



West of Scotland Twenty-07 Study Health in the Community

REC 1 COL 1

Young Adult's Schedule 1990

REC 1

Serial Number:

1	2	3	4
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 IDNO90

Nurse interviewer number:

5	6
---	---

 NURSID90

Date of interview:

7	8
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9	10
---	----

11	12
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DATDY90 DATMNT90 DATYR90

High blood pressure warning given:

13

BPWARN90

STRICTLY CONFIDENTIAL

(Interviewer: Please ring respondent's sex)

14

SEX 90

Male.....1

Female.....2

STHRS90

STMINS90

Time interview started:

15 16

17 18

I am going to give you a copy of a measure which we call the "faces scale". I would like you to keep it beside you as we will use it a number of times in the interview (interviewer to hand over card A). As you can see, there are seven different faces. They go from face A which is a face showing someone who is very happy to face G which shows someone who is very unhappy.

1 First of all I would like you to think overall about your life now. Which face shows best how you feel about your life now?

LIFACE90

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7)

19

HEALTH

2 Over the last 12 months would you say that your health has on the whole been excellent, good, fair or poor?

20

SRHLT90

Excellent.....1
Good.....2
Fair.....3
Poor.....4
Don't know.....9

3(a) Do you have any longstanding illness, disability or infirmity? By longstanding I mean anything that has troubled you over a period of time or that is likely to affect your health over a period of time.

21

CHRON90

Yes.....1
 No.....2
 Don't know.....9

-3d→

(b) *(If yes)*
 What is the condition?
(record the name of condition on grid below)

(c) Does this limit your activities in any way? *(If yes)* Is that a very great deal, quite a lot, to a moderate degree or only a little?
(code on grid below)

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

(Repeat this section up to 3 more times – asking ‘anything else?’ after each.)

Condition	GHS Code		Limit
1 CHRN1.90	22	23	24
2 CHRN2.90	25	26	27
3 			
4 			

(d) Do you suffer from anxiety or depression, or do you have any mental problems, phobias, panics or nervous disorders which you have not already told me about?

28 MENTAL90

Yes.....1
 No.....2
 Don't know.....9

} -4→

(e) *(If yes)*
 What is the problem?
(record the name of the problem on below)

(f) Does this limit your activities in any way? *(If yes)* Is that a very great deal, quite a lot, to a moderate degree, or only a little?

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

Conditions	GHS Code		Limit		
5	MENT1.90	<table border="1" style="border-collapse: collapse; width: 60px; height: 30px;"> <tr> <td style="text-align: center; width: 30px;">29</td> <td style="text-align: center; width: 30px;">30</td> </tr> </table>	29	30	MLIM1.90 <table border="1" style="border-collapse: collapse; width: 40px; height: 30px;">31</table>
29	30				
6	MENT2.90	<table border="1" style="border-collapse: collapse; width: 60px; height: 30px;"> <tr> <td style="text-align: center; width: 30px;">32</td> <td style="text-align: center; width: 30px;">33</td> </tr> </table>	32	33	MLIM2.90 <table border="1" style="border-collapse: collapse; width: 40px; height: 30px;">34</table>
32	33				

4 I am going to read you a list of conditions or diseases and I would like you to tell me whether you have any of them.

(a) Do you have (asthma etc):
(code yes 1, no 2, don't know 9, even if already mentioned at question 3)

(b) (For each one reported as present) Does this limit your activities in any way? (If yes) Is that a very great deal, quite a lot, to a moderate degree, or only a little?
(code as appropriate on grid below)

- 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

Asthma	ASTHMA90	35	36	ASTLIM90
Other respiratory conditions (such as bronchitis)	RESPIR90	37	38	RESLIM90
Diabetes	DIABET90	39	40	DIALIM90
Arthritis or rheumatism	ARTHRH90	41	42	ARTLIM90
Kidney or bladder disease	KIDBLA90	43	44	KIDLIM90
Skin problems (eczema, acne, psoriasis)	SKIN90	45	46	SKILIM90
Hernia	HERNIA90	47	48	HERLIM90
Anorexia, bulimia, or other eating disorders	EATING90	49	50	EATLIM90
Epilepsy (fits, convulsions)	EPILEP90	51	52	EPILIM90
Anaemia (other than in pregnancy)	ANAEM90	53	54	ANELIM90
Stomach trouble or digestive disease	STOMAC90	55	56	STOLIM90
Heart trouble	HEART90	57	58	HRTLIM90
Cancer	CANCER90	59	60	CANLIM90
Migraine	MIGRAI90	61	62	MIGLIM90
High blood pressure (other than in pregnancy)	HIGHBP90	63	64	HBPLIM90
Allergies	ALLERG90	65	66	ALLLIM90

REC 1 COL 67

ACCIDENTS

5(a) Since your 15th birthday, have you had any accidents or injuries that required medical or surgical attention?

67

ACCINJ90

Yes.....1
 No.....2
 Don't know.....9

-6→

(b) *(If yes, for each accident, starting with the earliest, ask and record on grid)*
 What sort of injury did you have?
(record type of injury)

(c) Where did it happen?
(read out list and record on grid)

- At home..... 1
- At school, college etc..... 2
- At work..... 3
- Vehicle - as pedestrian)..... 4
- Vehicle – as driver/passenger. 5
- Sport..... 6
- Violence (mugging, assault, rape)..... 7
- Other..... 8
- Don't know..... 9

CODE 0 – for self inflicted injury

(d) How old were you when it happened?
(code age to nearest year, don't know 99)

(e) Does it affect you now? *(If yes)* Is that a very great deal, quite a lot, to a moderate degree or only a little?
(code as appropriate on grid)

- 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

	injury	acc code	place	age	impact								
Accident 1	ACC1.90	PLAC1.90	AGAC1.90	IMAC1.90								
	<table border="1"><tr><td></td><td>68</td><td>69</td><td>70</td></tr></table>		68	69	70	<table border="1"><tr><td>71</td></tr></table>	71	<table border="1"><tr><td>72</td><td>73</td></tr></table>	72	73	<table border="1"><tr><td>74</td></tr></table>	74
	68	69	70										
71													
72	73												
74													
Accident 2	ACC2.90	PLAC2.90	AGAC2.90	IMAC2.90								
	<table border="1"><tr><td></td><td>75</td><td>76</td><td>77</td></tr></table>		75	76	77	<table border="1"><tr><td>78</td></tr></table>	78	<table border="1"><tr><td>79</td><td>80</td></tr></table>	79	80	<table border="1"><tr><td>1</td></tr></table>	1
	75	76	77										
78													
79	80												
1													
Accident 3	ACC3.90	PLAC3.90	AGAC3.90	IMAC3.90								
	<table border="1"><tr><td></td><td>2</td><td>3</td><td>4</td></tr></table>		2	3	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td><td>7</td></tr></table>	6	7	<table border="1"><tr><td>8</td></tr></table>	8
	2	3	4										
5													
6	7												
8													
Accident 4	ACC4.90	PLAC4.90	AGAC4.90	IMAC4.90								
	<table border="1"><tr><td></td><td>9</td><td>10</td><td>11</td></tr></table>		9	10	11	<table border="1"><tr><td>12</td></tr></table>	12	<table border="1"><tr><td>13</td><td>14</td></tr></table>	13	14	<table border="1"><tr><td>15</td></tr></table>	15
	9	10	11										
12													
13	14												
15													

DISABILITY/HANDICAP

- 6(a) Has anyone – for example, a doctor,nurse, an employer, teacher or your parents - ever treated you or described you as disabled or handicapped?
- | | | | |
|--|--|------------------|--------|
| | | Yes.....1 | |
| | | No.....2 | } -6d→ |
| | | Don't know.....9 | |
- 16 DHOTH90
- (b) *(If yes)* Have you ever been in contact with a Disablement Resettlement Officer?
- | | | |
|--|--|------------------|
| | | Yes.....1 |
| | | No.....2 |
| | | Don't know.....9 |
- 17 DRO90
- (c) Are you registered disabled?
- | | | |
|--|--|------------------|
| | | Yes.....1 |
| | | No.....2 |
| | | Don't know.....9 |
- 18 REGDIS90
- (d) Do you consider yourself disabled or handicapped?
- | | | |
|--|--|------------------|
| | | Yes.....1 |
| | | No.....2 |
| | | Don't know.....9 |
- 19 DHSELF90

LATERALITY

- 7 Are you right handed, left handed, or can you use both equally?
- | | | |
|--|--|--------------------|
| | | Right Handed.....1 |
| | | Left Handed.....2 |
| | | Both.....3 |
| | | Don't know.....9 |
- 20 LATRAL90

DENTAL HEALTH

- 8 Now can I ask a bit about your dental health? About how long ago was your last visit to the dentist? *(code to nearest month, never 998, don't know 999)*

DENTIS90

21	22	23
----	----	----

- 9 Do you wear a denture or false teeth? *(If yes)* Is that a full or partial denture?

		Full denture.....1
		Partial denture.....2
		No denture.....3

24 DENTUR90

- 10 Do you go to your dentist for regular check-ups or only when you need to? *(If regular)* How often do you go?
(code in months: no regular check-ups 00, don't know 99)

DENREG90

25	26
----	----

11 About how often do you brush your teeth?

27

TEECLN90

- After every meal.....1
- Twice a day.....2
- Once a day.....3
- Less than once a day, more than once a week.....4
- Less than once a week.....5
- Don't know.....9

SIGHT AND HEARING

12(a) Now I'd like to ask a bit more about your sight and hearing. Do you wear glasses or contact lenses? *(If yes)* Is that all the time or only some of the time?

28

GLASS90

- Yes – all the time.....1
- Yes – sometimes.....2
- No.....3-13→

(b) *(If yes)*
Is it mainly glasses or contact lenses you wear?

29

GLACLN90

- Glasses.....1
- Contact lenses.....2

13(a) Do you have difficulty seeing to read ordinary newsprint?
(even if you are wearing your glasses/lenses)

30

LONGST90

- Yes.....1
- No.....2

(b) Do you have difficulty seeing well enough to recognize a friend across the road
on the opposite pavement?
(even if you are wearing your glasses/lenses?)

31

SHORT90

- Yes.....1
- No.....2

14 Do you have difficulty following a conversation if there is background noise like
a TV or radio?
(even if wearing a hearing aid?)

32

HEAR90

- Yes.....1
- No.....2

GP SERVICE

15 Now I'd like to ask about your GP. About how many times in the last 12 months have you consulted a G.P. or family doctor on your own behalf?

- (a) Firstly, at the doctor's surgery? NGPSYR90

33	34
----	----

(code number of times, none 00, don't know 99)
- (b) Secondly, the doctor visiting you at home? NGPHYR90

35	36
----	----

(code number of times, none 00, don't know 99)

16(a) What is the name and address of your GP?

37	38	39	40
----	----	----	----

 GPNAME90

41	42	43
----	----	----

 GPSURG90

(b) About how long does it normally take you to get there? GPDIST90

44	45	46
----	----	----

(code in minutes, don't know 999)

(c) When you need to see a doctor, do you have to make an appointment, or is there a time when you can drop into the surgery and wait to see a doctor?

<table border="1" style="display: inline-table;"><tr><td style="width: 30px; height: 30px; text-align: center;">47</td></tr></table>	47	APPTGP90	Need appointment.....1
47			
		Can drop in.....2	
		Don't know.....3	

17 Thinking in general about the services you've had from your G.P., which face shows best how you feel about your G.P.? FACEGP90

48

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7)

18(a) During the last 12 months how many times have you stayed in bed because you were feeling unwell? NBEDIL90

49	50
----	----

(code number of times, none 00, don't know 99)

(b) *(If one or more times in bed)*
How many days would that be in all over the last 12 months? DYBDIL90

51	52
----	----

(code number of days, <1 day 00, don't know 99)

19(a) During the last 12 months how many times have you stayed off work/school/college because you were feeling unwell? NOFFIL90

53	54
----	----

(code number of times, none 00, N/A – not at college/work 98, don't know 99)

(if one or more times off)

(b) How many days would that be in all over the last 12 months? DYOFIL90

55	56
----	----

(code number of days, <1 day 00, don't know 99)

SLEEP

20(a) How many hours sleep do you have on average on a normal weekday?
(round down to nearest hour)

SLHRWD90

57	58
----	----

(b) How many hours sleep do you have on average on a normal weekend night?
(round down to nearest hour)

SLHRWE90

59	60
----	----

21(a) I'm going to give you this card which I'm going to use for quite a lot of questions about how often you do things, so please keep it. Looking at it, can you tell me how often you have problems going to sleep?
(use card B)

61	62
----	----

FSLPR90

- Everyday..... 01
- 4-6 days a week.....02
- 2-3 days a week.....03
- Once a week.....04
- Once or twice a month.....05
- At least once every 6 months.....06
- Once a year or less..... 07
- Never.....08
- Don't know..... 09
- Varies.....10

(b) How often are you bothered by waking up earlier than you would like to (or waking up in the middle of the night)?
(use card B)

63	64
----	----

FSLWA90

- Everyday..... 01
- 4-6 days a week.....02
- 2-3 days a week.....03
- Once a week.....04
- Once or twice a month.....05
- At least once every 6 months..... 06
- Once a year or less..... 07
- Never..... 08
- Don't know..... 09
- Varies..... 10

SYMPTOMS

22 I am going to show you some cards showing common symptoms and I would like you to tell me for each one whether it is something you have had in the last month, and whether it is something you tend to have.

(hand cards C1 – C5 in sequence. Read out each symptom and ask questions (a) and (b))

(a) In the last month have you suffered from (name of symptom)?

(code yes 1, no 2, don't know 9)

(b) Is (name of symptom) something you tend to suffer from?

(code yes 1, no 2, don't know 9)

			Last Month		Tend To	
1	A	Indigestion or stomach trouble	INDMO90	65	INDPR90	66
	B	Wheezy chest	WHEZMO90	67	WHEZPR90	68
	C	Headaches	HEADMO90	69	HEADPR90	70
	D	Difficulties sleeping	SLEEMO90	71	SLEEP90	72
	E	Constipation	CONSMO90	73	CONSPR90	74
	F	Trouble with eyes	EYESMO90	75	EYESPR90	76
2	A	Stiff or painful joints	ARTHMO90	77	ARTHPR90	78
	B	Difficulties concentrating	CONCMO90	79	CONCPR90	80
	C	Palpitations or breathlessness	PALPMO90	1	PALPPR90	2
	D	Sickness or upset stomach	SICKMO90	3	SICKPR90	4
	E	Worrying over every little thing	WORYMO90	5	WORYP90	6
	F	Trouble with ears	EARSMO90	7	EARS90	8
3	A	Sinus, catarrh or blocked nose	NOSEMO90	9	NOSEPR90	10
	B	Back trouble	BACKMO90	11	BACKPR90	12
	C	Nerves	NERVMO90	13	NERVPR90	14
	D	Cold or flu	COLDMO90	15	COLDPR90	16
	E	Kidney or bladder problems	BLADMO90	17	BLADPR90	18
	F	Difficulties eating	EATMO90	19	EATPR90	20
4	A	Always feeling tired	TIREMO90	21	TIREPR90	22
	B	Persistent cough	COUGMO90	23	COUGPR90	24
	C	Skin problem or rash	SKINMO90	25	SKINPR90	26
	D	Allergy (eg hay fever)	ALLMO90	27	ALLPR90	28
	E	Fainting or dizziness	FAINMO90	29	FAINPR90	30
5	A	(Girls only) Painful periods	DYSMO90	31	DYSPR90	32
	B	Premenstrual tension	PMTMO90	33	PMTPR90	34
	C	Vaginal discharge	VAGDMO90	35	VAGDPR90	36

FITNESS

23 How would you rate your level of fitness; do you think it is very good, good, moderate or not very good?

<div style="border: 1px solid black; display: inline-block; padding: 5px 10px;">37</div>	FITNES90	Very good.....1
		Good.....2
		Moderate.....3
		Not very good.....4
		Don't know.....9

CONTRACEPTIVE PILL (FEMALES ONLY)

24(a) Have you ever been on the contraceptive pill? *(If yes)* Are you currently on it or was it in the past only?

<div style="border: 1px solid black; display: inline-block; padding: 5px 10px;">38</div>	PILL90	Yes – current.....1
		Yes – past only.....2
		No - never.....3 -25→

(If yes – current and past)

(b) How old were you when you started taking any contraceptive pill?
(code to nearest year) AGPILL90

39	40
----	----

(If currently on pill ask (c)-(f) – if not go to Q25)

(c) What brand?
..... BRPILL90.....

41	42
----	----

(d) How old were you when you started taking that brand?
(code to nearest year) AGBRPI90

43	44
----	----

(e) Do you get the pill from your own doctor or a family planning clinic?

<div style="border: 1px solid black; display: inline-block; padding: 5px 10px;">45</div>	SOURPI90	Your own doctor/practice.....1
		Family planning clinic.....2
		Other e.g. hospital 3

(f) Looking at the faces scale, can you tell me how you feel about the treatment you get from your doctor/the family planning clinic when you go to get the pill?
(code a=1, b=2, c=3, d=4, e=5, f=6, g=7) FACPIL90

46

RESIDENCE/RELATIONSHIPS

25 Which of the following best describes where you usually live?
(for students take term time address)

<div style="border: 1px solid black; display: inline-block; padding: 5px 10px;">47</div>	LIVE90	In parents' or stepparents' house or flat.....1
		In another relative's house or flat (eg in-laws, grandparents).....2
		A house or flat owned or rented (or jointly owned or rented) by you/spouse/partner.....3
		Lodgings/digs.....4
		Institutional accommodation (hostel, nurses' home, barracks).....5 -28→
		Other (specify.....).....6

26(a) I would like to ask you about your usual address and the people who live here/there. First, how many people apart from yourself live here/there? (code none 00)

NLIVE90

48	49
----	----

(b) (For each person identified, ask)
 Could you tell me who they are, that is how each one is related to you?
 (code relation to respondent on grid)

- Spouse/partner/girlfriend/boyfriend..... 01
- Parent (including step and adoptive).....02
- Parent-in-law/partner's parent.....03
- Sibling (including step and half sibs).....04
- Grandparent/partner's grandparent..... 05
- Child (own).....06
- Stepchild.....07
- Other relative.....08
- Friend.....09
- Other.....10
- (Specify.....)

(c) Is (person) male/female?
 (ask only if unclear from (b) and code all on grid – male 1, female 2)

(d) How old is he/she?
 (code in years, don't know 99)

(e) How close do you feel to him/her?
 (code as appropriate on grid)

- Very close.....1
- Quite close.....2
- Not very close..... 3
- Not at all close..... 4
- Don't know.....9

Person	Relation	Sex	Age	Closeness				
REPE1.90	No. 1	50 51	SEPE1.90	52	AGPE1.90	53 54	CLPE1.90	55
REPE2.90	No. 2	56 57	SEPE2.90	58	AGPE2.90	59 60	CLPE2.90	61
REPE3.90	No. 3	62 63	SEPE3.90	64	AGPE3.90	65 66	CLPE3.90	67
REPE4.90	No. 4	68 69	SEPE4.90	70	AGPE4.90	71 72	CLPE4.90	73
REPE5.90	No. 5	74 75	SEPE5.90	76	AGPE5.90	77 78	CLPE5.90	79
REPE6.90	No. 6	1 2	SEPE6.90	3	AGPE6.90	4 5	CLPE6.90	6
	REC4							
REPE7.90	No. 7	7 8	SEPE7.90	9	AGPE7.90	10 11	CLPE7.90	12
REPE8.90	No. 8	13 14	SEPE8.90	15	AGPE8.90	16 17	CLPE8.90	18
REPE9.90	No. 9	19 20	SEPE9.90	21	AGPE9.90	22 23	CLPE9.90	24
REP10.90	No. 10	25 26	SEP10.90	27	AGP10.90	28 29	CLP10.90	30

27(a) Does anyone in the household have any prolonged or serious mental or physical illness, disability or handicap?

31

CHRPER90

Yes.....1
 No.....2 -28→
 Don't know.....9

(b) (If yes) Who? (code person number(s) of up to 3 ill household members)

CHPE1.90
 CHPE2.90
 CHPE3.90

Ill 1.....
 Ill 2.....
 Ill 3.....

32	33
34	35
36	37

(c) Are you involved in caring for this person/these people? (If yes) Are you the main carer or do you help give care?

38

CARER 90

Yes – main carer.....1
 Yes – helps give care.....2
 No.....3
 Don't know.....9

28 So can I just check – are you currently

MSTAT90

39

Single (never married).....1 -30/31→
 Married.....2 -32→
 Widowed3
 Separated.....4 -29→
 Divorced.....5

SEPARATED/WIDOWED/DIVORCED

(Ask all separated, widowed or divorced)

29(a) When did you get married?
 (code month and year)

SMARMO90 SMARYR90

month		year	
40	41	42	43

(b) When did you start to live together?
 (code month and year)

SLTGMO90 SLTGYR90

month		year	
44	45	46	47

(c) When did you separate/your spouse die/you get divorced?
 (code month and year)

SSEPMO90 SSEPYR90

month		year	
48	49	50	51

(d) Looking at the face scale, can you tell me how you feel about being separated, widowed or divorced?

(code a=1, b=2, c=3, d=4. e=5, f=6, g=7)

FACSEP90

52	53
----	----

ALL NON-COHABITING

(Ask all non-cohabitees)
 30(a) Do you have a steady girl/boyfriend at the moment?
 Yes.....1 -30c→
 No.....2

54 LOVE90

(b) (If no) Looking at the faces scale, can you tell me which face best shows how you feel about not having a particular steady girl/boyfriend at the moment?
 (code a=1, b=2, c=3, d=4. e=5, f=6, g=7) FACNOL90 **55** -34/35→

(c) (If yes) Are you engaged or planning to get engaged?

ENGPLA90 Engaged..... 1
 Planning to become engaged..... 2
 No but planning to marry current partner..... 3
 No..... 4

56

(d) So looking at the faces scale, which face best shows how you feel about having a steady girl/boyfriend/fiance?
 (code a=1, b=2, c=3, d=4, e=5, f=6, g=7) FACLOV90 **57**

(e) How close do you feel to your girlfriend/boyfriend/fiance?

CLOLOV90 Very close.....1
 Quite Close.....2
 Not very close.....3
 Not at all close..... 4
 Don't know.....9

58

-33→

COHABITING

(Ask all cohabiting but not married)
 31(a) When did you first start living together?
 (code month and year)
 month year
 CLTGMO90 CLTGYR90 **59** **60** **61** **62**

(b) Looking at the faces scale, can you tell me how you feel about living with your girlfriend/boyfriend/partner?
 (code a=1, b=2, c=3, d=4. e=5, f=6, g=7) FACLTG90 **63** -33→

MARRIED AND LIVING WITH SPOUSE

(Ask all marrieds)

32(a) When did you get married?
(code month and year)

month year

64	65	66	67
----	----	----	----

MMARMO90 MMARYR90

(b) When did you first start to live together?
(code month and year)

month year

68	69	70	71
----	----	----	----

MLTGMO90 MLTGYR90

(d) Looking at the faces scale, can you tell me how you feel about being married?
(code a=1, b=2, c=3, d=4, e=5, f=6, g=7)

FACMAR90

72

ALL WITH STEADIES/FIANCES/SPOUSES/PARTNERS

(Ask all with steady boy/girl friends, fiancés, spouses, partners)

33(a) How old is (s)he?
(code in years)

AGELOV90

73	74
----	----

(b) Does he/she do any paid work?

75 EMPLOV90

- Employed (full time).....1
- Employed (part time).....2
- Unemployed and seeking work.....3
- Disabled/Ill.....4
- Retired.....5
- “Housewife”.....6
- Student.....7
- Other (specify.....).....8
- Don’t know.....9

34/35→

(c) What work does (s)he do? What is the name of the job?
JOBLOV90

76	77	78
----	----	----

(d) What is made or done at the place (s)he works. What is the industry?

--	--

(e) Is (s)he?

79

JOBSTL90

- Self employed (no paid employees).....1
- Self employed (with paid employees).....2
- Manager.....3
- Foreman/supervisor.....4
- Employee.....5
- Don’t know.....9

(f) How many people does his/her company employ?

80

SIZCOL90

- 24 or less employees in UK.....1
- 25 or more employees in UK.....2
- Don’t know.....9

MOTHER NOT IN HOUSEHOLD

(If mother or mother substitute not mentioned in household grid or respondent in institutional accommodation)

- 34(a) Is your mother still alive?
 REC
 Yes.....1 -34e→
 No.....2
 Don't know.....9
- DEADMA90
- (b) *(If no)*
 When did she die? MDIEYR90
(code year)
- (c) How old was she? MAGDIE90
(code in years)
- (d) What did she die of? MCAUSD90 -36→
(record verbatim)
- (e) *(If yes)*
 Where does she live?
(record name of area)
- (f) How often do you see her?
(use card B)
- Every day..... 01
 4-6 days a week..... 02
 2-3 days a week..... 03
 Once a week..... 04
 Once or twice a month..... 05
 At least once every six months..... 06
 Once a year or less..... 07
 Never..... 08
 Don't know..... 09
 Varies..... 10
- SEEMA90
- (g) How close do you feel to your mother?
 Very close..... 1
 Quite close..... 2
 Not very close..... 3
 Not at all close..... 4
 Don't know..... 9
- CLOMA90
- (h) How old is your mother?
(code in years) AGEMA90

(i) Does she do any paid work?

<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">15</div> <p>EMNOMA90</p>	Employed (full time).....	1
	Employed (part time).....	2
	Unemployed.....	3
	Disabled/III.....	4
	Retired.....	5
	“Housewife”.....	6 -36/37→
	Student.....	7
	Other (specify.....)	8
	Don't know.....	9

(j) What does she do? What is the name of the job?

JONOMA90

16	17	18
----	----	----

.....

(k) What is made or done at the place she works? What is the industry?

--	--

.....

(l) Is she:

<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">19</div> <p>JSNOMA90</p>	Self employed (no paid employees).....	1
	Self employed (with paid employees).....	2
	Manager.....	3
	Foreman/supervisor.....	4
	Employee.....	5
	Don't know.....	6

(m) How many people does she/her company employ?

<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">20</div> <p>SCNOMA90</p>	24 or less employees in UK.....	1
	25 or more employees in UK.....	2
	Don't know.....	9

MOTHER IN HOUSEHOLD

(If mother or mother substitute mentioned in household grid)

35(a) Does your mother do any paid work?

<div style="border: 1px solid black; width: 40px; height: 25px; display: flex; align-items: center; justify-content: center; margin-bottom: 5px;">21</div> <p>EMPMA90</p>	Employed (full time).....	1
	Employed (part time).....	2
	Unemployed.....	3
	Disabled/III.....	4
	Retired.....	5
	“Housewife”.....	6 -36/37→
	Student.....	7
	Other (specify.....)	8
	Don't know.....	9

REC 5 COL 22

(b) What does she do? What is the name of the job?

JOBMA90

22	23	24
----	----	----

(c) What is made or done at the place she works? What is the industry?
.....

--	--

(d) Is she:

25

JSTAMA90

- Self employed (no paid employees)..... 1
- Self employed (with paid employees)..... 2
- Manager..... 3
- Foreman/supervisor..... 4
- Employee..... 5
- Don't know..... 6

(e) How many people does she/her company employ?

26

SZCOMA90

- 24 or less employees in UK..... 1
- 25 or more employees in UK..... 2
- Don't know..... 9

FATHER NOT IN HOUSEHOLD

(If father or father substitute not mentioned in household grid or respondent in institutional accommodation)

36(a) Is your father still alive?

27

DEADFA90

- Yes.....1 -36e→
- No.....2
- Don't know.....9

(If no)

(b) When did he die?
(code year)

FDIEYR90

28	29
----	----

(c) How old was he?
(code in years)

FAGDIE90

30	31
----	----

(d) What did he die of?
(record verbatim)

FCAUSD90

32	33	34	35
----	----	----	----

-38→

(If yes)

(e) Where does he live?
(record name of area)

--	--

(f) How often do you see him?
(use card B)

36	37
----	----

SEEF90

Everyday.....	01
4-6 days a week.....	02
2-3 days a week.....	03
Once a week.....	04
Once or twice a month.....	05
At least once every 6 months.....	06
Once a year or less.....	07
Never.....	08
Don't know.....	09
Varies.....	10

(g) How close do you feel to your father?

38

CLOFA90

Very close.....	1
Quite close.....	2
Not very close.....	3
Not at all close.....	4
Don't know.....	9

(h) How old is your father?
(code in years)

AGEFA90

39	40
----	----

(i) Does he do any paid work?

41

EMNOFA90

Employed (full time).....	1
Employed (part time).....	2
Unemployed.....	3
Disabled/ill.....	4
Retired.....	5
"Housewife".....	6 -38→
Student.....	7
Other (specify.....)	8
Don't know.....	9

(j) What does he do? What is the name of the job?

JONOF90

42	43	44
----	----	----

(k) What is made or done at the place he works? What is the industry?

--	--

(l) Is he:

45

JSNOFA90

Self employed (no paid employees).....	1
Self employed (with paid employees).....	2
Manager.....	3
Foreman/supervisor.....	4
Employee.....	5
Don't know.....	6

(m) How many people does he/his company employ?

46

- 24 or less employees in UK..... 1
- 25 or more employees in UK..... 2
- Don't know..... 9

SCNOFA90

FATHER IN HOUSEHOLD

(If father or father substitute mentioned in household grid)

37(a) Does he do any paid work?

47

- Employed (full time)..... 1
- Employed (part time)..... 2
- Unemployed..... 3
- Disabled/ill..... 4
- Retired..... 5
- "Housewife"..... 6
- Student..... 7
- Other (specify.....)..... 8
- Don't know..... 9

EMPFA90

38→

(b) What work does he do? What is the name of the job?

JOBFA90

48	49	50
----	----	----

(c) What is made or done at the place he works? What is the industry?

.....

--	--

(d) Is he:

51

- Self employed (no paid employees)..... 1
- Self employed (with paid employees)..... 2
- Manager..... 3
- Foreman/supervisor..... 4
- Employee..... 5
- Don't know..... 9

JSTAF90

(e) How many people does he/his company employ?

52

- 24 or less employees in UK..... 1
- 25 or more employees in UK..... 2
- Don't know..... 9

SZCOFA90

SIBLINGS AND FRIENDS

- 38(a) (Apart from those that live in the same house/flat as you), how many brothers or sisters do you have? *(including step-siblings and twins)*
(if none, code 00 and go to Q39) NSIBAW90

53	54
----	----

(if one or more)
- (b) How many of your brothers or sisters do you see every day? SBSEDY90

55	56
----	----
- (c) How many do you see at least once a week? SBSEWK90

57	58
----	----
- (d) How many do you see at least once a month? SBSEMO90

59	60
----	----

- 39(a) (How many of your other relatives (aunts, uncles, grannies, cousins etc) do you see everyday? RLSEDY90

61	62
----	----
- (b) How many do you see at least once a week? RLSEWK90

63	64
----	----
- (c) How many do you see at least once a month? RLSEMO90

65	66
----	----

- 40(a) How many close friends do you have in all?
if none, code 00 and go to Q41) NFREND90

67	68
----	----

(if one or more)
- (b) How many close friends do you see everyday? FRSEDY90

69	70
----	----
- (c) How many do you see at least once a week? FRSEWK90

71	72
----	----
- (d) How many do you see at least once a month? FRSEMO90

73	74
----	----

- 41(a) Have you got a best friend you feel you can really trust?
 Yes..... 1
 No..... 2-42→
 Don't know..... 9
- | |
|----|
| 75 |
|----|

 BESTFR90
(If yes)
- (b) Is that best friend male or female?
 Male..... 1
 Female..... 2
- | |
|----|
| 76 |
|----|

 SEXBFR90

- 42(a) Is there anyone – friend or family – that you can turn to when something is bothering you or when you are feeling low?
 Yes..... 1
 No..... 2-43→
 Don't know..... 9
- | |
|----|
| 77 |
|----|

 SUPPOR90

(If yes)

(b) Who would that mainly be?

78	79
----	----

WHOSUP90

- Spouse/girlfriend/boyfriend..... 01
- Mother/mother figure..... 02
- Father/father figure..... 03
- Sister (including step or half)..... 04
- Brother (including step or half)..... 05
- Other female relative..... 06
- Other male relative..... 07
- Female friend..... 08
- Male friend..... 09
- Other (specify.....)..... 10

MOVES SINCE 15TH BIRTHDAY

43(a) At how many different addresses have you lived (for 6 months or more) since you were 15, including the address you were living then?

(code number of addresses. If 1, go to Q44)

(If more than one, for each address, excluding the present one, ask:)

80

NADDR90

(b) When did you move there?

(code month and year on grid)

(c) Where was the place that you moved to?

(record name of area, eg Bearsden, London, Arbroath, Nitshill)

(d) At that address would you describe yourself as:

- In parents' or stepparents' house or flat..... 1
- In another relative's house or flat..... 2
- A house or flat owned or rented by you/spouse/partner..... 3
- Lodgings/digs..... 4
- Institutional accommodation (hostel, nurses' home, barracks)..... 5
- Other (specify.....)..... 6

REC 6

		Moved				Place	Place Code	Type	
		Month	Year						
MOAD1.90	YRAD1.90	1	2	3	4			5	TPAD1.90
	Address 1								
MOAD2.90	YRAD2.90	6	7	8	9			10	TPAD2.90
	Address 2								
MOAD3.90	YRAD3.90	11	12	13	14			15	TPAD3.90
	Address 3								
MOAD4.90	YRAD4.90	16	17	18	19			20	TPAD4.90
	Address 4								
MOAD5.90	YRAD5.90	21	22	23	24			25	TPAD5.90
	Address 5								

CURRENT HOUSING

44(a) When did you move to your usual address?
(code month and year)
 ADDRMO90 ADDRYR90

Month		Year	
26	27	28	29

(b) Is your usual address privately owned, rented from the council, or what?

<div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-bottom: 10px;">30</div> ADDTEN90	Privately owned..... 1 -44d→ Rented from a Local Authority or New Town..... 2 Rented from a housing association or charitable trust..... 3 -45→ Rented from a private landlord or company (unfurnished)..... 4 Rented from a private landlord or company (furnished)..... 5 Institution..... 6 -44c→ Other (specify.....). 7 -46→ Don't know..... 9	} } } } } } }
---	--	---------------------------------

(if institution)

(c) Do you share a bedroom in the hostel/hall etc? *(If yes)* With how many people?
(code number, not share 00)

NSHRM90

31	32
----	----

-47→

(if privately owned)

(d) Was the house/flat bought privately, or from the council?

<div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-bottom: 10px;">33</div> ADDOWN90	Privately..... 1 Council..... 2 GGHB..... 3 Build up own home..... 4 Don't know..... 9
---	--

45 Who is the owner/tenant *(If self or spouse/partner)* Is that jointly or in one of your names only?

<div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-bottom: 10px;">34</div> <div style="border: 1px solid black; width: 30px; height: 30px; text-align: center; margin-bottom: 10px;">35</div> WHOOWN90	Self..... 01 Self and spouse/partner..... 02 Self and other (not spouse/partner)..... 03 Spouse only..... 04 Parent..... 05 Parent-in-law..... 06 Other relative (specify.....). 07 Non relative (specify.....). 08 Don't know..... 09
--	--

46 What rooms are there in your house/flat?
(code number of rooms for exclusive use by the household. Rooms used for more than one purpose, code according to main use. Code none or no exclusive use 0)

1) living room	LIVRM90	<input type="text" value="36"/>	2) other public (eg dining, study)	PUBRM90	<input type="text" value="37"/>
3) bedrooms	BEDRM90	<input type="text" value="38"/>	4) kitchen	KITCHN90	<input type="text" value="39"/>
5) bathroom	BATHRM90	<input type="text" value="40"/>	6) w/c (no bath or shower)	TOILET90	<input type="text" value="41"/>
7) bed sit	BEDSIT90	<input type="text" value="42"/>	8) other (specify)	OTHRM90	<input type="text" value="43"/>

47 Is there somewhere in your usual address you can go when you want to be by yourself?
(if living alone code yes 1)

<input type="text" value="44"/>	OWNRM90	Yes.....	1
		No.....	2
		Never want to be alone.....	3

48 Is there a garden? *(If yes)* Is that your:

<input type="text" value="45"/>	GARDEN90	Own garden.....	1
		Shared garden.....	2
		Own backyard (but not garden).....	3
		Shared backyard.....	4
		Shared public area you can sit in.....	5
		None of these.....	6

49 Looking at the faces scale, which face shows the best how you feel about your house/flat/
 hostel/hall etc?

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7) FACADD90

50 Are you personally *(ie not the parents or in-laws)* on the waiting list for council
 Housing?

<input type="text" value="47"/>	CHLIST90	Yes.....	1
		No.....	2

PETS

51(a) Do you have any pets?

48 ANYPET90

Yes..... 1
No..... 2 -52→

(If yes)

(b) What are they?

(code all that apply, yes 1, no 2)

DOGS90	Dog(s).....	49
CATS90	Cat(s).....	50
BIRDS90	Bird(s).....	51
RABBIT90	Rabbit(s).....	52
RODENT90	Small rodent(s).....	53
FISHES90	Fish(es).....	54
PETOTH90	Other (specify.....)	55

TRANSPORT

52(a) Do you, or does anyone in your household, own a car or van?

56 CAROWN90

Yes..... 1 -52c→
No..... 2 -52b→

(if no)

(b) Do you or does anyone in your household normally have the use of a car or van?

57 CARUSE90

Yes..... 1
No..... 2 -53→

(c) *(if owns or has use of)*

How many cars/vans altogether are there available for you or your household (ie owned plus use of)?

NCARAV90 **58**
(code number) CODE 8 FOR 8 PLUS

53 Have you got a driving licence?

59
DRILIC90

Yes – full (ie car)..... 1
Yes – provisional..... 2 -56→
Yes – motor bike..... 3
Yes – other combination (eg car + motorbike)..... 4
No..... 5 -56→

(If there are car(s) in the household and respondent has a full licence-)

54 Are you insured to drive the car/any of the cars?

CARINS90 **60**

Yes..... 1
No..... 2
Don't know..... 9

55(a) Do you actually drive the car/any of the cars?

CARDRI90

Yes..... 1
 No..... 2 -56→
 Don't know..... 9

(if yes)

(b) In the last 12 months have you ever driven a car when you have drunk alcohol?

DRUNKD90

Yes..... 1
 No..... 2
 Never drink alcohol..... 3

56 Do you own a motorbike (over 50 cc), or do you ever go on a motorbike as a passenger?

MOBIKE90

Yes – own one or drive one..... 1
 Yes – go as passenger but don't drive one..... 2
 No..... 3

57(a) How do you usually travel to work/college?

EMPTRA90

Walk..... 1
 Bus/tube/train..... 2
 Driven..... 3
 Drive self..... 4
 Cycle..... 5
 Other (specify.....)..... 6
 Varies..... 7
 N/A (not at work/college.....)..... 8

(b) How long does it take you?
 (Code in minutes)

777 = varies
 888 = No travel

TRAMIN90

AREA

58 What do you call the local area where your usual address is?
 (record verbatim)

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

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7)

FACARE90

60 Would you say that any of the following is a problem in or around *(name of area)*?
(If yes) Is that a serious problem or a minor problem?

- Serious problem..... 1
- Minor problem..... 2
- No problem..... 3
- Don't know..... 9

(read out)

VDLISM90	Vandalism.....	69
LITTER90	Litter and Rubbish.....	70
SMELLS90	Smells and fumes.....	71
ASSAUL90	Assaults and mugging.....	72
BURGL90	Burglaries.....	73
POLHAR90	Harassment of young people by police.....	74

61 How do you feel about walking around the area after dark alone? Do you:
(read out first four categories)

75
DARKAL90

- Never do it under any circumstances..... 1
- Try to avoid doing it..... 2
- Do it but feel uncomfortable..... 3
- Have no worries about doing it..... 4
- Not applicable, go out by car only..... 5
- Don't know..... 9

INVOLVEMENT WITH THE LAW

62(a) There's a lot of talk about young people and the police. What's your view? Do you agree or disagree with the following statement?
(probe after agree/disagree for strength of agreement and code accordingly)

The police are generally helpful and friendly to young people:

76
OPPOL90

- Strongly agree..... 1
- Agree..... 2
- Neither agree/disagree..... 3
- Disagree..... 4
- Strongly disagree..... 5
- Don't know..... 9

(b) Since you were 16 have you personally been in trouble with the police?

77 POLTRO90

Yes..... 1
 No..... 2 -63→
 Don't know..... 9

(if yes)

(c) Have you been *(officially)* cautioned and/or charged by the police?

78 POLCHA90

Yes..... 1
 No..... 2 -63→
 Don't know..... 9

(if yes)

(d) What was/were the charges/offences and/or caution for?
(record verbatim on grid, if more than 3 take most serious)

(e) Were you *(officially)* cautioned or charged?
(code on grid)

Cautioned..... 1 Waiting for court date.....3
 Charged..... 2 Fixed penalty.....4

(f) Was/were the case(s) brought to Court?
(code yes 1, no 2, don't know 9)

(g) What happened? Were you convicted and what was the sentence?
(record verbatim)

REC 7

Offence	Offence code	Charged/ cautioned	Court	Sentence	Sentence code
1..... OFF1.90	79 80	CHAR1.90	1	COUR1.90	2 3
2..... OFF2.90	4 5	CHAR2.90	6	COUR2.90	7 8
3..... OFF2.90	9 10	CHAR2.90	11	COUR3.90	12 13

MAIN ACTIVITY DIARY

- 63 Now, can I ask you some questions about what you have done since you left school and when you have done them? Here is a card to help you remember what you did when: *(hand card D)*. If you were doing more than one thing at the same time, what was the main thing you did?
- (a) First, what is it that you are doing now?
(put/through month of current main activity)
 - (b) Next, let us go back to the beginning. When did you leave school?
(put/through month left school – if before June 87, put/through ‘pre’)
 - (c) And then what? What happened after that? What did you do next etc and for how long?
(ring month respondent started something and indicate end with /. In any one month, only one thing must be indicated. Resolve starting and ending something in same month by identifying what was mainly done).
(1. School/college/university takes precedence over part-time job. 2. YTS takes precedence over college. 3. Extended holidays are those between education/training/work. Do not count normal holidays.)

ECO1.90 – ECO42.90

		<u>1987</u>		<u>1988</u>		<u>1989</u>		<u>1990</u>																														
		<u>June</u>	<u>Dec</u>	<u>Jan</u>	<u>Dec</u>	<u>Jan</u>	<u>Dec</u>	<u>Jan</u>	<u>June</u>																													
school	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
college (FE)	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
university/ college (HE)	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
unemployed/ looking for work	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
YTS	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
other schemes (C.Prog, ET)	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
full time job (30+ hours)	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
part time job at home (looking after family/pregnant)	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
extended holidays	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J
other	Pre	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J	J	A	S	O	N	D	J	F	M	A	M	J

(specify.....)

SCHOOL

64 Did you leave school after your 4th, 5th, 6th year or what?

<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 10px;">19</div> LEFTSC90	3 rd year (did not enter/complete S4).....	1
	4 th year (summer leaver).....	2
	4 th /5 th year (Xmas leaver).....	3
	5 th year.....	4
	6 th year.....	5
	Other (specify.....)	6
	Still at school.....	7 -66→

65 Do you think you made the right decision to leave when you did?

<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 10px;">20</div> LEFTOK90	Yes.....	1
	No.....	2
	Expelled.....	3
	Don't know.....	4

66 What was the (last) school you went to?
(*record name*)

LASTSC90

21	22	23
----	----	----

67 Thinking back to your last year in (*name of school*), taking everything into account, how happy were you with it overall? Look at the faces scale and tell me which face best shows your feelings about it.

(*code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7*)

FACSCH90

24

68 In your last year at (*name of school*), how often did you play truant, skip off or dog school? Was it:

<div style="border: 1px solid black; padding: 5px; display: inline-block; margin-right: 10px;">25</div> SKIPSC90	Never.....	1
	A lesson here and there.....	2
	A day here and there.....	3
	Several days at a time.....	4
	Weeks at a time.....	5
	Other (specify.....)	6
	Don't know.....	9

69(a) Did you ever play for or represent (*name of school*) at a sport or anything else?

26

 REPSCH90

Yes.....	1
No.....	2 -70→

(b) (*if yes*) What was it for? (*record verbatim*)

REPS1.90
REPS2.90
REPS3.90
REPS4.90

27	28
29	30
31	32
33	34

70(a) At (*name of school*), did you hold any position of responsibility such as school prefect or team captain?

35

RESPSC90

Yes..... 1
No..... 2 -71→

(b) (*If yes*)
What was it/were they?
(*record verbatim*)

RSPS1.90

36
37

RSPS2.90

71(a) Now, can I ask you about any qualifications (exams, certificates) you got when you were at school (any school)? First, did you get any at all?

38

SCQUAL90

Yes..... 1
No..... 2 -72→

(b) (*If yes*)
Was that in your 4th, 5th and/or 6th year?
(*check school year qualifications obtained in before asking supplementaries and completing grid(s), Code yes 1, no 2, n/a left 3*)

4 = continuing

4 th SCQ4YR90.....	39
5 th SCQ5YR90.....	40
6 th SCQ6YR90.....	41

(c) (*For each year respondent obtained qualifications, ask-*)
What exams/certificates did you get in which subjects?

(d) What were the results/grades of your exams (*if appropriate*)?
(*Record subjects/courses verbatim and code exams and grades on appropriate grid(s).
Include any subjects/courses done on day release to college or other schools.*)

Exams/Certificates

Grades O = Highers

O grade..... 1	A..... 1
Standard grade..... 2	B..... 2
Higher..... 3	C..... 3
CSYS..... 4	D..... 4
GCE O levels..... 5	E..... 5
GCE A levels..... 6	
Scotvec (modules)..... 7	
Other (specify)..... 8	
Don't know..... 9.....	

Standard grades	
Credit	2
General	4
Foundation	6

YR4S*.90 YR4Q*.90 YR4G*.90 *= 1 to 10

FOURTH YEAR – SUBJECT/COURSE

SUBJ CODE EXAM/CERT GRADE

1.		42	43	44	45	46	47
2.		48	49	50	51	52	53
3.		54	55	56	57	58	59
4.		60	61	62	63	64	65
5.		66	67	68	69	70	71
6.		72	73	74	75	76	77
7.		78	79	80	1	2	3
8.		4	5	6	7	8	9
9.		10	11	12	13	14	15
10.	Y4S10.90 Y4Q10.90 Y4G10.90	16	17	18	19	20	21

YR5S*.90 YR5Q*.90 YR5G*.90 *= 1 to 10

FIFTH YEAR – SUBJECT/COURSE

SUBJ CODE EXAM/CERT GRADE

1.		22	23	24	25	26	27
2.		28	29	30	31	32	33
3.		34	35	36	37	38	39
4.		40	41	42	43	44	45
5.		46	47	48	49	50	51
6.		52	53	54	55	56	57
7.		58	59	60	61	62	63
8.		64	65	66	67	68	69
9.		70	71	72	73	74	75
10.	Y5S10.90 Y5Q10.90 Y5G10.90	76	77	78	79	80	1

YR6S*.90 YR6Q*.90 YR6G*.90 *= 1 to 10

SIXTH YEAR – SUBJECT/COURSE

SUBJ CODE EXAM/CERT GRADE

1.		2	3	4	5	6	7
2.		8	9	10	11	12	13
3.		14	15	16	17	18	19
4.		20	21	22	23	24	25
5.		26	27	28	29	30	31
6.		32	33	34	35	36	37
7.		38	39	40	41	42	43
8.		44	45	46	47	48	49
9.		50	51	52	53	54	55
10.	Y6S10.90 Y6Q10.90 Y6G10.90	56	57	58	59	60	61

FURTHER (TERTIARY) EDUCATION – COLLEGE

(Do not include details of higher education, eg university, nursing, teacher training, or courses done as part of YTS or job training).

72(a) Now I want to move on and ask some questions about life after school. First, let me check that you have attended college full-time since leaving school. I don't mean university/higher education because I'll ask about that in a moment, nor courses done as part of YTS or job training, but full-time attendance at (FE) college.

(interviewer check)

62

Experience of (FE) college – in past only.....	1
Experience of (FE) college – (past and) current.....	2
No experience (FE) college.....	3 -78→

FEDUC90

(If yes – experience)

(b) What course/subjects have you done since leaving school?
(record verbatim on grid)

(c) Did you complete the course or are you still doing it?
(code on grid)

Started, not completed.....	1
Started and completed.....	2
Continuing.....	3

(d) What qualifications did you get/are you aiming to get?

(e) Which grade(s) (if appropriate)?
(code on grid)

<u>Exams/Certificates</u>		<u>Grades</u>	
O grade.....	1	A.....	1
Standard grade.....	2	B.....	2
Higher.....	3	C.....	3
CSYS.....	4	D.....	4
GCE O levels.....	5	E.....	5
GCE A levels.....	6		
Scotvec (modules).....	7		
Other (specify).....	8		
Don't know.....	9.....		9

(f) What is the name of the college where you did/are doing the course(s)?
(record verbatim on grid)

Subject/Course	Subj Code	Completed/ cont.	Exam/ cert.	Grade	College		
	FES*.90	FEC*.90	FEQ*.90	FEG*.90, *=1 to 10			
1.....	63	64 65	66	67 68	69	FECO1.90 ...	70 71
2.....	72	73 74	75	76 77	78	FECO2.90 ...	79 80
REC 11 3.....	1	2 3	4	5 6	7	.....
4.....	8	9 10	11	12 13	14	.....
5.....	15	16 17	18	19 20	21	.....
6.....	22	23 24	25	26 27	28	.....
7.....	29	30 31	32	33 34	35	.....
8.....	36	37 38	39	40 41	42	.....
9.....	43	44 45	46	47 48	49	.....
10.....	50	51 52	53	54 55	56	.....

73 By the way, when you applied for or were interviewed by college, were you questioned in any way about your health? *(If yes)* Were you just asked about it, did you make a written declaration, have a medical examination or what? *(if more than one, code highest number)*

57

FEHDEC90

- Yes – just asked..... 1
- Yes – written declaration..... 2
- Yes – medical examination..... 3
- Yes – other (specify.....). 4
- No 5
- Don't know 9

74 All things considered, do you think you made the right decision going to college?

FEOK90

59

- Yes..... 1
- No..... 2
- Don't know..... 9

(If college in past only (code 1 at 72a) go to Q78. If currently in HE (code 2 at 72a) ask Q75-77)

Currently at FE College

75 Taking everything into account, how happy are you being at *(name of college)*?
Look at the faces scale and tell me which face shows best how you feel about it.

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7)

FEFACE90

59

76 And how would you describe your life at (*name of college*)? I'm going to read out some things which may or may not apply to you and ask you to tell me if it is true for your very frequently, quite often, only occasionally, or never?

- Very frequently..... 1
- Quite often..... 2
- Only occasionally..... 3
- Never..... 4
- Don't know..... 9

MY LIFE AT COLLEGE

- a. Is boring.....FEBORE90..... 60
- b. Allows me to be sociable and meet people.....FESOC90..... 61
- c. Allows me to set my own pace of life.....FEPACE90... 62
- d. Leaves me mentally tired at the end of the day...FEMTIR90..... 63
- e. Is interesting and challenging.....FECHAL90..... 64
- f. Is full of stress.....FESTR90..... 65
- g. Lets me make full use of my abilities.....FEABIL90..... 66
- h. Causes me a lot of worries.....FEWORR90..... 67
- i. Lets me feel important and worthwhile.....FEIMP90..... 68
- j. Leaves me plenty of time for myself.....FETIME90..... 69
- k. Makes me feel isolated.....FEISOL90..... 70
- l. Often makes me feel physically tired.....FEPTIR90..... 71

- 77(a) Are you currently doing any paid work in your spare time?
 FEJOB90 72 Yes..... 1
 No..... 2 -78→
- (b) How many jobs do you have?
 (code number) FENJOB90 73
- (c) What is/are your job(s)?
 (record verbatim)
- 1.....FEJO1.90..... 74 75 76
- 2.....FEJO2.90..... 77 78 79
- (d) How many hours per week do you do it/them for? REC 12
 (code hours) 88 if working only during hols. 1 2
 FEJOHR90 77 if working during term time (variable)

HIGHER EDUCATION (eg University, Nursing, Teacher Training)

78(a) Now, let me check again. When you left school/college you went on/didn't go on/to higher education – I mean University, Teacher's Training College or similar institution. *(interviewer check)*

HEDUC90

3

- Experience of HE – in past only..... 1
- Experience of HE – (past and) current..... 2
- No experience of HE..... 3 -82→

(If yes – experience)

(b) What type of institution is it/was it that you attend(ed)?

(code on grid)

- University..... 1
- College of Education..... 2
- Other Colleges/Central Institutions..... 3
- Nursing or Physiotherapy College..... 4
- Art/Music/Drama College..... 5
- PE College..... 6
- Other (specify.....)..... 7

(c) Have you completed the course or are you still doing it?

(code on grid)

- Started not completed..... 1
- Started and completed..... 2
- Continuing..... 3

(d) What qualifications (in what subject) does/did the course lead to?

(record verbatim)

(e) What is the name of the institution?

(record verbatim)

HETY1.90	HEC1.90	HEQU1.90	HES1.90	HEQ1.90	HECO1.90									
Type	Complete/ cont.	Qualifications	Qual Code	Name of Institution	Inst Code									
1.	<table border="1"><tr><td>4</td></tr></table>	4	<table border="1"><tr><td>5</td></tr></table>	5	<table border="1"><tr><td>6</td><td>7</td><td>8</td></tr></table>	6	7	8	<table border="1"><tr><td>9</td><td>10</td></tr></table>	9	10	<table border="1"><tr><td>11</td><td>12</td></tr></table>	11	12
4														
5														
6	7	8												
9	10													
11	12													
2.	<table border="1"><tr><td>13</td></tr></table>	13	<table border="1"><tr><td>14</td></tr></table>	14	<table border="1"><tr><td>15</td><td>16</td><td>17</td></tr></table>	15	16	17	<table border="1"><tr><td>18</td><td>19</td></tr></table>	18	19	<table border="1"><tr><td>20</td><td>21</td></tr></table>	20	21
13														
14														
15	16	17												
18	19													
20	21													

HETY2.90 HEC2.90 HEQU2.90 HES2.90 HEQ2.90 HECO2.90

(f) When you applied for or were interviewed for *(name of institution)*, were you questioned in any way about your health? *(If yes)* Were you just asked about it, did you make a written declaration, have a medical examination or what? *(if more than one, code highest number).*

22

HEHDEC90

- Yes – just asked..... 1
- Yes – written declaration..... 2
- Yes – Medical examination..... 3
- Yes – other (specify.....)..... 4
- No..... 5
- Don't know..... 9

(g) All things considered, do you think you made the right decision going on to higher education?

HEOK90

23

- Yes..... 1
- No..... 2
- Don't know..... 9

(If HE in past only (code 1 at 78a) go to Q82. If currently in HE (code 2 at 78a) ask Q79-81)

Currently in Higher Education

79 Taking everything into account, how happy are you being at (name of institution)?
Look at the faces scale and tell me which face shows best how you feel about it.

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7) HEFACE90

24

80 And, how would you describe your life at (name of institution)? I'm going to read out some things which may or may not apply to you and ask you to tell me if it is true for your very frequently, quite often, only occasionally, or never?

- Very frequently..... 1
- Quite Often..... 2
- Only occasionally..... 3
- Never..... 4
- Don't know..... 9

MY LIFE AT (name of institution)

- a. Is boring.....HEBORE90.....

25

- b. Allows me to be sociable and meet people.....HESOC90.....

26

- c. Allows me to set my own pace of life.....HEPACE90...

27

- d. Leaves me mentally tired at the end of the day...HEMTIR90.....

28

- e. Is interesting and challenging.....HECHAL90.....

29

- f. Is full of stress.....HESTR90.....

30

- g. Lets me make full use of my abilities.....HEABIL90.....

31

- h. Causes me a lot of worries.....HEWORR90.....

32

- i. Lets me feel important and worthwhile.....HEIMP90.....

33

- j. Leaves me plenty of time for myself.....HETIME90.....

34

- k. Makes me feel isolated.....HEISOL90.....

35

- l. Often makes me feel physically tired.....HEPTIR90.....

36

81(a) Are you currently doing any paid work in your spare time?

- Yes..... 1
- No..... 2

HEJOB90

37

(If yes)

(b) How many jobs do you have?

(code number)

HENJOB90

38

(c) What is/are your job(s)?

(record verbatim)

HEJO1.90.....

39	40	41
----	----	----

HEJO2.90.....

42	43	44
----	----	----

(d) How many hours per week do you do it/them for?

(Code hours) 88 if working only during hols.

HEJOHR90

45	46
----	----

STNURS90			Subject/Course			Qualification		Type	
OEDS1.90	OEDQ1.90	a	47	48	49	50	51	52	OEDT1.90
OEDS2.90	OEDQ2.90	b	53	54	55	56	57	58	OEDT2.90
OEDS3.90	OEDQ3.90	c	59	60	61	62	63	64	OEDT3.90
OEDS4.90	OEDQ4.90	d	65	66	67	68	69	70	OEDT4.90
OEDS5.90	OEDQ5.90	e	71	72	73	74	75	76	OEDT5.90
OEDS6.90	OEDQ6.90	f	77	78	79	1	2	3	OEDT6.90
OEDS7.90	OEDQ7.90	g	4	5	6	7	8	9	OEDT7.90
OEDS8.90	OEDQ8.90	h	10	11	12	13	14	15	OEDT8.90
OEDS9.90	OEDQ9.90	i	16	17	18	19	20	21	OEDT9.90
OES10.90	OEQ10.90	j	22	23	24	25	26	27	OET10.90
OES11.90	OEQ11.90	k	28	29	30	31	32	33	OET11.90
OES12.90	OEQ12.90	l	34	35	36	37	38	39	OET12.90
OES13.90	OEQ13.90	m	40	41	42	43	44	45	OET13.90
OES14.90	OEQ14.90	n	46	47	48	49	50	51	OET14.90
OES15.90	OEQ15.90	o	52	53	54	55	56	57	OET15.90
OES16.90	OEQ16.90	p	58	59	60	61	62	63	OET16.90
OES17.90	OEQ17.90	q	64	65	66	67	68	69	OET17.90
OES18.90	OEQ18.90	r	70	71	72	73	74	75	OET18.90
OES19.90	OEQ19.90	s	76	77	78	79	80	1	OET19.90
OES20.90	OEQ20.90	t	2	3	4	5	6	7	OET20.90
OES21.90	OEQ21.90	u	8	9	10	11	12	13	OET21.90
OES22.90	OEQ22.90	v	14	15	16	17	18	19	OET22.90
OES23.90	OEQ23.90	w	20	21	22	23	24	25	OET23.90
OES24.90	OEQ24.90	x	26	27	28	29	30	31	OET24.90

REC13

REC 14

REC 14 COL 32

UNEMPLOYMENT

82(a) Let me check again. You have/have not been unemployed since leaving school?
That is any time you were out of a job and looking for work even if you got no benefit.

(interviewer check)

32	UNEMPL90	Experience of unemployment – in past only.....	1
		Experience of unemployment – (past and) current.....	2
		No experience of unemployment.....	3 -83→

(b) (If yes – experience)

How many separate periods of unemployment (of one month or more) have you had?

NUNEMP90 33

(For each period of unemployment including current, ask (c) and (d). For current unemployment ask supplementaries (e) – (h).

(c) Now can you tell me a bit about each of these times you've been unemployed? Did/are you receive(ing) any benefits during your (first/second/current) period of unemployment?

(If yes) What were/are they?

(code up to 2 benefits, none 0)

4: decision pending
8: did not apply

Unemployment benefit.....	1
Income support/Supplementary benefit.....	2
Housing benefit.....	3
Other (specify.....)	4

(d) Was your benefit cut-off/withdrawn?

(code yes 1, no 2, don't know 9)

Period	Benefit 1		Benefit 2		Benefit 3		Withdrawn	
1	U1BE1.90	34	U1BE2.90	35	U1BE3.90	36	U1BEWI90	37
2	U2BE1.90	38	U2BE2.90	39	U2BE3.90	40	U2BEWI90	41
3	U3BE1.90	42	U3BE2.90	43	U3BE3.90	44	U3BEWI90	45
4	U4BE1.90	46	U4BE2.90	47	U4BE3.90	48	U4BEWI90	49
Current.	UCBE1.90	50	UCBE2.90	51	UCBE3.90	52	UCBEWI90	53

(If not currently unemployed, go to Q83. If currently unemployed ask (e) – (h))

Currently Unemployed

(e) How much are you getting a week? (Code exact amount)

54	55	56	57	58
----	----	----	----	----

UBENAM90

(f) (If none) What are you doing for money? (Code main source)

59	SOURCM90	Relying on parent(s).....	1
		Relying on other(s).....	2
		Something else.....	3
		(specify.....)	

(g) Looking at the faces scale, which face shows best how you feel about being unemployed?

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7) UNFACE90

60

(h) And how would you describe being unemployed? I'm going to read out some things which may or may not apply to you and ask you to tell me if it is true for you very frequently, quite often, only occasionally, or never?

- Very frequently..... 1
- Quite Often..... 2
- Only occasionally..... 3
- Never..... 4
- Don't know..... 9

MY LIFE BEING UNEMPLOYED

- a. Is boring.....UNBORE90..... 61
- b. Allows me to be sociable and meet people..... UNSOC90..... 62
- c. Allows me to set my own pace of life..... UNPACE90... 63
- d. Leaves me mentally tired at the end of the day... UNMTIR90..... 64
- e. Is interesting and challenging..... UNCHAL90..... 65
- f. Is full of stress..... UNSTR90..... 66
- g. Lets me make full use of my abilities..... UNABIL90..... 67
- h. Causes me a lot of worries..... UNWORR90..... 68
- i. Lets me feel important and worthwhile..... UNIMP90..... 69
- j. Leaves me plenty of time for myself..... UNTIME90..... 70
- k. Makes me feel isolated..... UNISOL90..... 71
- l. Often makes me feel physically tired..... UNPTIR..... 72

THE YOUTH TRAINING SCHEME (YTS)

(Ask all respondents)

83 Now can I ask a few questions about YTS. People have different views about YTS. What do you think? I'm going to read out some things people have said and ask whether you agree or disagree.

(probe after agree/disagree for strength of agreement and code accordingly)

- Strongly agree..... 1
- Agree..... 2
- Neither agree/disagree..... 3
- Disagree..... 4
- Strongly disagree..... 5
- Don't know..... 9

YTS

1. Helps unemployed people to find jobs.....	OPYTJO90.....	73
2. Is a source of cheap labour.....	OPYTCH90.....	74
3. Gives people interesting things to do.....	OPYTIN90.....	75
4. Is just to keep the unemployment figures down.....	OPYTUN90.....	76
5. Is a useful way to get trained.....	OPYTTR90.....	77
6. Is a good way to get a vocational qualification.....	OPYTQU90.....	78

84(a) And you have/have not been on YTS yourself?

(interviewer check)

YTS90 <i>(If yes – experience)</i>	79	Experience of YTS – in past only..... 1
		Experience of YTS – (past and) current..... 2
		No experience of YTS..... 3 -86→

(b) Thinking back to before you were on YTS, how much did you want to do it, a great deal, a little or do you feel you had no choice in the matter?

YTWANT90 (If yes – experience)	80	A great deal..... 1
		A little..... 2
		No choice..... 3
		Other (specify.....)..... 4
		Don't know..... 9

(c) How many YTS schemes have you ever started?

(code number)

REC 15

NYTS90	1
--------	---

(d) Have you obtained any qualifications/certificates as part of your YTS traineeships?

(If yes) What?

(record qualifications verbatim – if none write 'none')

.....

REC 15 COL 2

(For each scheme including current, ask (e) – (h). For current YTS ask supplementaries (i) and (j)).

- (e) Now can you tell me a bit more about the scheme(s) you've been on? First, what work did /do you do on the scheme? What is the name of the job?
(record verbatim on grid)
- (f) What was/is made or done at the place where you work(ed)? What is the industry?
(record verbatim on grid)
- (g) When you applied for or were interviewed for the scheme, were you questioned about your health? (If yes) Were you just asked about it, did you make a written declaration, have a medical examination or what? (if more than one, code highest number)
- | | |
|--------------------------------|---|
| Yes – just asked..... | 1 |
| Yes – written declaration..... | 2 |
| Yes – medical examination..... | 3 |
| Yes – other (specify.....) | 4 |
| No..... | 5 |
| Don't know..... | 9 |
- (h) Did/do you get the standard YTS rate of pay or did/do you get more than that (not including any travel expenses you may have got)?
(code on grid)
- | | |
|---------------|---|
| Standard..... | 1 |
| More..... | 2 |

(If not currently on YTS go to Q85. If currently on YTS ask (i) and (j)).

- (i) Are you:
- | | | |
|--|---|---|
| | Self-employed (no paid employee)..... | 1 |
| | Self-employed (with paid employee)..... | 2 |
| | Manager..... | 3 |
| | Foreman/Supervisor..... | 4 |
| | Employee..... | 5 |
| | Don't know..... | 9 |
- JSTYTS90
- (j) How many people does the company employ?
- | | | |
|--|---------------------------------|---|
| | 24 or less employees in UK..... | 1 |
| | 25 or more employees in UK..... | 2 |
| | Don't know..... | 9 |
- SZCYTS90

REC 15 COL 3

REC 15 COL 4

Scheme

1.	Job	YT1JOB90	4	5	6
	Industry				
	Health	YT1HDC90			7
	Pay	YT1PAY90			8
2.	Job	YT2JOB90	9	10	11
	Industry				
	Health	YT2HDC90			12
	Pay	YT2PAY90			13
3.	Job	YT3JOB90	14	15	16
	Industry				
	Health	YT3HDC90			17
	Pay	YT3PAY90			18
4.	Job	YT4JOB90	19	20	21
	Industry				
	Health	YT4HDC90			22
	Pay	YT4PAY90			23
Current	Job	YTCJOB90	24	25	26
	Industry				
	Health	YTCHDC90			27
	Pay	YTCPAY90			28

85

All things considered, would you say you made the right decision to go on YTS?

YTSOK90

29

Yes..... 1
 No..... 2
 Don't know..... 9

OTHER TRAINING SCHEMES (NOT YTS)

86(a) Can I check, have you been on any schemes other than YTS, such as community programme, community industry, employment training?
(interviewer check)

TRSCHE90	30	Experience of other scheme(s) – past only.....	1
		Experience of other scheme(s) – (past and) current.....	2
		No experience of other scheme(s).....	3 -88→

(b) How many (different) schemes have you been on in all? NTRSCH90 31

(c) Have you obtained any qualifications/certificates as part of your (name of scheme(s)).
(If yes) What?
(record qualifications verbatim – if none write ‘none’)

(For each scheme including current, ask (d)- (h). For current scheme ask supplementaries ((i) and (j))

(If yes)

(d) Now, can I ask a few questions about the (other) scheme(s) you’ve been on?
First, what kind of scheme was/is it?
(code on grid and prompt from list if necessary)

Community programme.....	1
Community industry.....	2
Employment training.....	3
Other (specify.....)	4

(e) What work did/do you do on (name of scheme)? What is the name of the job?
(record verbatim on grid)

(f) What was/is made or done at the place where you work(ed)? What is the industry?
(record verbatim on grid)

(g) When you applied for or were interviewed for (name of scheme), were you questioned about your health? (If yes) Were you just asked about it, did you make a written declaration, have a medical examination or what?
(if more than one, code highest number)

Yes – asked only.....	1
Yes – written declaration.....	2
Yes – medical examination.....	3
Yes – other (specify.....)	4
No.....	5
Don’t know.....	9

(h) Did/do you get the standard rate of pay or did/do you get more than that (not including any travel expenses you may have got)?

Standard.....	1
More.....	2

(If not currently on scheme go to Q87. If currently on scheme ask (i) and (j)).

(i) Are you:

JSTRSC90	32	Self-employed (no paid employees).....	1
		Self-employed (with paid employees).....	2
		Manager.....	3
		Foreman/Supervisor.....	4
		Employee.....	5
		Don't know.....	9

(j) How many people does the company employ?

SZCYTR90	33	24 or less employees in UK.....	1
		25 or more employees in UK.....	2
		Don't know.....	9

Scheme

1.	Type	TR1TYP90			34
	Job	TR1JOB90	35	36	37
	Industry				
	Health	TR1HDC90			38
	Pay	TR1PAY90			39
2.	Type	TR2TYP90			40
	Job	TR2JOB90	41	42	43
	Industry				
	Health	TR2HDC90			44
	Pay	TR2PAY90			45
Current	Type	TRCTYP90			46
	Job	TRCJOB90	47	48	49
	Industry				
	Health	TRCHDC90			50
	Pay	TRCPAY90			51

87 All things considered, would you say you made the right decision to go on (name of scheme)?
(If more than one prompt last)

TRSCOK90	52	Yes.....	1
		No.....	2
		Don't know.....	9

REC 15 COL 53

WORK (NOT YTS)

88(a) Let me check once more. Since leaving school you have been in full-time or part-time work, haven't you? I don't mean YTS or other schemes, nor any spare-time jobs you may have done while at school or college but full or part-time work as your main activity.

(interviewer check)

WORK90	53	Experience of full/part-time work – in past only.....	1
		Experience of full/part-time work – (past and) current.....	2
		No experience of full/part-time work.....	3 -89/100→

(If yes – experience)

(b) How many full or part-time jobs have you done since leaving school?

(code none 0)

Full-time.....	NFTIME90.....	54
Part-time.....	NPTIME90.....	55

(c) Have you obtained any qualifications/certificates as part of your work career? For example, on job release or as part of an apprenticeship. *(If yes) What?*
(code none 0 and record qualifications verbatim – if none write 'none')

--	--

(For each job including current ask (d) – (f). For current job ask supplementaries (g) – (j)).

(d) Now can you tell me a bit more about the jobs you've done? First, what work did/do you do? What is the name of the job?

(record verbatim on grid)

(e) What is made or done at the place where you work(ed)? What is the industry?

(record verbatim on grid)

(f) When you applied for or were interviewed for the job, were you questioned about your health? If so, were you just asked, did you make a written declaration, have a medical examination or what?

(if more than one code highest number)

- Yes – asked only..... 1
- Yes – written declaration..... 2
- Yes – medical examination..... 3
- Yes – other (specify.....). 4
- No..... 5
- Don't know..... 9

(If not currently working go to Q100. If currently working ask (g) – (j))

(g) Are you:

JSTAWK90	56	Self-employed (no paid employees).....	1
		Self-employed (with paid employees).....	2
		Manager.....	3
		Foreman/Supervisor.....	4
		Employee.....	5
		Don't know.....	9

(h) How many people does the company employ?

SZCOWK90	57	24 or less employees in UK.....	1
		25 or more employees in UK.....	2
		Don't know.....	9

(i) Is it part of a recognised apprenticeship? *(If yes) What?*
(record verbatim) APPREN90

58	59
----	----

(j) How did you get your *(current)* job?
(prompt from list below and code main source if more than one)

GOTJOB90	60	Advert in newspaper/shop window.....	1
		Careers service.....	2
		Job centre.....	3
		Private employment agency.....	4
		Kept on after YTS.....	5
		Family/friends.....	6
		Other (specify.....)	7
		Don't know.....	9

Job

1.	Job	WK1JOB90	61	62	63
	Industry				
	Health	WK1HDC90			64
2.	Job	WK2JOB90	65	66	67
	Industry				
	Health	WK2HDC90			68
3.	Job	WK3JOB90	69	70	71
	Industry				
	Health	WK3HDC90			72
4.	Job	WK4JOB90	73	74	75
	Industry				
	Health	WK4HDC90			76
Current	Job	WKCJOB90	77	78	79
	Industry				
	Health	WKCHDC90			80

RESPONDENTS CURRENTLY WORKING OR ON YTS OR OTHER SCHEMES

I'd now like to ask a few more questions about your current job/YTS scheme/other (name of) scheme.

89 First, taking everything into account, how happy are you with your job/YTS/other (name of) scheme? Look at the faces scale and tell me which face best shows how you feel?
(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7)

REC 16

JOFACE90

1

90 Where exactly do you work? What is the address of your place of work?
(if exact address not known, get name of firm/office/shop/factory etc and street or area).

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

91(a) What are the basic hours for the job you do?
(if no basic, eg self-employed, ask normal hours)
JOBHRS90 (code hours) 777 – variable basic hours

2	3	4
---	---	---

(b) Do you normally work paid overtime or extra hours? (If yes) How many hours?
(code no 00)
PAIDOV90 77 – varied overtime hours

5	6
---	---

(c) Do you normally work extra hours without pay? (If yes) how many hours?
(code no 00)
UNPDOV90 77 – overtime without pay

7	8
---	---

(d) Do you normally work shifts?
SHIFTS90

9

Yes..... 1
No..... 1 -91f→

(e) (If yes) Is that?
TYPSHF90

10

2 shift (no nights)..... 1
3 shift (including nights)..... 2
Permanent nights..... 3
Permanent back shift (evenings)..... 4
Other (specify.....)..... 5

(f) Do you work any hours outside the normal working day or week? I mean early mornings (before 7am) or evenings (after 6pm) or weekend work?

OUTHRS90
REC 16 COL 11

11

Yes..... 1
No..... 2 - 92→

(g) *(If yes)*
 Can you describe your usual hours?
(code all that apply, yes 1, no 2)

Early morning work (pre 7am)	AMHRS90	12
Evening work (after 6pm)	PMHRS90	13
Saturday work	SATHRS90	14
Sunday work	SUNHRS90	15
Other (specify)	OTHHRS90	16

92 Do you get paid holidays? *(If yes)* How many days a year?
(Code in days, not counting public holidays and code none 00)

17	18
----	----

NDYHOL90

93 Does your employer give you time off with pay when you are sick?

SIKPAY90

19

Yes..... 1
 No..... 2
 N/A – self-employed..... 3
 Don't know..... 9

94(a) Do you mind telling me what your gross pay is from your job? By that I mean what you get before tax and national insurance are deducted per week/per month/per year?

<u>record actual amount (£.s)</u>	per week	PAYWK90	20	21	22	
	per month	PAYMO90	23	24	25	26
	per year	PAYYR90	27	28	29	30	31

(or if not willing to give amount, use card E and code letter – a = 01, b = 02, c = 03, d = 04, e = 05, f = 06, g = 07, h = 08, i = 09, j = 10, k = 11, don't know = 99) 12 – refused to give amount

PAYCOD90

32	33
----	----

(b) In your present job, do you contribute to an occupational retirement pension scheme?

PENSCH90

34

Yes..... 1
 No..... 2
 Don't know..... 3

95 People work in all sorts of conditions. What about you and your present job?
 Can you tell me whether you experience any of these at work? For each one I'd
 like you to tell me whether it affects you:-
 (hand card F and code grid)

- Almost all the time..... 1
- Almost 3 / 4 of the time..... 2
- About 1 / 2 of the time..... 3
- About 1 / 4 of the time..... 4
- Only occasionally..... 5
- Never..... 6
- Don't know..... 9

Do you:

a.	work in very noisy conditions	WKNOIS90	35
b.	work in very dusty conditions	WKDUST90	36
c.	work in very hot conditions	WKHOT90	37
d.	work in very cold conditions	WKCOLD90	38
e.	work in very wet conditions	WKWET90	39
f.	work with fumes or chemicals	WKFUME90	40
g.	work with lots of vibration	WKVIBR90	41
h.	work in bent or uncomfortable position	WKBENT90	42
i.	work which is monotonous or repetitive	WKMONO90	43
j.	work which is hectic or too fast	WKFAST90	44
k.	work causing a lot of stress or worry	WKSTRS90	45
l.	work with the danger of accidents	WKACC90	46
m.	work with V.D.U's	WKVDU90	47
n.	have to lift people or objects	WKLIFT90	48

96 How well would you say you got on with your immediate boss?

RELBOS90

49

- Very well..... 1
- Quite well..... 2
- Unsure..... 3
- Quite badly..... 4
- Very badly..... 5
- Don't know..... 9

97(a) Have you ever been sexually harassed at work? *(If yes)* Is that in your current job or in the past?
(code yes 1, no 2, N/A (no past job or self-employed) 3, don't know 9)

Current	SXHNOW90	50
Past	SXHPRE90	51

(If yes, in past)

(b) Have you ever left a job because of sexual harassment?

SXHQUT90	52	Yes.....	1
		No.....	2

98 And, how would you describe your job? I'm going to read out some things which may or may not apply to you and ask you to tell me if it is true for you very frequently, quite often, only occasionally, or never?

- Very frequently..... 1
- Quite Often..... 2
- Only occasionally..... 3
- Never..... 4
- Don't know..... 9

MY JOB

a.	Is boring.	JOBORE90	53
b.	Allows me to be sociable and meet people	JOSOC90	54
c.	Allows me to set my own pace of life	JOPACE90	55
d.	Leaves me mentally tired at the end of the day	JOMTIR90	56
e.	Is interesting and challenging	JOCHAL90	57
f.	Is full of stress	JOSTRS90	58
g.	Lets me make full use of my abilities	JOABIL90	59
h.	Causes me a lot of worries	JOWORR90	60
i.	Lets me feel important and worthwhile	JOIMP90	61
j.	Leaves me plenty of time for myself	JOTIME90	62
k.	Makes me feel isolated	JOISOL90	63
l.	Often makes me feel physically tired	JOPTIR90	64

99(a) Apart from your main job, do you have any other paid jobs?

OTPYJO90

65	Yes.....	1
	No.....	2 -101→

(b) *(If yes)* How many other jobs do you have?
(code number)

NOTHJO90

66

(c) What is it/are they?

(record verbatim)

1. What work do you mainly do? What is the name of the job?

OTJO1.90

67	68	69
----	----	----

2. What work do you mainly do? What is the name of the job?

OTJO2.90

70	71	72
----	----	----

(d) How many hours per week do you do it/them for?

(code hours for all extra jobs)

OTHR90

	73	74
--	----	----

CURRENTLY AT HOME

100(a) So you're currently at home (looking after the family/waiting to have baby etc) are(n't) you?

(interviewer check)

WHYHOM90

75

Currently at home..... 1

Not currently at home..... 2 -101→

ATHOME90

(b) (If yes) Looking at the faces scale, which face shows best how you feel about being (at home. housewife...)?

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7)

HMFACE90

76

(c) And how would you describe (your life at home/being a housewife...)? I'm going to read out some things which may or may not apply to you and ask you to tell me if it is true for you very frequently, quite often, only occasionally, or never?

- Very frequently..... 1
- Quite often..... 2
- Only occasionally..... 3
- Never..... 4
- Don't know..... 9

MY LIFE AS A HOUSEWIFE/LOOKING AFTER FAMILY

a.	Is boring.	HMBORE90	77
b.	Allows me to be sociable and meet people	HMSOC90	78
c.	Allows me to set my own pace of life	HMPACE90	79
d.	Leaves me mentally tired at the end of the day	HMMTIR90	80
e.	Is interesting and challenging	HMCHAL90	1
	Is full of stress	HMSTRS90	2
g.	Lets me make full use of my abilities	HMABIL90	3
h.	Causes me a lot of worries	HMWORR90	4
i.	Lets me feel important and worthwhile	HMIMP90	5
j.	Leaves me plenty of time for myself	HMTIME90	6
k.	Makes me feel isolated	HMISOL90	7
l.	Often makes me feel physically tired	HMPTIR90	8

(d) Are you currently doing any paid work?

HMPYJO90

Yes..... 1
No..... 2 -101→

(e) *(If yes)*
How many jobs do you have?
(code number)

NHMPYJ90

10	11
----	----

(f) What is/are your job(s)?
(record verbatim)

1. HMJO1.90
2. HMJO2.90

12	13	14
15	16	17

(g) How many hours per week do you do it/them for?
(code hours)

HMJHRS90

18	19
----	----

ALL RESPONDENTS

101 Excluding any spare-time jobs you did when at school and any YTS or other schemes you may have been on, how difficult have you personally found it to get work?
(prompt if necessary)

20

GETWK90

- Very difficult..... 1
- Quite difficult..... 2
- Unsure..... 3
- Quite easy..... 4
- Very easy..... 5
- N/A (not looked for work)..... 6

102 Are you currently a member of a Trade Union or Professional Association?

TUMEM90

21

- Yes..... 1
- No..... 2
- Don't know..... 9

(b) *(If yes)*
What?
(record verbatim)

TRADUN90

22	23
----	----

103(a) Since leaving school, have you ever lost a job, training placement, or place at college because of ill health?

LWKILL90

24

Yes..... 1
 No..... 2
 Don't know..... 9

8 = still at school/no job

(b) *(If yes)*
 Which job(s), scheme(s) or college place(s)?
(record verbatim) JOBNO90

1.....
 2.....

(c) What was/were the health problem(s)?
(record verbatim) ILLJOB90

1.....
 2.....

104(a) In your (education/training/work) career to date, do you feel you have ever been unfairly discriminated against because of your:

(read out and code yes 1, no 2, don't know 9) **8 = still at school/continuously unemp**

1	Sex	DSCSEX90	25
2	Age (youth)	DSCAGE90	26
3	Race	DSCRAC90	27
4	Religion	DSCREL90	28
5	Background	DSCBAC90	29
6	Looks or appearance	DSCLKS90	30
7	The area you come from	DSCARE90	31
8	Health	DSCHLT90	32
9	Height	DSCHT90	33
10	Weight or size	DSCWT90	34

(b) *(If more than one)* **88 = still at school, continuously unemp**
 Which was the more important?
(code number above, don't know 99) IMPDSC90

35	36
----	----

(c) *(Ask all)* **88 = still at school, continuously unemp**
 Which of these, if any, do you think might limit your chance of following your chosen
(job/education career)?
(code none 00 or number above, don't know 99) LIMDSC90

37	38
----	----

INCOME

105(a)

There are a lot of different ways in which people get income. Looking at this list can you tell me which of these you (and your spouse/partner, if cohabiting) get income from?

(Use card G) (Interviewer. Check all that apply in order to ask (b) and (c)).

Employment

- 01 own salary
- 02 spouse's salary
- 03 casual earnings
- 04 YTS
- 05 employment training

Grants, Investments etc

- 06 local authority grant to attend college or university
- 07 maintenance payment from parent or guardian
- 08 other type of grant to attend further education
- 09 maintenance from ex-partner
- 10 scholarship
- 11 investment/private income

Contributory Benefits

- 12 unemployment benefits
- 13 statutory sick pay or sickness benefit
- 14 invalidity benefit
- 15 statutory maternity pay (SMP) or maternity allowance

Non Contributory Benefits

- 16 income support
- 17 family credits
- 18 housing benefits
- 19 child benefit
- 20 one parent benefit

Disability

- 21 severe disablement allowance
- 22 industrial injuries disablement benefit or reduced earnings allowance
- 23 attendance allowance
- 24 invalid care allowance
- 25 mobility allowance
- 26 any other sources (please specify)

(b) Which of these provides the largest (next largest/next etc) part of your income?
(code number(s) above – up to 5)

00 = no money

- 1 INC1.90
- 2 INC2.90
- 3 INC3.90
- 4 INC4.90
- 5 INC5.90

39	40
41	42
43	44
45	46
47	58

(c) So could you tell me what is the total amount you get from all these sources? By that I mean the amount you normally have after deductions like tax, but including any benefits.

(code either weeks or months)

Sub-total

(Use this space to add up separate sources of income)

- 1.....
- 2.....
- 3.....
- 4.....

INCWK90 <small>weeks</small> ££ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">49</td><td style="width: 20px; height: 20px; text-align: center;">50</td><td style="width: 20px; height: 20px; text-align: center;">51</td></tr></table>	49	50	51	777=no regular amount varies or	INCMO90 <small>months</small> ££ <table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">52</td><td style="width: 20px; height: 20px; text-align: center;">53</td><td style="width: 20px; height: 20px; text-align: center;">54</td><td style="width: 20px; height: 20px; text-align: center;">55</td></tr></table>	52	53	54	55
49	50	51							
52	53	54	55						
(or if not willing to give amount, use card E and code letter – a = 01, b = 02, c = 03, d = 04, e = 05, f = 06, g = 07, h = 08, I = 09, j = 10, k = 11, don't know = 99)									
12 =refused	INCODE90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">56</td><td style="width: 20px; height: 20px; text-align: center;">57</td></tr></table>	56	57					
56	57								

(d) Looking at the faces scale, which face shows best how you feel about how adequate this income is?

(code a = 1, b = 2, c = 3, d = 4, e = 5, f = 6, g = 7) **INFACE90**

58

106 Excluding necessities like housing and food, of all things you spend your money on, what are the three things you mainly spend it on? (record verbatim)

First item	EXP1.90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">59</td><td style="width: 20px; height: 20px; text-align: center;">60</td></tr></table>	59	60
59	60			
Second item	EXP2.90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">61</td><td style="width: 20px; height: 20px; text-align: center;">62</td></tr></table>	61	62
61	62			
Third item	EXP3.90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">63</td><td style="width: 20px; height: 20px; text-align: center;">64</td></tr></table>	63	64
63	64			

107(a) Have you ever received a payment from the social fund? (If yes) What for? (code all that apply, yes 1, no 2)

Maternity payment	SFMAT90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">65</td></tr></table>	65
65			
Funeral payment	SFFUN90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">66</td></tr></table>	66
66			
Community care grant	SFCCAR90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">67</td></tr></table>	67
67			
Budgeting loan	SFBUDL90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">68</td></tr></table>	68
68			
Crisis loan	SFCRIL90	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; height: 20px; text-align: center;">69</td></tr></table>	69
69			

(b) (If crisis loan) What was the loan for? (record verbatim)

WHYLON90

70

DIET

108(a) Now, can I ask a few questions about your diet, what you eat and when you eat.
First, are there any foods you do not eat or drink for health or weight reasons or other personal or religious reasons?

(prompt if necessary – vegetarian, vegan etc)

FOODNO90

71

Yes.....	1	
No.....	2	-109→
Don't know.....	9	

(b) *(If yes)*
Why is this?

(prompt if necessary and code all that apply, yes 1, no 2)

- | | | |
|----------------------------------|----------|----|
| Specific medical condition | FDMED90 | 72 |
| <i>(specify</i>) | | |
| To lose weight/slimming | FDLOSW90 | 73 |
| To gain weight | FDGNWT90 | 74 |
| Religious prohibition | FDRELG90 | 75 |
| Vegetarian (meat free) | FDVEG90 | 76 |
| Vegan (no animal products) | FDVEGN90 | 77 |
| Other | FDOTHR90 | 78 |
| <i>(specify</i>) | | |

109 On how many days of the week do you usually have the following meals?
(code number of days, <1 wk 0, varies 8, don't know 9)

Breakfast	BREAKF90	79
Midday meal (lunch)	LUNCH90	80
Evening meal (tea)	EVMEAL90	1

REC 18

110 Who is it that mainly buys the food that you eat?
(probe for sex where appropriate)

2	3
---	---

BUYFD90

- | | |
|------------------------------------|----|
| You..... | 01 |
| Mother..... | 02 |
| Father..... | 03 |
| Female sib(s)..... | 04 |
| Male sib(s)..... | 05 |
| Other female relative..... | 06 |
| Other male relative..... | 07 |
| Wife/partner..... | 08 |
| Husband/partner..... | 09 |
| Female friend..... | 10 |
| Male friend..... | 11 |
| Institution, university, army..... | 12 |
| Employer (au pair)..... | 13 |
| Don't know..... | 99 |

111 What sort of bread do you normally eat?

BREAD90	4	White (pan/sliced/Mighty White).....	1
		Brown (granary, wheatmeal, wholemeal).....	2
		Both equal.....	3
		Other (pitta, nan, roti, medicinal).....	4
		Don't eat bread.....	5
		Don't know.....	9

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

ONBRED90	5	Butter.....	1
		Soft spready margarine.....	2
		Hard margarine.....	3
		Other spread.....	4
		Nothing.....	5
		Don't eat bread/biscuits.....	6
		Don't know.....	9

7 Butter and marg equal

113 What sort of milk do you normally drink or use in drinks like tea or coffee?

MILK90	6	Ordinary (silver top/pasteurised).....	1
		Skimmed or semi-skimmed.....	2
		Other (specify.....)	3
		Don't use milk.....	4
		Don't know.....	9

114(a) How many cups of tea do you usually drink in a day?
(code none 00, don't know 99)

CUPTEA90	7	8
-----------------	----------	----------

(b) Do you usually take:

WITHTE90	9	Sugar.....	1
		Sweeteners.....	2
		Nothing.....	3

(If sugar) Sugar and sweeteners equal = 4

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

NSUGTE90	10
-----------------	-----------

115(a) How many cups of coffee do you usually drink in a day?
(code none 00, don't know 99)

CUPCOF90	11	12
-----------------	-----------	-----------

(b) Do you usually drink normal or decaffeinated coffee?

TYPCOF90	13	Normal.....	1
		Decaffeinated.....	2
		Both equally.....	3

(c) Do you usually take:

WITHCF90	14	Sugar.....	1
		Sweeteners.....	2
		Nothing.....	3

(If sugar)

(d) How many spoons of sugar do you usually take per cup? **NSUGCF90**

	15
--	-----------

116(a)

I would like to ask a couple of questions about your diet now compared with when you were about 15. First, would you say that you take your meals more regularly or less regularly now compared with then?
(probe how much more/less)

EATREG90

16

- Much more regularly..... 1
- More regularly..... 2
- About the same..... 3
- Less regularly..... 4
- Much less regularly..... 5
- Don't know..... 9

(b)

How healthy do you think your diet is now? Is it:
(read out)

EATHLT90

17

- Very healthy..... 1
- Fairly healthy..... 2
- Fairly unhealthy..... 3
- Very unhealthy..... 4
- Don't know..... 9

(c)

All things considered, would you say your diet was more or less healthy now than when you were about 15?
(probe how much more/less)

EATBTR90

18

- Much more..... 1
- More..... 2
- About the same..... 3
- Less..... 4
- Much less..... 5
- Don't know..... 9

117(a)

Thinking back over the last few months, have there been times when you couldn't buy the food you normally buy because you couldn't afford it?

NOFOOD90

19

- Yes..... 1
- No..... 2 -118→

(If yes)

(b)

Was that:

FRNOFD90

20

- A lot of the time..... 1
- At least once a week..... 2
- Occasionally..... 3

SMOKING

118 We asked you last time about smoking. Do you smoke now, even if it is just occasionally – I mean cigarettes, cigars, roll-ups or a pipe? *(If no)* Did you ever smoke?

CIGNOW90

21

Yes – current smoker..... 1 -119→
 No – ex-smoker..... 2 -126→
 No – never smoked..... 3 -131→

CURRENT SMOKERS (regular and occasional)

119(a) How old were you the first time you tried smoking a cigarette even if it was only a puff or two?

(code age to nearest year, don't know 99)

CIG1ST90

22	23
----	----

(b) How old were you when you started smoking on a regular or occasional basis (that is, proper smoking?)

(code age to nearest year, don't know 99)

CIGREG90

24	25
----	----

(c) Since you started smoking properly, have you ever given up smoking even if only for a short time?

CIGQUT90

26

Yes..... 1
 No..... 2 -119e→

(If yes)

(d) How long did you stop smoking for? Thinking of all the times you have given up, for how many months in all would you say you didn't smoke at all?

(code time in months, don't know 999)

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

QUITMO90

(000 – less than one month)

(e) 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

CIGS90

30

Cigars

CIGARS90

31

Roll-ups

ROLLUP90

32

Pipe

PIPE90

33

Cigarette Smokers

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

Cigarettes per day	NCIGDY90		34	35
Cigarettes per week (code <1/week000)	NCIGWK90	36	37	38

- (b) What brand of cigarettes do you usually smoke?

CIGTYP90	39	40
----------	----	----

- (c) Do you know the tar level of the cigarettes you usually smoke? Is it high, middle high, middle, low middle or low?

CIGTAR90	41	High.....	1
		Middle high.....	2
		Middle.....	3
		Low middle.....	4
		Low.....	5
		Don't know.....	9

Cigar Smokers

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

0-5	Cigars per day	NCGRDY90		42	43
	Cigars per week (code <1/week 000)	NCGRWK90	44	45	46

Hand-rolled Cigarettes/Roll-up Smokers

- 122 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 oz 0.5, 1 oz 1.0, 1,1/2 ozs 1.5 etc)

203	Ozs per week	NRUPWK90	47	48
-----	--------------	----------	----	----

Pipe Smokers

- 123 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 oz 0.5, 1 oz 1.0, 1 1/2 oz 1.5 etc)

203	Ozs per week	NPIPWK90	49	50
-----	--------------	----------	----	----

124 Some people smoke anywhere, others can't or don't smoke in certain places. What about you? Where do you smoke?
(read out and code yes 1, no 2, N/A 8, don't know 9)

At home in front of/with parents	CGHOPR90	51
At home out of sight of parents	CGNOPR90	52
At friends' houses	CGFRND90	53
At work/college/university etc	CGWORK90	54
In a pub/club/wine bar	CGPUB90	55
In the park, street or other open space	CGOPEN90	56

125 All things considered, do you think that your present level of smoking is good or bad for you? (probe definitely/probably after good/bad)

OPSMOK90	57	Definitely good.....	1
		Probably good.....	2
		Neither good nor bad.....	3
		Probably bad.....	4
		Definitely bad.....	5
		Don't know.....	9

EX-SMOKERS

126(a) How old were you the first time you tried smoking a cigarette even if it was only a puff or two? (code age to nearest year, don't know 99)

XSM1ST90	58	59
----------	----	----

(b) How old were you when you gave up completely (that is, the last time)?

XSMAGE90	60	61
----------	----	----

(c) Had you tried to stop smoking before?

XSMQUT90

62

Yes – once.....	1
Yes – several times.....	2
No.....	3-126e→

(d) (If yes) How long would you say you stopped for during these (unsuccessful) attempts to give up? Roughly how many months?
(code time in months, don't know 999)

XQUTMO90

63	64	65
----	----	----

(e) What did you used to smoke? Did you smoke (cigarettes etc) and was that regularly or occasionally?

Regular.....	1
Occasional.....	2
Never.....	3

Cigarettes	XSMCIG90	66
Cigars	XSMCGR90	67
Roll-ups	XSMRUP90	68
Pipe	XSMPIP90	69

Cigarette Smokers

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

Cigarettes per day	XCIGDY90		70	71
Cigarettes per week (code <1/week 000)	XCIGWK90	72	73	74

Cigar Smokers

- 128 How many cigars did you smoke a day?
(if varied get average/if less than one a day code 00 and record in weeks box)

Cigars per day	XCGRDY90		75	76
Cigars per week (code <1/week 000)	XCGRWK90	77	78	79

Roll-up smokers

- 129 How many ounces of roll your own tobacco did you smoke a week?
(if varied get average)
(code <1/2 oz per week as 0.0, 1/2 oz 0.5, 1 oz 1.0, 1 1/2 ozs 1.5 etc)

Ozs per week	XRUPWK90	<u>REC 19</u>	
		1	2

Pipe smokers

- 130 How many ounces of pipe tobacco did you smoke a week?
(if varied get average)
(code <1/2 oz per week as 0.0, 1/2 oz 0.5, 1 oz 1.0, 1 1/2 ozs 1.5 etc)

Ozs per week	XPIPWK90	3	4
--------------	----------	---	---

NON-SMOKERS

- 131 Did you ever try smoking at all even if it was just a puff or two once or twice?

SMEVER90

5

Yes..... 1
No 2

ALL RESPONDENTS

132 What about the future – say in five years time? Do you think you will or will not smoke in the future?
(probe definitely/probably)
(use card H)

CIGFUT90

6

- Definitely yes..... 1
- Probably yes..... 2
- Probably no..... 3
- Definitely no..... 4
- Don't know..... 9

133 People say that smoking is bad for your health. How many cigarettes a day do you think the average person would have to smoke in order for it to damage their health?
(code number, no cigarettes at all 000, cigarettes do not damage health 998, don't know 999).

CIGLEV90

7	8	9
---	---	---

ALCOHOL

134 What about alcohol? Can I ask you a few questions about what, if anything, you drink?

 First, do you ever drink alcohol, even if it is just occasionally (special occasions etc)?
(If no) Did you ever drink alcohol?
(interviewer – check no's – not even wine with meals, shandy, home brew etc)

DRINK90

10

- Yes – current drinker..... 1-135→
- No – used to drink alcohol..... 2-142→
- No – never drunk alcohol..... 3-145→

CURRENT DRINKERS

135(a) How old were you when you had your first taste of alcohol?
(prompt if necessary – I mean ever)
(code to nearest year)

ALC1ST90

11	12
----	----

(b) (Apart from this), how old were you when you had your first real drink?
(prompt if necessary, when you started drinking properly either on a regular or occasional basis)
(code to nearest year)

ALCREG90

13	14
----	----

(c) How often do you usually have a drink containing alcohol?
(use card B)

15	16
----	----

FDRINK90

Every day.....	01
4 – 6 days a week.....	02
2 – 3 days a week.....	03
Once a week.....	04
Once or twice a month.....	05
At least once every 6 months.....	06
Once a year or less.....	07
Don't know.....	09
Varies.....	10

(e) When did you last have a drink containing alcohol?

17

LSTALC90

In the past 7 days.....	1-136→
Over 7 days and up to 1 month ago.....	2
Over 1 month and up to 3 months ago.....	3
Over 3 months and up to 6 months ago.....	4
Over 6 months and up to 9 months ago.....	5
Over 9 months and up to 12 months ago.....	6
Over a year ago.....	7

(interviewer check codes 2 – 7)

(e) That means you haven't had anything to drink in the last week/the past 7 days
(not even wine with meals, shandy etc)?

ALCWK90

18

Yes – something in past week.....	1
No – nothing in past week.....	2-138→

(If yes, amend code on 135(d) accordingly)

I drinking in last week

136 Now, can you think back over the last 7 days and tell me for each day what you had to drink and how much? Let's start with yesterday and work backwards. Yesterday was:
(code day of week)

YESTDY90

19

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

Current Drinkers Who Did Not Drink Last Week

138(a) Thinking back to the last time you had a drink, what did you drink on that day and how much? (*probe daytime/evening if necessary*).

LSTSHA90	Shandy	Pints		
LSTORD90	Beer/lager (ordinary)	2	3	4
LSTSTR90	Beer/lager (strong)	5	6	7
LSTCID90	Cider	8	9	10
		11	12	13
		Glasses		
LSTWIN90	Wine	14	15	
LSTFWN90	Fortified wine	16	17	
		Measures		
LSTSPI90	Spirits	18	19	
LSTOTH90	Other (specify)	20	21	

(b) Would you say that this last time you had a drink was fairly typical of what you usually have on the occasions that you drink or was it more or less than you usually drink? (*probe much more/much less etc*)

22

LSTUSL90

- Drank much less than usual..... 1
- Drank about half as much as usual..... 2
- 3
- Drank about as much as I usually do..... 4
- 5
- Drank about twice as much as usual..... 6
- Drank much more than usual..... 7
- Don't know..... 9

All Current Drinkers

139 What is your favourite (*alcoholic*) drink? (*get type of eg beer/spirits/cocktails etc*)

FAVALC90

23	24
----	----

140 Some people drink almost anywhere, others only at home or in pubs. What about you? Where do you drink? (*read out and code yes 1, no 2, N/A 8, don't know 9*)

At home in front of/with parents	DRHOPR90	25
At home out of sight of parents	DRNOPR90	26
At friends' houses	DRFRND90	27
At work/college/university etc	DRWORK90	28
In a pub/club/wine bar	DRPUBS90	29
In the park, street or other open space	DROPEN90	30

141 All things considered, do you think that your (*present*) level of drinking is good or bad for you?
 (*probe definitely/probably after good/bad*)

OPALC90	31	Definitely good.....	1
		Probably good.....	2
		Neither good nor bad.....	3
		Probably bad.....	4
		Definitely bad.....	5
		Don't know.....	9

EX-DRINKERS

142(a) How old were you when you had your first taste of alcohol?
 (*prompt if necessary – I mean ever*)
 (*code to nearest year*)

XDR1ST90

32	33
----	----

(b) (Apart from this), how old were you when you had your first real drink?
 (*prompt if necessary, when you started drinking properly either on a regular or occasional basis*)
 (*code to nearest year*)

XDRREG90

34	35
----	----

(c) How old were you when you gave up drinking?
 (*code to nearest year*)

XDRAGE90

36	37
----	----

(d) When you used to drink, how often would you have a drink containing alcohol?
 (*use card B*)

<table border="1" style="border-collapse: collapse;"> <tr> <td style="width: 30px; text-align: center;">38</td> <td style="width: 30px; text-align: center;">39</td> </tr> </table> <p style="text-align: center;">XDRFRQ90</p>	38	39	Every day.....	01
	38	39		
	4 – 6 days a week.....	02		
	2 – 3 days a week.....	03		
	Once a week.....	04		
	Once or twice a month.....	05		
	At least once every 6 months.....	06		
	Once a year or less.....	07		
Don't know.....	09			
Varies.....	10			

(e) Why did you give up? What was the main reason?
 (*record verbatim*)

XDRWHY90

40		
----	--	--

?

Q.142e REASON FOR GIVING UP ALCOHOL**September 1990**

- 01 Medical/Health Reasons
- 02 Adverse Effects (Sick, Hangovers etc.)
- 03 Lack of Money
- 04 General Dislike
- 05 No Peer pressure
- 06 Drunk Driving
- 07 Pressure from others
- 09 Don't Know

CURRENT AND EX-DRINKERS

144 People have different experiences drinking alcohol, some good, some not so good.
What about you?

(read out and code yes 1, no 2, don't know 9)

(a) Have you ever:

had a really terrible hangover	DHANGO90	41
felt bad or guilty about your drinking	DGUILT90	42
had a drink first thing in the morning to steady your nerves or get rid of a hangover	DMORN90	43
felt you ought to cut down on your drinking	DREDUC90	44
been asked to leave anywhere (pub, club, disco, etc) because of drinking	DLEAVE90	45
got into physical fights while drinking	DFIGHT90	46
been sexually involved with someone and later regretted it because of drinking	DREGSX90	47
had an accident or injured yourself because of drinking	DACC90	48
been pressured to drink more than you'd really like	DPRESS90	49

(b) And

have people ever annoyed you by criticising you for drinking too much	DCRIT90	50
has a doctor or anyone else ever suggested that you should cut down your drinking	DDOCTR90	51

ALL RESPONDENTS

145 What about the future – say in five years time? Do you think you will or will not drink alcohol in the future?

(use card H and probe definitely/probably)

ALCFUT90	52	Definitely yes.....	1
		Probably yes.....	2
		Probably no.....	3
		Definitely no.....	4
		Don't know.....	5

146 If someone asked you what would be a healthy level of alcohol for the average adult to drink, what would you tell them? How many drinks per week would be a healthy level?

(record verbatim amount and type of alcohol drink)

ALCLEV90

53	54
----	----

DRUGS

147 There's a lot of talk about young people and drugs. If you wanted to, would you know where to get hold of:
(read out and code yes 1, no 2, don't know 9)

Cannabis	GETCAN90	55
Heroin	GETHER90	56
Cocaine	GETCOK90	57
Crack	GETCRA90	58
Ecstasy	GETECS90	59
Temgesics (Tems)	GETTEM90	60

148(a) Here's a list of drugs and substances that people sometimes try (*hand card I*). Have a good look and tell me first of all – have you ever tried or used any of them?
(code on grid – do not include any prescribed by the doctor for medical reasons).

DRGEVR90

61

Yes..... 1
No..... 2-150→
Don't know..... 3

(If yes (to any), ask)

(b) How old were you when you first tried/used it?
(code age to nearest year)

(c) Have you used it in the past year?
(code yes 1, no 2)

(d) How often have you used it in the past year?
(use card B and code frequency on grid)

Every day.....01
4 – 6 days a week.....02
2 – 3 days a week.....03
Once a week.....04
Once or twice a month.....05
At least once every 6 months..... 06
Once a year or less.....07
Don't know.....09
Varies.....10

*CAN to OTD		*EVR90	*AGE90		*LYR90	*FRQ90	
		Ever	Age		Past Year	Frequency	
CAN	A Cannabis (Dope, Hash, Grass, Pot, Marijuana).....	62	63	64	65	66	67
LSD	B LSD (Acid).....	68	69	70	71	72	73
TMZ	C Temazepam (Jellybabies), (Normison, Euphynos).....	74	75	76	77	78	79
BRB	D Other Barbituates (eg Trival, Seconal) REC 22	80	1	2	3	4	5
TRN	E Sleeping pills/tranquilizers (tranks) (eg Valium, Mogadon)	6	7	8	9	10	11
SLV	F Glues, solvents, dry-cleaning fluid, gas.....	12	13	14	15	16	17
AMP	G Amphetamines (speed, pep pills).....	18	19	20	21	22	23
NIT	H Amyl/Butile Nitrite (poppers, rush).....	24	25	26	27	28	29
HER	I Heroin (Smack).....	30	31	32	33	34	35
MET	J Methadone.....	36	37	38	39	40	41
TMS	K Temgesic (tems).....	42	43	44	45	46	47
COK	L Cocaine (coke).....	48	49	50	51	52	53
CRK	M Crack.....	54	55	56	57	58	59
OPI	N Other painkillers/opiates (morphine, opium).....	60	61	62	63	64	65
PCP	O PCP (angel dust).....	66	67	68	69	70	71
ECS	P Ecstasy.....	72	73	74	75	76	77
MUS	Q Magic Mushroom.....	78	79	80	1	2	3
OTD	R Other drugs(s)..... (specify.....)	4	5	6	7	8	9

- (e) *(If taken more than one in past year)*
 Which of these types of drugs is your favourite?
 (code a = 01, b = 02, c = 03, d = 04, e = 05, f = 06, g = 07, h = 08, i = 09, j = 10, k = 11, l = 12, m = 13, n = 14, o = 15, p = 16, q = 17, r = 18, no favourite 98, don't know 99)

FAVDRG

10	11
----	----

149(a) Have you ever injected any of these drugs as a way of taking them?

INJECT90

12

Yes..... 1
No..... 2-149c→

(If yes)

(b) Have you ever shared needles or syringes with anybody else?

SHARE90

13

Yes..... 1
No..... 2
Don't know..... 9

(c) All things considered, do you think your use of DRUG 1/2/3 etc is/was good/bad for you?
(Take each in order of frequency and probe definitely/probably after good/bad)

Definitely good.....1
Probably good.....2
Neither good nor bad.....3
Probably bad.....4
Definitely bad.....5
Don't know.....9

Drug	1	OPDG1.90	14
	2	OPDG2.90	15
	3	OPDG3.90	16
	4	OPDG4.90	17
	5	OPDG5.90	18

150 Have you ever been to any acid house parties?

ACIDHO90

19

Yes..... 1
No..... 2
Don't know..... 9

151 What about the future – say in five years time? Do you think you will use any of the drugs/substances on the list in the future?
(use card H)

DRGFUT90

20

Definitely yes..... 1
Probably yes..... 2
Probably no..... 3
Definitely no..... 4
Don't know..... 9

Question 152 was accidentally labelled 154 in original schedule. Since there is a 154 later, the numbering has been corrected here.

SPORT AND EXERCISE

152(a) Now, can I turn to any sports, games or exercise you may do nowadays. First of all, do you do any at all (at anytime, any season of the year)? I mean anything (*eg yoga, snooker*), not just things where you run about?

SPORT90

21

Yes..... 1
 No..... 2-152g→
 Don't know..... 9

(If yes)

(b) What is it that you do?
(record sport verbatim on grid)

(c) How often do you do it?
(use card B and code frequency on grid)

- Everday.....01
- 4 – 6 days a week.....02
- 2 – 3 days a week.....03
- Once a week.....04
- Once or twice a month.....05
- At least once every 6 months..... 06
- Once a year or less.....07
- Don't know.....09
- Varies.....10

(d) Do you play for or represent any team or club for any of these sports/games?
(code yes 1, no 2)

Sport	Sport Code		Frequency		Represent	
1. SPOR1.90		22 23	24 25	FSPO1.90	RSPO1.90	26
2. SPOR2.90		27 28	29 30	FSPO2.90	RSPO2.90	31
3. SPOR3.90		32 33	34 35	FSPO3.90	RSPO3.90	36
4. SPOR4.90		37 38	39 40	FSPO4.90	RSPO4.90	41
5. SPOR5.90		42 43	44 45	FSPO5.90	RSPO5.90	46
6. SPOR6.90		47 48	49 50	FSPO6.90	RSPO6.90	51
7. SPOR7.90		52 53	54 55	FSPO7.90	RSPO7.90	56
8. SPOR8.90		57 58	59 60	FSPO8.90	RSPO8.90	61
9. SPOR9.90		62 63	64 65	FSPO9.90	RSPO9.90	66
10. SPO10.90		67 68	69 70	FSP10.90	RSP10.90	71

(e) Now, thinking of all the sports, games or exercise you do, how many days of the week would you say you have physical exercise that makes you out of breath and sweat and that you do for more than 20 minutes at a time?

(code never or none 0, don't know 9)

EXDY90

72

(If one or more days)

(f) How many hours a week do you usually exercise so much that you get out of breath or sweat?

(code to nearest hour. <1/2 hour 00, don't know 99)

EXHRS90

73	74
----	----

(If no (no current sports))

(g) Apart from any you did when you were at school, did you do any sport, games or exercise in the past?

EXPAST90

75

Yes..... 1
 No..... 2-153→
 Don't know..... 9

(If yes)

(h) How old were you when you stopped doing sport, games or exercise?

(code to nearest year)

AGNOEX90

76	77
----	----

(i) Why did you stop? What was the main reason?

(record verbatim)

WHYNOX90

78	79
----	----

OTHER EXERCISE

153 (Excluding sports and games) what about other areas of your life such as work, home and leisure?

(a) (Read each in turn and ask) How many days of the week would you say you are physically active for at least 20 minutes at a time during which you get out of breath and sweat?

(code never or none 0, don't know 9)

(if one or more days for any)

(b) How many hours a week would you say that was for?

(code to nearest hour, <1/2, hour 00, N/A 98, don't know 99)

		Days		Hours	
EXWKDY90	EXWKHR90	Work/college/university	80	1	2
EXHODY90	EXHOHR90	Housework/gardening	3	4	5
EXLEDY90	EXLEHR90	Leisure, eg discos (not sport)	6	7	8

REC 24

154 What about the future – say in five years time? Do you think you will do some sport or exercise in the future? (use card H)

EXFUT90

9

Definitely yes..... 1
 Probably yes..... 2
 Probably no..... 3
 Definitely no..... 4
 Don't know..... 9

FRIENDS' HEALTH BEHAVIOURS

155 Thinking of all your friends, roughly how many of them do the following things?
(hand card J)
 Look at the card to help you decide.

(a) How many smoke/drink/do sport?
(read out in turn and code accordingly)

None..... 0
 One..... 1
 A few..... 2
 Half..... 3
 Most..... 4
 All but one..... 5
 All..... 6
 Don't know..... 9

Smoke	FRSCIG90	10
Drink	FRSDRK90	11
Sport	FRSSPO90	12

(b) And how many use drugs like *(read out and code accordingly)?*

Cannabis	FRSCAN90	13
Heroin	FRSHER90	14
Cocaine	FRSCOK90	15
Crack	FRSCRK90	16
Ecstasy	FRSECS90	17
Temgesics (Tems)	FRSTEM90	18

LEISURE/FREE-TIME ACTIVITIES

156(a) I would like to ask you what kind of things you do in your own free time. First, what religious group or church do you belong to, if any?

19	20
----	----

CHURCH90

Church of Scotland.....	01
Episcopalian/Anglican.....	02
Free Church.....	03
Free Presbyterian.....	04
Methodist.....	05
Baptist.....	06
Other Prot (specify.....)	07
Prot unspecified.....	08
Roman Catholic.....	09
Other Christian (specify.....)	10
Christian unspecified.....	11
Jewish.....	12
Muslim/Islam.....	13
Hindu.....	14
Buddhist.....	15
Sikh.....	16
Other (specify.....)	17
None/atheist/agnostic.....	18
Don't know.....	99

-15??

(If religious)

(b) How often do you attend religious services or activities organised by your religious group?
(use card B)

RELFR90

21	22
----	----

Every day.....	01
4 – 6 days a week.....	02
2 – 3 days a week.....	03
Once a week.....	04
Once or twice a month.....	05
At least once every 6 months.....	06
Once a year or less.....	07
Never.....	08
Don't know.....	09
Varies.....	10

157(a) Next, can I ask if you belong to any club or society such as a youth or hobby club, a sports or supporters club, or an organisation such as a political party?

know.....
 CLUSOC90 9 23 Yes..... 1
 No..... 2158→
 Don't

(If yes)

(b) What are they?
(record verbatim on grid)

(c) How often do you attend or participate?
(use card B and code frequency on grid)

- Everyday.....01
- 4 – 6 days a week.....02
- 2 – 3 days a week.....03
- Once a week.....04
- Once or twice a month.....05
- At least once every 6 months..... 06
- Once a year or less.....07
- Don't know.....09
- Varies.....10

(d) Do you hold any office or represent *(name of club/organisation)* in any way (excluding sports representation)?
(code yes 1, no 2)

<u>Club</u>		<u>Club Code</u>	<u>Frequency</u>			<u>Represent</u>	
1. CLUB1.90	FCLB1.90	24	25	26	27	RCLB1.90	28
2. CLUB2.90	FCLB2.90	29	30	31	32	RCLB2.90	33
3. CLUB3.90	FCLB3.90	34	35	36	37	RCLB3.90	38
4. CLUB4.90	FCLB4.90	39	40	41	42	RCLB4.90	43
5. CLUB5.90	FCLB5.90	44	45	46	47	RCLB5.90	48

158 What (other) things do you do in your leisure time? I am going to read out a list of activities and ask how often you do them?
(use card B and code frequency on grid)

Everyday.....	01
4 – 6 days a week.....	02
2 – 3 days a week.....	03
Once a week.....	04
Once or twice a month.....	05
At least once every 6 months.....	06
Once a year or less.....	07
Never.....	08
Don't know.....	09
Varies.....	10

How often do you?

Watch TV/video	LTV90	49	50
Go to a friend's house	LFRVIS90	51	52
Listen to music	LMUSIC90	53	54
Go out nowhere in particular	LNOWHR90	55	56
Read books, magazines etc	LREAD90	57	58
Go to the pub/wine bar	LPUB90	59	60
Go to the cinema/theatre	LCINEM90	61	62
Go out with girl/boy friend	LLOVE90	63	64
Have friends round	LFRDIN90	65	66
Go to a disco/club	LDISCO90	67	68
Attend sports matches	LSPMAT90	69	70
Go to a gig or concert	LGIGS90	71	72
Go out and about on the streets	LSTREE90	73	74
Have meals/snacks out (not at work/college)	LMEALS90	75	76
Go window shopping	LWINSH90	77	78
Do musical, artistic, dramatic activities	LART90	79	80
Do a hobby (not sport)	LHOBBY90	<u>REC 25</u>	1 2
Do home computing/video games	LCMPUT90	3	4
Wander around doing nothing much	LWANDR90	5	6
Anything else (specify.....)	LOTHER90	7	8

YOUTH STYLE

159 We asked last time about various groups or styles such as Trendies or Heavy Metal and whether or not you felt like any of them. How do you feel now? How much are you like any of the types or styles I am going to read out, not at all, a bit, quite a bit or do you consider yourself to be one?

(use card K and code identification)

Not at all..... 0
 A bit..... 1
 Quite a bit..... 2
 I am one..... 3
 Don't know..... 9

Punks	PUNK90	9
Mods	MOD90	10
New Wave	NEWAVE90	11
Skinheads/Skins	SKINS90	12
Heavy Metal	HMETAL90	13
Hip hop	HIPHOP90	14
New Romantics	NEWROM90	15
Trendies	TRENDY90	16
Breakers/Breakdancers	BREAK90	17
Hippies	HIPPY90	18
Football Casuals	CASUAL90	19
Other football groups	FBGRP90	20
Any other (specify.....)	OTHGRP90	21

SEXUAL EXPERIENCE

(hand card L)

160(a) Could you please answer this question?
 (How old were you when you first had sexual intercourse with someone of the opposite sex or hasn't this happened?)
 (if 12 or under code 12)

22	23
----	----

SEX1ST90

Hasn't happened.....	00-165
Aged 12 or under.....	12-161
Aged 13.....	13
Aged 14.....	14
Aged 15.....	15
Aged 16.....	16
Aged 17.....	17
Aged 18.....	18
Aged 19.....	19
Refused to answer.....	98-165
Don't know.....	99

(If 13 years or older, hand card M with questions (b) and (c) on it)

(b) Please can you give me the answer to question 2 on the card?
 (About how old was your partner at that time?)
 (code to nearest year)

PAR1ST90

24	25
----	----

(c) Please can you give me the answer to question 3 on the card?
 (Did you or your partner use any form of contraception or take any precautions that first time or not)?

CON1ST90

26

Yes.....	1
No.....	2
Don't know.....	9

(If yes)

(d) (hand card N)
 Can you tell me which letter from the list it was?

TYP1CN90

27

A Pill/oral contraception.....	1
B Condom (sheath/durex).....	2
C Other contraception (cap/diaphragm).....	3
D Withdrawal.....	4
E Made sure it was a safe period.....	5
F No precautions by me, don't know about partner.....	6
G No precautions by either of us.....	7
H Can't remember.....	8
? d/k = 9	

(All who have had intercourse: hand card O with questions (a), (b) and (c) on it)

161 Please can you give me your answer to question 1 on the card?
 (With how many different people of the opposite sex have you had sexual intercourse?)
 (code number, don't know 99)

(a) First part 1a
 (Ever?) NPRTEV90

28	29
----	----

(b) And now part 1b
 (And how many in the last 12 months?)
 (code number, don't know 99) NPRLYR90

30	31
----	----

(c) Please can you give me your answer to question 2 on card 0?
 (Have you ever had sexual intercourse with someone who injects drugs)?

SEXINJ90

32

Yes..... 1
No..... 2
Don't know..... 9

(hand card P)

162(a) From this list, could you tell me which of these methods you or a partner have ever used together? (probe) Any others?
 (for each code yes 1, no 2, don't know 9 on grid)

(b) Which have you used in the last three months? (probe) Any others?
 (for each code yes 1, no 2, don't know 9 on grid)

(c) Which do you think you will consider using in the next five years? (probe) Any others?
 (for each code yes 1, no 2, don't know 9 on grid)

A Pill/oral contraceptive	PILLEV90	33	PIL3MO90	34	35	PILFUT90
B Condom/sheath	CONDEV90	36	CON3MO90	37	38	CONFUT90
C Cap/diaphragm	CAPEV90	39	CAP3MO90	40	41	CAPFUT90
D Withdrawal	WITHEV90	42	WIT3MO90	43	44	WITFUT90
E Safe period/rhythm	SAFEV90	45	SAF3MO90	46	47	SAFFUT90
F Other	OTHCEV90	48	OTC3MO90	49	50	OTCFUT90
(Specify.....)				51		

(d) And thinking again of the last three months, can you tell me the letter of the one you have mainly used? **More than one**
 (code a =1, b=2, c=3, d=4, e=5, f=6, g=7) **FAVCON90** 52

(e) Looking at the faces scale, which face best shows how you feel about using this method?
 (code a =1, b=2, c=3, d=4, e=5, f=6, g=7) **COFACE90** 53

(If currently using pill, code 1 at (d))

(f) Although you/your partner are using the pill, do you/your partner also use a condom?
 (If yes) Is that always or sometimes?

Always.....
 Sometimes.....
 No.....

PILCON90 54

NOC3MO90

163 Are you trying for a baby at the moment?

TRYBAB90 55

Yes.....
 No.....
 Pregnant.....

164(a) Have you ever been pregnant/ever made anyone pregnant?

PREGEV90 56

Yes.....
 No.....

(If yes)

(b) How many times?
 (code number, don't know 9) **NPREGS90** 57
 (for each time, ask (c) and (d) and supplementaries (e), (f) and (g) as appropriate).

(c) Thinking of this time/the first/second time etc, could you look at the card and tell me what happened?
 (show card Q and code on grid)

- | | | |
|--------------------|---|-----------------------|
| A Live birth..... | 1 | 5 = ectopic pregnancy |
| B Still birth..... | 2 | ?5 = currently preg. |
| C Miscarriage..... | 3 | |
| D Abortion..... | 4 | |

(d) When did this happen?
 (code month and year on grid)

(e) (for all live births ask)
 And could you tell me where is this child living now?
 (code on grid)

- | | |
|----------------------|---|
| With me..... | 1 |
| Other parent..... | 2 |
| Other relatives..... | 3 |
| Non-relatives..... | 4 |
| Children's home..... | 5 |
| Hospital..... | 6 |
| Somewhere else..... | 7 |
| Child died..... | 8 |
| Don't know..... | 9 |

(f) *(child with other relatives or non-relatives)*
 Has the child been adopted?
(code yes 1, no 2, don't know 9)

(g) *(for all not living with child – code 2-8 at (e))*
 When did this child last live with you?
(code month and year on grid, never 00 00)

(current pregnancies – pregc.90, moprc.90, yrprc.90, whprc.90, adprc.90, gomoc.90, goyrc.90)

(* = 1-4)

pregnancy	preg*.90	mopr*.90				yrpr*.90	whpr*.90	adpr*.90	gomo*.90				goyr*.90						
	outcome	date of outcome								where now	adopted	date last lived with							
		month	year						month	year									
1	58	59	60	61	62	63	64	65	66	67	68								
2	69	70	71	72	73	74	75	76	77	78	79								
3	80	1	2	3	4	5	6	7	8	9	10								
4	11	12	13	14	15	16	17	18	19	20	21								
	22	23	24	25	26	27	28	29	30	31	32								

REC 26

(If children living in household, ie code 1 at (e) or if resident stepchildren mentioned in household grid, Q26)

(h) If at any time you (or your partner/wife/husband) are unable to look after your child/children, because you are out at work or for some other reason, what arrangements do you usually make to have them looked after?

BABSIT90	33	Live in nanny/au pair.....	1
		Daily nanny at home.....	2
		Nursery/playgroup/nursery school.....	3
		Registered childminder.....	4
		Unregistered childminder.....	5
		Own parents.....	6
		Other relatives.....	7
		Friends.....	8
		Other.....	9

- 01 Apathy
- 02 Family Commitments
- 03 Financial Reasons
- 04 Health Reasons (injury, disease)
- 05 Lack of Time
- 06 No Local Facilities
- 07 Personality Clash
- 08 Pregnancy
- 09 Sex Discrimination
- 10 Sports Standard Achieved
- 11 Started Work
- 12 Team Disbanded
- 13 Lack of Company
- 14 Suspended
- 15 No Equipment
- 16 Wild Age

(Ask all)

165 There has been a bit of publicity about AIDS in the last year. What does the phrase “safer sex” mean to you? (probe) Anything else (until ‘no’)? (code yes 1, no 2, for each)

Using a condom	SAFCON90	34
Sticking to one partner	SAFONE90	35
Having a few partners	SAFFEW90	36
Being more careful in choosing partner(s)	SAFCAR90	37
Finding out a person’s sex history before (deciding on) having sex	SAFHST90	38
(having sex but) avoiding:		
-vaginal intercourse	SFNOVG90	39
-anal sex	SFNOAN90	40
-oral sex	SFNOOR90	41
Changing the way you have sex (unspecified how)	SAFCHA90	42
Non penetrative sex	SFNOPN90	43
Not having sex at all	SFNOSX90	44
Don’t know/phrase doesn’t mean anything to me	SFDK90	45
Other (specify)	SFOTH90	46

166(a) Have you made any decisions about your own sex life because of concern about catching AIDS or HIV virus?

AIDSEX90

47

Yes..... 1
 No..... 2-16
 Don’t know..... 3

(If yes)

(b) What is that decision/those decisions? (probe) Anything else? (do not prompt and code yes 1, no 2 for each)

Using a condom	AIDCON90	48
Sticking to one partner	AIDONE90	49
Having a few partners	AIDFEW90	50
Being more careful in choosing partner(s)	AIDCAR90	51
Finding out a person’s sex history before (deciding on) having sex	AIDHST90	52
(having sex but) avoiding:		
-vaginal intercourse	ADNOVG90	53
-anal sex	ADNOAN90	54
-oral sex	ADNOOR90	55
Changing the way you have sex (unspecified how)	AIDCHA90	56
Non penetrative sex	ADNOPN90	57
Not having sex at all	ADNOSX90	58
Don’t know/phrase doesn’t mean anything to me	ADDK90	59
Other (specify)	ADOTH90	60

167 I am going to read out a list of things which people sometimes think about when deciding which contraceptive method to use. I would like you to say how important each one would be for you when deciding which method (if any) to use. Would it be very important, quite important, not very important or not at all important?

- Very important..... 1
- Quite important..... 2
- Not very important..... 3
- Not at all important..... 4

What about:
(read out)

Avoidance of pregnancy	CNOPRG90	61
No bad short term health effects	CNOSTH90	62
No bad long term health effects	CNOLTH90	63
No effect on my, or my partner's ability to have children in the future	CNOFER90	64
Not getting a sexually transmitted disease	CNOSTD90	65
Eager to use/does not get in the way	CEASY90	66
Partner's opinion	CPARTN90	67
Does not reduce sexual enjoyment	CENJOY90	68
The teachings of religion	CRELIG90	69

(now hand respondent the self completion booklet to fill it in while you get the kit ready)

MEASUREMENTS

168 Compared to someone your age, would you say that in general your health is excellent, good, fair or poor.

HLTAGE90

70

- Excellent..... 1
- Good..... 2
- Fair..... 3
- Poor..... 4
- Don't know..... 9

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

CONDTO90

71

- Yes..... 1
- No..... 2-17
- Don't know..... 3

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

- 1 COND1.90
- 2 COND2.90
- 3 COND3.90
- 4 COND4.90

72	73
74	75

TEMPERATURE

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

PHYSRM90

76

- Living room..... 1
- Kitchen..... 2
- Bedroom..... 3
- Other (specify.....)..... 4

(b) Is this the same room as the interview was conducted in? *(If no)* Where was the interview conducted?

INTRM90

77

- Living room..... 1
- Kitchen..... 2
- Bedroom..... 3
- Other (specify.....)..... 4
- <same room>..... 5

(c) Room temperature (*degrees centigrade*)

RMTEMP90

78	79
----	----

171 Clothes worn

CLOTHE90

80

Light..... 1
 Medium..... 2
 Heavy..... 3

172 Resting pulse rate (Beats in 15 seconds)
 PULSRT90

REC 27

1	2
---	---

173 Blood pressure (to nearest 2 mm below)

1st reading

SYS1.90	RAW systolic	3	4	5
DIAS1.90	diastolic	6	7	8
ZERO1.90	zero	9	10	11

CORRECTED systolic – zero			
diastolic - zero			

2nd reading

SYS2.90	RAW systolic	12	13	14
DIAS2.90	diastolic	15	16	17
ZERO2.90	zero	18	19	20

CORRECTED systolic – zero			
diastolic - zero			

Mean Values

corrected 1st systolic + corrected 2nd systolic.....
 MNSYS90 divided by 2 (mean systolic).....

corrected 1st diastolic + corrected 2nd diastolic.....
 MNDIAS90 divided by 2 (mean diastolic).....

***** IF THE MEAN BLOOD PRESSURE IS GREATER THAN 150/90 (EITHER FIGURE)**
***** PLEASE GIVE RESPONDENT THE LETTER, AND**
***** PLEASE TICK THE BOX ON THE FRONT COVER**

174 How tall do you think you are?
(code in feet and inches or centimetres)

		ft		ins	
RPHTFT90	RPHTIN90	21		22	23
		cm		mm	
RPHTCM90	RPHTMM90	24	25	26	27

175 How do you feel about your height? For your age do you think you are:

PERCHT90	28	Shorter than you would like.....	1
		Taller than you would like.....	2
		About right.....	3
		Don't know.....	9

176 Standing height
(code centimetres and millimetres)

		cm		mm	
HTCM90	HTMM90	29	30	31	32

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

33	34	35
----	----	----

FOOT90

178 How much do you think you weigh?
(code in stones and pounds or kilograms)

		stones		lbs	
RPWTST90	RPWTLB90	36	37	38	39
			kilos		
RPWTKG90	RPWTGR90	40	41	42	43

179 How do you feel about your weight; for your height do you think you are:

PERCWT90	44	Lighter than you would like.....	1
		Heavier than you would like.....	2
		About right.....	3
		Don't know.....	9

180 Weight
(code kilograms and grams to nearest 10 grams, ie record exactly what the scales show)

		kilos							
						grams			
WTKG90	WTGR90		45	46	47			48	

181(a) Waist circumference
(code in centimetres and millimetres)

		cm				mm	
WAISCM90	WAISMM90		49	50	51		52

(b) Hip circumference (top of the iliac crest)
(code in centimetres and millimetres)

		cm				mm	
HIPCM90	HIPMM90		53	54	55		56

182 Respiratory function

	FEV1.90		FEV2.90		FEV3.90
	1 st Trial		2 nd Trial		3 rd Trial
FEV1	57 58 59	FEV1	60 61 62	FEV1	63 64 65
	PEF1.90		PEF2.90		PEF3.90
PEF	66 67 68	PEF	69 70 71	PEF	72 73 74
	FVC1.90		FVC2.90		FVC3.90
FVC	75 76 77	FVC	78 79 80	FVC	1 2 3

REC 28

REC 28 COL 3

INTERVIEWER QUESTIONS

183	Was the interview conducted in respondent's own home?			
		4	Yes.....	1
			No – in the Unit.....	2
			No – elsewhere.....	3

184	What type of accommodation does the respondent occupy?			
		5	Detached house.....	1
			Semi detached house.....	2
			Terraced house.....	3
			Flat, 'four in a block'.....	4
			Tenement flat (sandstone).....	5
			Low rise flat (less than 5 floors up).....	6
			High rise flat (5 or more floors).....	7
			Flat in a conversion.....	8
			Other (specify.....)	9

185	Is the house/flat all on one level or are there internal stairs?			
		6	One level.....	1
			With stairs.....	2

186(a)	What is the floor of entry to the accommodation? <i>(ignore a few external steps up to front door and code floor of entry, basement 98, ground floor 00)</i> <i>(if entry is at ground level go to Q187)</i>		7	8
		HFLOOR90		

(b)	<i>(If basement or 1st floor or more)</i> What is the main means of access?			
		9	Internal stairwell.....	1
			Lift.....	2
			External stair and deck.....	3
			External stair without deck.....	4
			Other (specify.....)	5

187	Does the main door of the accommodation open...			
		10	on to a private garden.....	1
			on to a common landscaped area.....	2
			directly on to a roadway.....	3

188 Is access from...

HROAD90	11	a busy trunk road..... 1 a minor road with through traffic..... 2 a residential road (eg in estate)..... 3 non vehicular lane etc..... 4 other (specify)..... 5
---------	----	---

189 Is there any sign of mould, damp or condensation? *(If yes)* Does it appear to be...

HDAMP90	12	severe..... 1 moderate..... 2 light..... 3 none..... 4
---------	----	---

190 Was the internal state of repair...

HREPAR90	13	excellent..... 1 very good..... 2 good..... 3 fair..... 4 poor..... 5 very poor..... 6
----------	----	---

191 Was the external condition (outside of building and/or common areas)...

HEXTER90	14	excellent..... 1 very good..... 2 good..... 3 fair..... 4 poor..... 5 very poor..... 6
----------	----	---

192(a) Was there anyone other than the respondent present during the interview?

PRESIN90	15	Yes..... 1 No..... 2-193→
----------	----	------------------------------

(b) *(If yes)* How many other people were present? NPRES90 16

(c) Who?
(code yes 1, no 2)

PAPRES90	Father.....	17
MAPRES90	Mother.....	18
PRPRES90	Spouse/partner/boyfriend/girlfriend.....	19
BRPRES90	Brother(s).....	20
SIPRES90	Sister(s).....	21
OTPRES90	Other(s) – other household members.....	22

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

WTRATE90	23	considerably overweight.....	1
		slightly overweight.....	2
		about correct for his/her height.....	3
		slightly thin.....	4
		unusually thin.....	5

194 How would you rate the respondent’s physical attractiveness?

ATRATE90	24	Very attractive.....	1
		.....	2
		.....	3
		Average.....	4
		.....	5
		.....	6
		Very unattractive.....	7

195 Did the respondent have a speech impediment or impairment?

VORATE90	25	Mild stammer or stutter.....	1
		Moderate or severe stammer or stutter.....	2
		Other speech disorder (specify).....	3
		No difficulties with speech.....	4

196 Please make an assessment here of the respondent’s physical maturity for his/her age and sex?

MTRATE90	26	Below average maturity.....	1
		About average maturity.....	2
		Above average maturity.....	3

197 Time interview finished

		hours			mins	
ENDHRS90	ENDMIN90	27	28	29	30	

If you know you missed out any questions, either deliberately or by mistake, please list the question numbers below.

.....

.....

.....

.....

.....

.....

REMEMBER TO CHECK THROUGH THE QUESTIONNAIRE FOR ERRORS
SOON AFTER THE INTERVIEW.

.....

.....

.....

.....

.....

.....