 26 |
| something you tried and gave up..... | 3 | |
| <never did it>..... | 4 | |
- 185 Do you have any sort of exercise machine, or weights to help you keep fit?
If yes: Do you
- | | | |
|-------------------------------|---|---------|
| use it/them regularly..... | 1 | |
| use it/them occasionally..... | 2 | HBEXM.B |
| not use it/them now..... | 3 | 27 |
| <do not have>..... | 4 | |

- 186 Have you ever used an exercise tape or cassette?
If yes: Do you
- | | | |
|-------------------------------|---|----------|
| use it/them regularly..... | 1 | |
| use it/them occasionally..... | 2 | HBTAPE.B |
| not use it/them now..... | 3 | 28 |
| <do not have>..... | 4 | |
- 187 Have you ever gone jogging or running to keep fit?
If yes: Is that...
- | | | |
|--------------------------------------|---|---------|
| a regular part of your life now..... | 1 | |
| an occasional thing you do..... | 2 | HBJOG.B |
| something you tried and gave up..... | 3 | 29 |
| <never did it>..... | 4 | Q→188 |
- (b) Do you go running or jogging around here, that is in this area, or outside this area?
- | | | |
|-------------------|---|---------|
| in area..... | 1 | HBJAR.B |
| outside area..... | 2 | 30 |
| both..... | 3 | |
- 188(a) Do you belong to a health club, slimming group or anything like that?
If yes: Do you...
- | | | |
|--------------------------|---|----------|
| go regularly..... | 1 | |
| go occasionally..... | 2 | HBCLUB.B |
| belong but don't go..... | 3 | 31 |
| <not belong>..... | 4 | Q→189 |
- (b) Is that around here, that is in that area, or outside this area?
- | | | |
|-------------------|---|----------|
| in area..... | 1 | HBCLAR.B |
| outside area..... | 2 | 32 |
| both..... | 3 | |

WOMEN'S HEALTH 35S ONLY

**55S WOMEN AND ALL MEN Q→192

You might remember that when we last talked to you we filled in a diary which dealt with pregnancy and contraception. I would like to bring that up to date. I would like to start right at the beginning of 1987. Time might overlap slightly with what you told us before.

- 189(a) First, I would like to ask about pregnancies. Have you been pregnant since then, even if you did not have a child?
- | | |
|------------------------------------|---------|
| yes, pregnant now..... | 1 |
| yes, pregnant in last 5 years..... | 2 |
| no..... | 3 Q→190 |

PREG5Y.B
33

USE CARD 11

- (b) What was the outcome of the pregnancy?
(Code the outcome of the pregnancy as below on the grid.
Repeat for any other pregnancies during the period 1987 – now).
- | | |
|---------------------------------|----|
| normal birth..... | 11 |
| birth by Caesarian section..... | 12 |
| stillbirth..... | 13 |
| miscarriage..... | 14 |
| termination/abortion..... | 15 |
| currently pregnant..... | 16 |

USE CARD 12

- 190 The card shows various methods of contraception, can you tell me if you have used any of these methods of contraception in the last four years, that is, since the beginning of 1987?
For each method mentioned ask when they started using it and when they finished using it. Block off the calendar as appropriate using the codes below.
NB. If using more than one method for any period of time, record the main method.
- | | |
|--|----|
| pill/oral contraceptive (specify type)..... | 21 |
| IUD/coil..... | 22 |
| cap/diaphragm..... | 23 |
| condom/sheath..... | 24 |
| sponge/'Today'..... | 25 |
| spermicidal creams or foams alone | |
| safe period/rhythm method..... | 27 |
| withdrawal..... | 28 |
| hysterectomy..... | 29 |
| menopause..... | 30 |
| partner's vasectomy..... | 31 |
| own sterilisation..... | 32 |
| depo provera..... | 33 |
| emergency (morning after) contraception..... | 34 |

USE CARD 13

191 I see that there were times when you were not using any type of contraception. The card shows reasons why people might not use contraception – can you tell me why you were not using contraception?

(For each time period code as below).

trying to get pregnant.....	41
not sexually active.....	42
religious or moral reasons.....	43
other reasons (write reasons on calendar).....	44
no particular reason.....	45
<don't know>.....	46

	CC187.B Jan.	CC287.B Feb.	CC387.B March	CC487.B April	CC587.B May	CC687.B June	CC787.B July	CC887.B Aug.	CC987.B Sept.	CC1087.B Oct.	CC1187.B Nov.	CC1287.B Dec.
1987	34,35 CC188.B	36,37	38,39	40,41	42,43	44,45	46,47	48,49	50,51	52,53	54,55	56,57 CC1288.B
1988	58,59 CC189.B	60,61	62,63	64,65	66,67	68,69	70,71	72,73	74,75	76,77	78,79	1, 2 CC1289.B
1989	3, 4 CC190.B	5, 6	7, 8	9,10	11,12	13,14	15,16	17,18	19,20	21,22	23,24	25,26 CC1290.B
1990	27,28 CC191.B	29,30	31,32	33,34	35,36	37,38	39,40	41,42	43,44	45,46	47,48	49,50 CC1291.B
1991	51,52 CC192.B	53,54	55,56	57,58	59,60	61,62	63,64	65,66	67,68	69,70	71,72	73,74
1992	75,76	77,78	79,80	1, 2	3, 4	5, 6	7, 8	9,10	11,12	13,14	15,16	17,18

Check if there are gaps in the calendar. NB. AFTER THE INTRVIEW MAKE SURE THAT EVERY BOX UP TO THE CURRENT DATE HAS A NUMBER FILLED IN.

HOUSING, TRANSPORT AND LOCALITY

I would like to ask you a few questions about your house/flat.

192(a) Are you the owner/tenant, or is it someone else in the household?

If self or spouse: Is that jointly or in his/her/your name only?

self.....	1
self and spouse.....	2
spouse only.....	3
parent.....	4
parent in law.....	5
child.....	6
child in law.....	7
other relative (specify).....	8
non relative (specify).....	9

HSEWHO.B

19

(b) Is the house...

privately owned (with mortgage).....	01	
privately owned (owned outright).....	02	Q→193
rented from the council.....	03	HSEOWN.B
rented from Scottish Homes.....	04	20,21
rented from Housing assoc./charitable trust.....	05	
rented from New Town Development corp.....	06	Q→196
privately rented (unfurnished).....	07	
privately rented (furnished).....	08	
tied to the tenant's job.....	09	
other (specify).....	10	

193 Did you buy your house from the Council or housing association at a discount?

yes.....	1	HSEBUY.B
no.....	2	22

If owned with mortgage...

194 How much is your mortgage? (In thousands)

HSEMTG.B

23	24	25
----	----	----

All owners

195 Could I just ask you to look at this card and tell me which category best shows the value of your house/flat?

SHOW CARD 14

	Value (£s)	
A.....	under 27,000.....	1
B.....	27,000..... to..... 34,999.....	2
C.....	35,000..... to..... 44,999.....	3
D.....	45,000..... to..... 57,999.....	4
E.....	58,000..... to..... 79,999.....	5
F.....	80,000..... to..... 105,999.....	6
G.....	106,000..... to..... 211,000.....	7
H.....	over 212,000.....	8

HSEVAL.B

26

If rented...

196 How much is your rent (per week to nearest £)?

HSRENT.B

27	28	29
----	----	----

197(a) *If rented:* have there been any major changes to this property in the last 5 years.

yes.....	1	HSCH5Y.B
no.....	2	Q→198 30

(b) What were the changes?

	Yes	No	
roofing.....	1	2	31 HSROOF.B
cavity wall insulation.....	1	2	32 HSWALL.B
door entry system.....	1	2	33 HSDOOR.B
heating system.....	1	2	34 HSHEAT.B
new windows.....	1	2	35 HSWIND.B
stone cleaning.....	1	2	36 HSSTCL.B
new air venting.....	1	2	37 HSVENT.B
structural repairs.....	1	2	38 HSREP.B
internal restructuring (new kitchen, bathroom)...	1	2	39 HSINT.B
rewiring.....	1	2	40 HSWIRE.B

- (c) Were you moved out while changes were being made to your house?
- | | | |
|------------------------------------|---------|----------|
| yes, moved out and back again..... | 1 | HSMOUT.B |
| yes, moved out and still out..... | 2 | 41 |
| no..... | 3 Q→198 | |
- (d) To which area were you moved?
- Please specify _____ HSMAR.B
- (e) For how long?
Code in months
- | | | | |
|--|--|----|----|
| | | 42 | 43 |
|--|--|----|----|
- HSMMT.B
- ASK ALL*
- 198 Do you have any home contents insurance?
- | | | |
|-------------------|---|----------|
| yes..... | 1 | HSCINS.B |
| no..... | 2 | 44 |
| <don't know>..... | 3 | |
- 199 In the last (4 years for 55s, 5 years for 35s) have you bought a house and had to sell it or have it repossessed because you couldn't afford the mortgage payments?
If yes: was it
- | | | |
|------------------------------|---|----------|
| bought from the Council..... | 1 | HSREPO.B |
| private sale..... | 2 | 45 |
| <never happened>..... | 3 | |
- 200 Looking at the faces scale, which face shows best how you feel about your house/flat?
A=1 B=2 C=3 D=4 E=5 F=6 G=7
- | | | | |
|--|--|----------|----|
| | | FHOUSE.B | 46 |
|--|--|----------|----|
- 201 When did you move into this house/flat?
(DK month code 99)
- | | | | |
|--|----|--------|--------|
| | | HSYR.B | HSMT.B |
| | 19 | 47 | 48 |
| | | M | 49 |
| | | | 50 |
- 202 (a) Were you living here when we last visited you?
- | | | |
|----------|---------|----------|
| yes..... | 1 Q→203 | 51 |
| no..... | 2 | HERELI.B |
- (b) *(If no)* Did you have to move from your last house or was it from your own choice?
- | | | |
|---------------------|---|----------|
| forced move..... | 1 | HSCHOI.B |
| voluntary move..... | 2 | 52 |
| bit of both..... | 3 | |

(c) What were the reasons for your move?

	Yes	No	
Problems with previous house/flat			
HSMBIG.B too large.....	1	2	53
HSMMSM.B too small.....	1	2	54
HSMH.B too high up.....	1	2	55
HSMMDMP.B dampness and/or condensation.....	1	2	56
Problems with previous area			
HSMROU.B too rough.....	1	2	57
HSMNSY.B too noisy.....	1	2	58
HSMNGB.B trouble with neighbours.....	1	2	59
Personal reasons connected with health			
HSMOH.B own health.....	1	2	60
HSMPH.B partner's health.....	1	2	61
HSMOTH.B other household member's health.....	1	2	62
HSMREL.B to look after elderly/disabled relative.....	1	2	63
Personal reasons unconnected with health			
HSMDIV.B divorce/separation.....	1	2	64
HSMREM.B remarriage/new partnership.....	1	2	65
HSMJOB.B change in job.....	1	2	66
HSMKID.B children's schooling.....	1	2	67
HSMMTG.B cost of rent/mortgage.....	1	2	68
HSMANY.B			69

203 Which rooms do you have for use by your household alone?
(household as defined at household composition earlier)
(Enter number of each, 0 if no exclusive use)

1) living room	LIVRM.B	<input type="text" value="70"/>	2) other public (eg. dining, study)	PUBRM.B	<input type="text" value="74"/>
3) bedrooms	BEDRM.B	<input type="text" value="71"/>	4) kitchen	KITCHN.B	<input type="text" value="75"/>
5) bathroom	BATHRM.B	<input type="text" value="72"/>	6) w/c (no bath or shower)	TOILET.B	<input type="text" value="76"/>
7) bed sit	BEDSIT.B	<input type="text" value="73"/>	8) other (specify)	OTHRM.B	<input type="text" value="77"/>

204 Does this house/flat have lead piping.

yes.....	1	
no.....	2	78 HSLEAD.B
<don't know>.....	9	

205 Is damp or condensation a problem in your home? (Not just normal condensation on windows).

If yes: Is it...

a serious problem.....	1	HDAMP.B
more of a nuisance than a problem.....	2	79
<no problem>.....	3	Q→206

- (b) Are there any rooms which you have to use but would prefer not to use because of dampness/condensation? *If so: which rooms? (specify below in grid at c)*
- (c) Are there any rooms which you cannot use because of dampness/condensation? *If so: which rooms? (specify below)*

REC 20	<u>Type of Room</u>	Number of rooms	
		<u>have to use</u>	<u>cannot use</u>
	living room	HDLIVH.B <input type="text" value="80"/>	<input type="text" value="8"/> HDLIVC.B
	other public (ie dining, study)	HDPUBH.B <input type="text" value="1"/>	<input type="text" value="9"/> HDPUBC.B
	bedroom	HDBEDH.B <input type="text" value="2"/>	<input type="text" value="10"/> HDBEDC.B
	kitchen	HDKITH.B <input type="text" value="3"/>	<input type="text" value="11"/> HDKITC.B
	bathroom	HDBATH.B <input type="text" value="4"/>	<input type="text" value="12"/> HDBATC.B
	w/c (no bath or shower)	HDWCH.B <input type="text" value="5"/>	<input type="text" value="13"/> HDWCC.B
	bedsit	HDBDSH.B <input type="text" value="6"/>	<input type="text" value="14"/> HDBDSC.B
	other (specify)	HDOTHH.B <input type="text" value="7"/>	<input type="text" value="15"/> HDOTHC.B

- 206 (a) In the winter time, what is the main way you heat the room you live in most of the time?

central heating.....	1	HLVRHT.B 16
gas fire.....	2	
electric fire.....	3	
solid fuel fire.....	4	
portable gas heater.....	5	
paraffin heater.....	6	
don't heat it.....	7	
other.....	8	

- (b) In the winter time, what is the main way you heat your bedroom

central heating.....	1	HBEDHT.B 17
gas fire.....	2	
electric fire.....	3	
solid fuel fire.....	4	
portable gas heater.....	5	
paraffin heater.....	6	
don't heat it.....	7	
other.....	8	

- (c) Are there times in the winter when you can't keep your house warm enough?
If yes: Is that...

most of the time.....	1	HCOLD.B 18
quite often.....	2	
only occasionally.....	3	
<never>.....	4	

207	In your home do you have a...				
		Yes	No		
	telephone.....	1	2	19	HSTEL.B
	freezer.....	1	2	20	HSFRZR.B
	washing machine.....	1	2	21	HSWM.B
208	In your house do you ever have a problem with noise from outside? <i>If yes: Is that...</i>				
	most of the time.....	1			HNOISE.B
	quite often.....	2		22	
	only occasionally.....	3			
	<never>.....	4			
209	In your house do you ever have a problem with vibration from outside? <i>If yes: Is that...</i>				
	most of the time.....	1			HSVIBR.B
	quite often.....	2		23	
	only occasionally.....	3			
	<never>.....	4			
210(a)	Thinking about the space you have in your house, would you say it is...				
	very crowded.....	1			HCROWD.B
	slightly crowded.....	2		24	
	just about right.....	3			
	rather too large.....	4			
	much too large.....	5			
(b)	Is there somewhere in your house you can go when you want to be by yourself?				
	yes.....	1			HALONE.B
	no.....	2		25	
	never want to be alone.....	3			
211	Does your accommodation have...				
	its own garden.....	1			GARDEN.B
	a shared garden.....	2		26	
	its own backyard (but not garden).....	3			
	a shared backyard.....	4			
	a shared public area you can sit in.....	5			
	none of these.....	6			
212(a)	Are there any pets in your household?				
	yes.....	1			HSPET.B
	no.....	2		27	
(b)	Do the terms of your tenancy/deeds allow you to have pets?				
	yes.....	1			HSDEED.B
	no.....	2		28	
	<don't know>.....	3			

213(a) At home do you usually have to walk up and down stairs at least once a day? (*including stairs in close, etc*)

yes..... 1 HWLKST.B
 no..... 2 29
 not appropriate, no stairs..... 3 Q→214

(b) On an average day how many stairs in all do you climb at home?

HNSTDY.B

30	31	32
----	----	----

214(a) Are there any things about this accommodation which you think are hazardous to you or your family’s safety or mental or physical health? Think first of the inside of your house/flat.

yes..... 1 HSIHAZ.B
 no..... 2 33
 <don’t know>..... 3 Q→215

(b) *If yes:* What is that?

HSHAZ1.B

215(a) Now what about the outside of the building, including parts you share with neighbours, or in the immediate vicinity; is there anything there that you think is hazardous to safety or mental or physical health?

yes..... 1 HSOHAZ.B
 no..... 2 34
 <don’t know>..... 3 Q→216

(b) *If yes:* What is that?

HSHAZ2.B

Now I would like to ask about the area you live in.

216 What do you call this local area where you live?

area _____ AREA.B

217 Looking at the faces scale, which face shows best how you feel about living in ...(area)...?

A=1 B=2 C=3 D=4 E=5 F=6 G=7

FAREA.B

35

218 How do you feel about walking around the area after dark? Would you say that you...

never do it under any circumstances..... 1
 try to avoid doing it..... 2 AWDARK.B
 do it but feel uncomfortable..... 3 36
 have no worries about doing it..... 4

219 What do you think about the level of police presence in this area? Do you think it is?

too much..... 1
 just about right..... 2 APOLIC.B
 too little..... 3 37
 <don’t know>..... 9

220

Around where you live would you say that any of the following problems exist...A/B.../F/..

If yes: Would you say that it is...

a serious problem.....	1
a minor problem.....	2
not a problem.....	3
<don't know.....	9

		serious	minor	not	d/k	
vandalism.....	AVNDAL.B	1	2	3	9	38
litter and rubbish.....	ALITER.B	1	2	3	9	39
smells and fumes.....	ASMELL.B	1	2	3	9	40
assaults or muggings.....	AASULT.B	1	2	3	9	41
burglaries.....	ABURGL.B	1	2	3	9	42
disturbance by children or youngsters...	ADISTB.B	1	2	3	9	43
speeding traffic.....	ATRAFF.B	1	2	3	9	44
discarded needles and syringes.....	ANEEDL.B	1	2	3	9	45
uneven or dangerous pavements.....	APAVE.B	1	2	3	9	46
nuisance from dogs.....	ADOGS.B	1	2	3	9	47
reputation of neighbourhood.....	AREPUT.B	1	2	3	9	48
poor public transport.....	APUBTR.B	1	2	3	9	49

221(a) Most of us worry at some time or other about being the victim of a crime, and I would like you to tell me how worried you are about being the victim of different types of crime.

SHOW CARD 15

Using one of the phrases on this card, could you tell me how worried you are about...

(code on grid below)

- very worried..... 1
- quite worried..... 2
- not very worried..... 3
- not at all worried..... 4
- <don't know>..... 9

(b) Have you experienced any of these crimes in the last 3 years?

- yes..... 1
- no..... 2
- <don't know>..... 9

WORRIED

very quite not not
worried worried worried at all
D/K

EXPERIENCED

yes no D/K

CRMUGW.B	being mugged/assaulted.....	1	2	3	4	9	50	1	CRMUGE.B	2	9	57
CRBURW.B	home burgled.....	1	2	3	4	9	51	1	CRBURE.B	2	9	58
CRCRSW.B	car stolen.....	1	2	3	4	9	52	1	CRCRSE.B	2	9	59
CRCRVW.B	car vandalised.....	1	2	3	4	9	53	1	CRCRVE.B	2	9	60
CRPRPW.B	property vandalised.....	1	2	3	4	9	54	1	CRPRPE.B	2	9	61
CRVERW.B	verbal abuse.....	1	2	3	4	9	55	1	CRVERE.B	2	9	62
CRSEXW.B	sexual assault.....	1	2	3	4	9	56	1	CRSEXE.B	2	9	63

221 Do you exchange small favours with the people who live near? I am thinking about things like leaving a key to let a repair man in? *If yes:* How many people are there that you exchange favours with? (none=00)

ANFAV.B	
64	65

222 Thinking about the people who live close to here, would you say they were...

- very friendly..... 1
- quite friendly..... 2
- not very friendly..... 3
- quite unfriendly..... 4
- <don't know>..... 9

AFRND.B
66

LOCAL AMENITIES

224 I am going to read you a list of shops and services people need. For each one I would like you to tell me whether there is one or more within walking distance (or half mile)? Is there a...

	Yes	No	D/K		
GP surgery.....	1	2	9	67	LAGP.B
dentist.....	1	2	9	68	LADENT.B
chemist.....	1	2	9	69	LACHEM.B
post office.....	1	2	9	70	LAPO.B
public telephone.....	1	2	9	71	LAPTEL.B
public sports facilities.....	1	2	9	72	LASPT.B
public park.....	1	2	9	73	LAPARK.B
grocery store.....	1	2	9	74	LAGROC.B
laundrette.....	1	2	9	75	LALAUN.B
pub.....	1	2	9	76	LAPUB.B
bank.....	1	2	9	77	LABANK.B

225 How often does the council empty the bins per week in your area?
Is it...

less than once per week.....	1	LABINS.B
once per week.....	2	78
more than once per week.....	3	
<don't know>.....	9	

226(a) If you could, would you like to move away from ...(area)... or would you like to stay here? Would you...

very strongly like to move.....	1	
prefer to move.....	2	AWMOVE.B
not mind either way.....	3	79
prefer not to move.....	4	
very strongly want to stay.....	5	

(b) How likely is it that you will move in the next five years? Is it...

very likely.....	1	
possible.....	2	ALMOVE.B
unlikely.....	3	80
very unlikely.....	4	
<don't know>.....	9	

REC21

227 How many miles do you now live from the place where you spent most of your upbringing (up to age 16)?

0-1 mile.....	1	
2-5 miles.....	2	
6-10 miles.....	3	AFAR16.B
11-20 miles.....	4	1
21-50 miles.....	5	
51-100 miles.....	6	
over 100 miles.....	7	
<don't know>.....	9	

I would like to ask a few questions about transportation.

- 228(a) Do you or your household own a car or van?
 yes.....1 Q→C CAROWN.B
 no..... 2 2
- (b) Do you or your household normally have the use of a car or van?
 yes.....1 CARUSE.B
 no..... 2 Q→229 3
- (c) How many cars/vans do you own or have the use of? NCARAV.B 4
- (d) Do you personally ever drive the/one of the car/van(s)?
 yes.....1 CARDRI.B
 no..... 2 5
- 229 (a) If you had a clinic appointment at 9.30am, at an outpatient clinic at your nearest general hospital, how would you travel there?
 walk.....01
 bus..... 02
 underground..... 03
 train..... 04
 car (driven by self).....05
 car (driven by neighbour/friend/relative).....06
 taxi..... 07
 cycle..... 08
 other (specify).....09
 <don't know>..... 99
 6,7
 HOSPTR.B
- (b) How long would it take you?
 <5 minutes..... 1
 6-15 minutes..... 2
 16-30 minutes..... 3
 31-60 minutes..... 4
 >one hour..... 5
 other (specify).....6
 <don't know>.....7
 8
 HOSP TI.B
- (c) Which is your nearest general hospital?
 Southern General..... 1
 Western Infirmary..... 2
 Glasgow Royal Infirmary..... 3
 Gartnavel General..... 4
 Stobhill General..... 5
 Victoria Infirmary..... 6
 other (specify)..... 7
 <don't know>..... 9
 9
 HOSPNG.B
- 230 In the last 3 years, have you or any member of your household had difficulty in getting any of the following on the basis of this address?
- | | Yes | No | Never asked | D/K | | |
|----------------|-----|----|-------------|-----|----|----------|
| taxi..... | 1 | 2 | 3 | 9 | 10 | ADTAXI.B |
| ambulance..... | 1 | 2 | 3 | 9 | 11 | ADAMB.B |
| police..... | 1 | 2 | 3 | 9 | 12 | ADPOLI.B |
| credit..... | 1 | 2 | 3 | 9 | 13 | ADCRED.B |

INCOME (part 2)

I would like to ask a few more questions about your household finances. By this I mean the finances which you and your husband/wife/partner have available to you from all different sources like earnings, benefits, private sources or contributions from other people.

Before I start I would like to emphasise again that the information is completely private to the Medical Research Council. If there are any particular questions which you would rather not answer we can miss them out.

There are a lot of different ways in which people get their income. I am going to show you a card with a list of possible sources of income.

SHOW CARD 16

231(a) Looking at this card, does your household have any income from any of these sources?

yes.....	1	INCANY.B
no.....	2	14
refused.....	3	
don't know.....	9	Q→232

For each mentioned ask:

(b) Can I ask how much income your household receives from ... (source)?

USE INCOME CARD IF THEY REFUSE

Code A=00001, B=00002, C=00003, D=00004, E=00005, F=00006

G=00007, H=00008, I=00009, J=0010, K=0011 in household amount columns and code 5 in 'per' box

(c) *In 'per' column code per week=1, fortnight=2, month=3, year=4 card used=5, refused=8, don't know=9*

(d) Who is the income from .. (source) paid to? Is it you only, your husband/wife/partner or both of you?
(If both ask: do you both have a separate income from ... (source) ... or is it a joint income)

respondent only.....	1
spouse/partner only.....	2
both jointly/separately.....	3

Income and earnings

- 1...your main job/business/work
- 2...your spouse/partner's main job/business/work
- 3...other work/casual earnings
- 4...occupational pension (not state retirement)
- 5...private pension scheme
- 6...maintenance from ex-spouse
- 7...investment/private income
- 8...contributions from other household members' earnings

Contributory benefits (not sickness)

- 9...unemployment benefit
- 10...state retirement pension
- 11...invalidity pensions, benefit or allowance
- 12...widows pension
- 13...maternity allowance or statutory maternity pay (SMP)

Sickness benefits

- 14...sickness benefit/statutory sick pay
- 15...invalidity benefit
- 16...community charge benefit
- 17...severe disablement allowance
- 18...industrial injury or disablement allowance
- 19...attendance allowance
- 20...invalid care allowance
- 21...mobility allowance
- 22...other mobility/disability allowances

Non Contributory benefits

- 23...income support
- 24...family credit
- 25...child benefit
- 26...one parent benefit
- 27...housing benefit

28...Any other source not mentioned

	source number INCSN1.B	b household amount £s INCHA1.B	c per INCHP1.B	d who gets INCWG1.B
Source 1	15 16	17 18 19 20 21	22	23
Source 2	24 25	26 27 28 29 30	31	32
Source 3	33 34	35 36 37 38 39	40	41
Source 4	42 43	44 45 46 47 48	49	50
Source 5	51 52	53 54 55 56 57	58	59
Source 6	60 61	62 63 64 65 66	67	68
Source 7	69 70	71 72 73 74 75	76	77
Source 8	78 79 INCSN8.B	1 2 3 4 5 INCHA8.B	6 INCHP8.B	7 INCWG8.B

REC 22 _____ |

232 Does it ever happen that you find it difficult to meet the cost of ..A/B/C...?

(Read items one by one)

If yes: Is that...

- very frequently..... 1
 quite often..... 2
 only occasionally..... 3
 never..... 4
 <refused>..... 5
 N/A – (ie those owned outright)..... 6

- A) Food and other necessities which you have to buy often? INCFD.B
- B) Your rent or mortgage? INCRNT.B
- C) Bills for things like poll tax or heating that come up from time to time? INCBLL.B
- D) Treats and luxuries such as having a night out or presents for the family? INCLUX.B

233 Suppose you needed to find a lump sum of money, for example suppose a cooker or washing machine broke down and you needed £200 for a new one straight away, would it be...?

- impossible..... 1
 difficult..... 2
 inconvenient but not impossible..... 3
 no problem..... 4 Q→235
 <refused>..... 5

INC200.B
12

- 234 Suppose you needed to find a smaller sum of money, for example suppose you needed £50. How difficult would that be to find?
- | | | |
|--------------------------------------|---|---------|
| impossible..... | 1 | |
| difficult..... | 2 | INC50.B |
| inconvenient but not impossible..... | 3 | 13 |
| no problem..... | 4 | |
| <refused>..... | 5 | |

USE CARD 17

- 235 Some people have savings they can fall back on while others do not. Looking at the card, can you tell me which letter shows how much money you have saved or invested?
(If R says it falls exactly on one of the boundaries code to the smaller figure).

7

- | | | |
|----------------------------|---|----------|
| A (none)..... | 1 | |
| B (£500 or less)..... | 2 | |
| C (£501 to £3,000)..... | 3 | |
| D (£3,001 to £5,000)..... | 4 | INCSAV.B |
| E (£5,001 to £8,000)..... | 5 | 14 |
| F (£8,001 to £20,000)..... | 6 | |
| G (more than £20,000)..... | 7 | |
| <refused>..... | 8 | |
| <don't know>..... | 9 | |

- 236 Finally, using the same card, can you tell me which letter shows how much money you owe (to banks, credit card company, relatives, money lenders)? Don't count on mortgage.
(If R says it falls exactly on one of the boundaries code to the smaller figure).

- | | | |
|----------------------------|---|---------|
| A (none)..... | 1 | |
| B (£500 or less)..... | 2 | |
| C (£501 to £3,000)..... | 3 | |
| D (£3,001 to £5,000)..... | 4 | INCREDB |
| E (£5,001 to £8,000)..... | 5 | 15 |
| F (£8,001 to £20,000)..... | 6 | |
| G (more than £20,000)..... | 7 | |
| <refused>..... | 8 | |
| <don't know>..... | 9 | |

PHYSICAL MEASURES

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

While you set up the instruments for the physical measurement ask the respondent to fill in the GENERAL HEALTH QUESTIONNAIRE (the GHQ is the last part of the SELF COMPLETION QUESTIONNAIRE).

237(a) Have you taken any medications today to help your breathing, or for high blood pressure, angina or some other heart problem?
 yes..... 1 PMMED.B
 no..... 2 16
 don't know..... 9 Q→238

(b) What was that?
 (write name of medicines below)

med 1 _____ PMMED1.B

 med 2 _____ PMMED2.B

 med 3 _____ PMMED3.B

238(a) Do you have any medical conditions affecting you today which might affect the measures I am going to take, a cold or anything like that?
 yes..... 1 PMCOND.B
 no..... 2 Q→239 17
 <don't know..... 9

(b) What condition(s) do you have?

Cond 1 _____
 Cond 2 _____
 Cond 3 _____

NURSE MEASUREMENTS

239 Room temperature PMRTMP.B
 (degrees centigrade) 18 19
 240 Resting pulse rate PMPULS.B
 (beats in 15 seconds) 20 21
 241 Blood pressure PMSPHN.B
 (to nearest 2mm below) sphygmomanometer no. 22 23

1ST READING

RAW		CORRECTED	
	BPS1.B		BPCS1.B
systolic	24 25 26	systolic minus zero	42 43 44
	BPD1.B		BPCD1.B
diastolic	27 28 29	diastolic minus zero	45 46 47
	BPZ1.B		
zero	30 31 32		

2ND READING

RAW		CORRECTED	
	BPS2.B		BPCS2.B
systolic	33 34 35	systolic minus zero	48 49 50
	BPD2.B		BPCD2.B
diastolic	36 37 38	diastolic minus zero	51 52 53
	BPZ2.B		
zero	39 40 41		

MEAN VALUES

systolic

*(corrected 1st systolic + 2nd systolic/2)*BPSMN.B

54	55	56
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diastolic

*(corrected 1st diastolic + 2nd diastolic/2)*BPD MN.B

57	58	59
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35S

If the mean blood pressure is greater than 180/105 (either figure) advise the respondent to seek medical advice as instructed in the manual. If the reading is greater than 200/115 strongly advise the respondent.

55S

If the mean blood pressure is greater than 190/110 (either figure) advise the respondent to seek medical advice as instructed in the manual. If the reading is greater than 210/120 strongly advise the respondent.

RECORD FOR ALL

not advised.....	1	BPADV.B
advised.....	2	60
strongly advised.....	3	

242	Standing height (code centimetres and millimetres)	PMHTCM.B cms 61 62 63	PMHTPT.B 64
		stadiometer no.	PMSTAD.B 65 66
243	Weight (Code in kilograms exactly as shown on the scales)	PMWTKG.B kgs 67 68 69	PMWTGM.B gms 70
		scales no.	PMSCAL.B 71 72
244(a)	Waist circumference (code in centimetres)	PMWCCM.B cms 73 74 75	PMWCPT.B 76
(b)	Hip circumference (top of iliac crest, code in centimetres)	PMHCCM.B cms 77 78 79	PMHCPT.B 80

REC23

245(a)	Respiratory function.		PMSPIR.B spirometer no.	1 2
1 st trial	RFFEVS1.B FEV1	RFPEF1.B PEF	RFFVC1.B FVC	3 4 5 6 7 8 9 10 11
2 nd trial	RFFEVS2.B	RFPEF2.B	RFFVC2.B	12 13 14 15 16 17 18 19 20
3 rd trial	RFFEVS3.B	RFPEF3.B	RFFVC3.B	21 22 23 24 25 26 27 28 29

(b) Record whether you felt the respondent followed instructions correctly.

trial 1.....	1	2	30	RFFIC1.B
trial 2.....	1	2	31	RFFIC2.B
trial 3.....	1	2	32	RFFIC3.B

Record time ended	Hrs	HOUR2.B 33 34	M	MIN2.B 35 36
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INTERVIEWER QUESTIONS (to be completed after the interview)

246	What type of accommodation does the respondent occupy?				
	detached house.....	1			
	semi detached house.....	2			
	terraced house.....	3	HOMTYP.B		
	flat, 'four in a block'.....	4	37		
	tenement flat (sandstone).....	5			
	low rise flat (less than 5 floors).....	6			
	high rise flat (5 or more floors).....	7			
	flat in a conversion.....	8			
	other (specify).....	9			
247	Is the house/flat all on one level or are there internal stairs?				
	one level.....	1	HSTAIR.B		
	with stairs.....	2	38		
248	What is the floor of entry to the accommodation? (code floor of entry. <u>basement=98</u> <u>ground floor=00</u>) (ignore a few external steps up to front door) If entry is at ground level Q→250		HFLOOR.B		
			<table border="1" style="display: inline-table; vertical-align: middle;"><tr><td style="width: 30px; text-align: center;">39</td><td style="width: 30px; text-align: center;">40</td></tr></table>	39	40
39	40				
249	What is the main means of access?				
	internal stairwell.....	1			
	lift.....	2	HACCES.B		
	external stair and deck.....	3	41		
	external stair without deck.....	4 Q→251			
	other (specify).....	5			
250	Does the main door of the accommodation open...				
	on to a private garden.....	1	HDOOR.B		
	on to a common landscaped area.....	2	42		
	directly on to a roadway.....	3			
251	Is access from...				
	a busy trunk road.....	1			
	a minor road with through traffic.....	2	HROAD.B		
	a residential road (eg in estate).....	3	43		
	non vehicular lane etc.....	4			
	other (specify).....	5			
252	Is there any sign of mould, damp or condensation? If yes: Does it appear to be...				
	severe.....	1	HMOULD.B		
	moderate.....	2	44		
	light.....	3			
	<none>.....	4			

- 253 Was the internal state of repair...
 excellent..... 1
 very good..... 2
 good..... 3
 fair..... 4
 poor..... 5
 very poor..... 6
 HREPAR.B
 45
- 254 Was the external condition (outside of building and/or common areas)...
 excellent..... 1
 very good..... 2
 good..... 3
 fair..... 4
 poor..... 5
 very poor..... 6
 HEXTER.B
 46
- 255 (a) Was a spouse/partner present through most of the interview?
 yes..... 1
 no..... 2
 IVSPPR.B
 47
- (b) How many other people were present?
(If none code 0)
 48
- 256 Thinking about respondent's appearance, would you say that he/she was...
 considerably overweight..... 1
 slightly overweight..... 2
 about correct for his/her height..... 3
 slightly thin..... 4
 unusually thin..... 5
 NWGHTA.B
 49
- 257 How long did the interview take? (from the time of entering the house to completing the schedule)
(code in hours and minutes)
 Hrs 50 51 M 52 53
 IVHR.B IVMN.B

REMEMBER TO CHECK THROUGH THE QUESTIONNAIRE FOR ERRORS SOON AFTER THE INTERVIEW.
 PLEASE USE THE INSIDE OF THE FRONT COVER FOR COMMENTS OR INFORMATION WHICH MIGHT
 HELP FUTURE INTERVIEWERS WHO CONTACT THIS RESPONDENT

Conditions cards

Card 1

- | | | | |
|----|--|----|--|
| 01 | Bronchitis and respiratory disease | 11 | High blood pressure |
| 02 | Arthritis and Rheumatism | 12 | Angina |
| 03 | Cancer | 13 | Other heart trouble |
| 04 | Asthma | 14 | Stroke |
| 05 | Stomach ulcers and gastric problems | 15 | Circulatory problems eg 'hardening of the arteries |
| 06 | Gall bladder problems | 16 | Liver problems |
| 07 | Hernias | 17 | Migraine |
| 08 | Epilepsy | 18 | Thyroid problems |
| 09 | Diabetes | 19 | Cystitis |
| 10 | Problems with the nervous system, eg Multiple Sclerosis or Parkinson's Disease | 20 | Other kidney, Urinary or Prostate problems |

Card 2

- | | | | |
|----|---------------------|----|-------------------------------------|
| 21 | Spondylitis | 29 | Skin problems |
| 22 | Sciatica | 30 | Allergy |
| 23 | Other back problems | 31 | Tinnitus |
| 24 | Colitis | 32 | Other problems with ears or hearing |
| 25 | Diverticulitis | 33 | Problems with eyes or sight |
| 26 | Hay fever | 34 | Problems with alcohol |
| 27 | Sinusitis | 35 | Anxiety or Depression |
| 28 | Anaemia | | |