Health Survey for England
2011

Volume 2
Methods and documentation

A survey carried out on behalf of the Health and Social Care Information Centre

Joint Health Surveys Unit

NatCen
Social Research that works for society

Department of Epidemiology and Public Health, University College London
Health Survey for England 2011

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Edited by
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I am delighted to introduce the findings of the 21st annual Health Survey for England, which provides an important insight into the health and behaviour of people in England.

The survey is conducted annually on behalf of the Health and Social Care Information Centre, and collects information from a representative sample of the general population. Combining information gathered through interviewing the sampled respondents (including a wealth of socio-demographic variables) with objective measures of health such as height, weight and blood pressure measurements, its findings play a vital role in aiding better understanding of health issues and helping decision-makers manage policies to improve services.

The 2011 survey has a special focus on cardiovascular disease and the associated conditions hypertension and diabetes. Cardiovascular disease is a major cause of death. Hypertension is a major preventable risk factor for premature death. Diabetes is a long term condition which also increases the risk of cardiovascular disease and is a leading cause of avoidable mortality. These are all important conditions for our health service. The report examines the prevalence of and trends in cardiovascular disease, hypertension and diabetes, and factors associated with them.

Social care provides help with personal care and domestic tasks to enable people to live as independently as possible. It affects the daily lives of several million people in England. The 2011 survey includes a new module of questions for older people about their need for care, receipt of care and payment for care. The survey also asks all adults if they provide unpaid care for other adults. The findings provide a valuable insight about social care.

This report also has chapters covering chronic pain, adult and child obesity, and drinking of alcohol. There is much more to the survey than can be covered in this volume and the trend tables published at the same time focus upon key changes in core topics and measurements. The trend tables include estimates of the number, as well as the proportion, of people with a range of health related problems and lifestyle behaviours. In addition, the full dataset will be placed in the UK Data Archive at the University of Essex in 2013 to allow secondary analysis.

A large and complex survey like this requires dedication and much effort by a skilled team, and the co-operation of the public in answering its questions. I would like to show my appreciation to all those who worked on this survey in the Joint Health Surveys Unit of NatCen Social Research and the Research Department of Epidemiology and Public Health at UCL (University College London) and to my colleagues within my own organisation. I would particularly like to thank the team of skilled interviewers and nurses whose commitment and hard work were crucial in collecting the data within this survey. I also wish to express my gratitude to all those across England who gave up their time to take part and have helped improve our understanding of our nation’s health.

I believe that people reading the results of the 2011 Health Survey for England will find much to interest and inform them about the health and well-being of people in this country.

Tim Straughan

Chief Executive
Health and Social Care Information Centre
Editors’ acknowledgements

We wish to thank, first of all, all those who gave up their time to be interviewed and who welcomed interviewers and nurses into their homes. We should also like to acknowledge the debt the survey’s success owes to the commitment and professionalism of the interviewers and nurses who worked on the survey throughout the year.

We should like to thank all those colleagues who contributed to the survey and this report. In particular we would like to thank:

- The authors of all the chapters: Sadie Boniface, Sally Bridges, Robin Darton, Elizabeth Fuller, Ruth Hancock, Catherine Henderson, Craig Knott, Dhriti Mandalia, Alison Moody, Marcello Morciano, Linda Ng Fat, Oyinlola Oyebode, Chloe Robinson, Katharine Sadler, Rosie Sutton, Raphael Wittenberg.
- Susan Nunn and Claire Deverill whose hard work and support have been crucial in preparing and managing the survey data.
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- Other research colleagues, especially Julia Hall, Kevin Pickering, Sarah Tipping, Barbara Carter-Szatynska, Nicola Shelton, Shaun Scholes.
- Operations staff, especially Emma Fenn, Sue Roche, Megan Hodges and the Area Managers.
- The programmers, Sandra Beeson and Sven Sjodin.
- Those who helped with designing and agreeing chapter outlines.

We should also like to express our thanks to Linda Wilson, Julie Day and the staff at the Department of Clinical Biochemistry at the Royal Victoria Infirmary in Newcastle upon Tyne, and to Colin Feyerabend, Mira Doig and the staff at ABS Laboratories, Welwyn Garden City, for their helpfulness and efficiency.

Last, but certainly not least, we wish to express our appreciation of the work of the staff at the Health and Social Care Information Centre at all stages of the project, and in particular the contributions made by Vicky Cooper, Paul Eastwood, Paul Glossop, Victoria Jones, Alison Neave, Jesmond Smith, Bethan Thomas and Steve Webster.

Rachel Craig, Jennifer Mindell
Notes

1. The data used in the report have been weighted. The weighting is described in Chapter 7, Volume 2 of this report, *Methods and documentation*. Both unweighted and weighted sample sizes are shown at the foot of each table. The weighted numbers reflect the relative size of each group in the population, not numbers of interviews made, which are shown by the unweighted bases.

2. Children’s data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household. This ensures that children from larger households are not under-represented. Since 2003, as for adults, non-response weighting has also been applied.

3. Five different non-response weights have been used: for the interview stage, for the nurse visit, for the blood and cotinine samples, and for the drinking diary.

4. Apart from tables showing age breakdowns, data for adults have been age-standardised for men and for women separately. This allows comparisons between groups (such as different strategic health authorities or household income categories), after adjusting for the effects of any differences in their age distributions. When comparing data for the two sexes, it should be remembered that no age standardisation has been introduced to remove the effects of the sexes’ different age distributions. See Chapter 8.3.3, Volume 2 of this report.

5. The following conventions have been used in tables:
   - no observations (zero value)
   - 0 non-zero values of less than 0.5% and thus rounded to zero
   - [] used to warn of small sample bases, if the unweighted base is less than 50. If a group’s unweighted base is less than 30, data are normally not shown for that group.

6. Because of rounding, row or column percentages may not add exactly to 100%.

7. A percentage may be quoted in the text for a single category that aggregates two or more of the percentages shown in a table. The percentage for the single category may, because of rounding, differ by one percentage point from the sum of the percentages in the table.

8. Values for means, medians, percentiles and standard errors are shown to an appropriate number of decimal places. Standard Error may sometimes be abbreviated to SE for reasons of space.

9. ‘Missing values’ occur for several reasons, including refusal or inability to answer a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or a self-completion questionnaire); and cases where the question is not applicable to the participant. In general, missing values have been omitted from all tables and analyses.

10. The group on which the figures in each table are based is stated at the upper left corner of the table.

11. The term ‘significant’ refers to statistical significance (at the 95% level) and is not intended to imply substantive importance.
Methods and documentation

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1 Introduction

1.1 The Health Survey for England series

The Health Survey for England (HSE) comprises a series of annual surveys, of which the 2011 survey is the twenty-first. All surveys have covered the adult population aged 16 and over living in private households in England. Since 1995, the surveys have also covered children aged 2-15 living in households selected for the survey. Since 2001 infants aged under 2 have been included as well as older children.

The HSE is part of a programme of surveys currently commissioned by the Health and Social Care Information Centre (HSCIC), and before April 2005 commissioned by the Department of Health. The surveys provide regular information that cannot be obtained from other sources on a range of aspects concerning the public’s health, and many of the factors that affect health. The series of Health Surveys for England was designed to:

1. provide annual data from nationally representative samples to monitor trends in the nation’s health;
2. estimate the proportion of people in England who have specified health conditions;
3. estimate the prevalence of certain risk factors associated with these conditions;
4. examine differences between subgroups of the population (e.g. by age, sex or income) in their likelihood of having specified conditions or risk factors;
5. assess the frequency with which particular combinations of risk factors are found, and in which groups these combinations most commonly occur;
6. monitor progress towards selected health targets;
7. (since 1995) measure the height of children at different ages, replacing the National Study of Health and Growth; and
8. (since 1995) monitor the prevalence of overweight and obesity in children.

Each survey in the series includes core questions and measurements such as blood pressure, anthropometric measurements and analysis of blood and saliva samples, as well as modules of questions on specific issues that vary from year to year. In some years, the core sample has also been augmented by an additional boosted sample from a specific population subgroup, such as minority ethnic groups, older people or children; there was no boost in 2011.

The Health Survey for England has been designed and carried out since 1994 by the Joint Health Surveys Unit of NatCen Social Research and the Research Department of Epidemiology and Public Health at UCL (University College London).
1.2 The 2011 survey

1.2.1 Topics

A major new core topic of social care was introduced in the HSE in 2011. There was also a focus on cardiovascular disease (CVD), with questions on associated conditions, hypertension and diabetes. Additional modules of questions were also included, covering chronic pain, attitudes to personal health and lifestyle, well-being, and dental health. Core topics on general health and lifestyles were continued from previous years, with usual questions on drinking supplemented by further questions on regular drinking, and a drinking diary.

Social care

The HSE 2011 included a new module of questions for older people about their need for care, receipt of care and payment for care, and questions to all adults about their provision of informal care.

Social care affects the daily lives of several million people in England. Around 5 million people provide unpaid care to family and friends. Some 1.6 million work in the social care sector, providing formal care. Some 1.1 million receive care arranged by their local authority and at least a further 250,000 buy care privately.

Under successive governments there have been substantial developments in policy on adult social care and how it is funded. The current Coalition Government published A Vision for Social Care in 2010 and a White Paper Caring for our future in July 2012. The Coalition Government also established a Commission on Funding of Care and Support, which reported in July 2011.

Despite the importance of adult social care, data on social care is considerably more limited than data on other welfare state services such as health or social security. The most recent national survey to cover these topics was the 2009/10 Survey of Carers in Households, updating the 2001 General Household Survey coverage of informal carers. There have been substantial changes in policy and practice in the last decade. The new module of questions in the HSE in 2011 provides an important update on social care; the intention is to include the module in subsequent years to provide further data in this rapidly developing policy area.

Cardiovascular disease

Cardiovascular disease (CVD) is one of the leading contributors to the global disease burden. The single most common cardiovascular disease is ischaemic heart disease (IHD, or coronary heart disease (CHD)). IHD includes myocardial infarction (MI, heart attacks) and angina (chest pain on exertion due to inadequate blood flow to the heart muscle). Most CVD in England is caused by atherosclerosis (‘furring’ of the arteries). This is not only the case for IHD and for stroke, the two main diseases, but also for most aortic aneurysms and peripheral vascular disease (impaired blood flow to the limbs).

Over the second half of the 20th century, there was a fairly steady decrease in mortality due to CVD in England and Wales. In 1999, CHD was made a government priority, with the introduction of the National Service Framework for CHD following in 2000. The goal was to reduce death from CHD and related illnesses in the under 75s by 40% by the year 2010. This target was reached ahead of schedule.

Despite a reduction in deaths from CVD, these diseases remain the most common cause of death and still cause a large proportion of morbidity in this country. In England and Wales in 2011, CVD accounted for 29% of all deaths.

The main reasons for a decrease in mortality from CVD are reductions in the prevalence of some risk factors for CVD in the population and improvements in treatment of CVD. Decreased cigarette smoking, lower systolic blood pressure and lower total cholesterol in the general population all contribute to a better cardiovascular profile, although increases in obesity and diabetes counteract some of the benefits.
In 2006, prevalence of any CVD in adults over 16 was found by the Health Survey for England to be 14% in men and 13% in women - around one in seven adults. In 2010/11 there were 281,754 hospital admissions (405,095 hospital episodes) for IHD and 106,829 admissions for stroke (198,335 episodes); these resulted in more than 3.3 million bed days in hospital in England. It is estimated that in 2008/09, the direct care cost of stroke was at least £3 billion annually, within a wider economic cost of about £8 billion in England.

1.2.2 Summary of survey design

As with all previous years, the 2011 Health Survey for England involved a stratified random probability sample of households. The core sample comprised 8,992 addresses selected at random in 562 postcode sectors. Adults and children were interviewed at households identified at the selected addresses. Where there were three or more children in a household, two of the children were selected at random to limit the respondent burden for parents. Addresses were issued over 12 months from January to December 2011, and fieldwork was completed in February 2012. For further details on sampling see Section 2.

A total of 8,610 adults and 2,007 children were interviewed. A household response rate of 66% was achieved. 5,715 adults and 1,257 children had a nurse visit. It should be noted that, for the first time for several years, there was no child boost sample in 2011. Thus the scope for analyses of some data for children may be limited by relatively small sample sizes.

Data collection involved an interview, followed by a visit from a specially trained nurse for all those who agreed. The nurse visit included measurements and collection of blood and saliva samples, as well as additional questions.

1.3 Reports on the Health Survey for England 2011

This volume reports on the methods used in the HSE 2011, and is one of two volumes based on the survey, published as a set as ‘The Health Survey for England 2011’:

1. Volume 1: Health, social care and lifestyles
2. Volume 2: Methods and documentation.

1.4 Availability of further data

As with surveys from previous years, a copy of the HSE 2011 data will be deposited at the UK Data Archive at the University of Essex. Copies of anonymised data files can be made available for specific research projects through the Archive.

In addition, trend tables showing data for variables collected every year (‘core’ modules) for adults and children are available on the Health and Social Care Information Centre’s website.

2 Sample design

2.1 Overview of the sample design

The core sample of the Health Survey for England 2011 was designed to be representative of the population living in private households in England. Those living in institutions were outside the scope of the survey. This should be borne in mind when considering survey findings since the institutional population is likely to be older and, on average, less healthy than those living in private households.
Like previous surveys in the Health Survey series, the 2011 survey adopted a multi-stage stratified probability sampling design. The sampling frame was the small user Postcode Address File (PAF). The very small proportion of households living at addresses not on PAF (less than 1%) was not covered.

### 2.2 Selection of primary sampling units

The sample for the HSE was drawn in two stages. At the first stage, a random sample of primary sampling units (PSUs), based on postcode sectors, was selected. Within each selected PSU, a random sample of postal addresses (known as delivery points) was then drawn.

Postcode sectors with fewer than 500 PAF addresses were combined with neighbouring sectors to form the PSUs. This was done to prevent the addresses being too clustered within a PSU. To maximise the precision of the sample, it was selected using a method called stratified sampling. The list of PSUs in England was ordered by local authority and, within each local authority, by the percentage of households in the 2001 Census with a head of household in a non-manual occupation (NS-SEC groups 1-3). The sample of PSUs was then selected by sampling from the list at fixed intervals from a random starting point.

PSUs in smaller strategic health authorities (the North East, East Midlands, South East Coast and South Central) were over-sampled to provide a minimum sample size (of approximately 700 adults) in each strategic health authority for regional analyses.

562 PSUs were selected with probability proportional to the total number of addresses within them. Selecting PSUs with probability proportional to number of addresses and sampling a fixed number of addresses in each ensures that an efficient (equal probability) sample of addresses is obtained.

Once selected, the PSUs in each group were randomly allocated to the 12 months of the year (i.e. 47 per month except 46 each for September and November) so that each quarter provided a nationally representative sample.

### 2.3 Sampling addresses, dwelling units and households

Within each of the 562 core PSUs, a sample of 16 addresses was selected. In total therefore, there were 8,992 (562 x 16) core addresses.

When visited by interviewers, 9.6% of the selected addresses in the core sample were found not to contain private households (Table 1, ineligible addresses type a). Examples include businesses and institutions, vacant properties, demolished properties and those still being built. These addresses were thus ineligible and were excluded from the survey sample.

Most addresses selected from the PAF contain a single dwelling unit and/or household. However, a small proportion of addresses (about 1%) are multi-occupied. At addresses with more than one dwelling unit (with a separate entrance), one is selected at random by the interviewer to be included in the survey. For dwelling units with more than one household, again, one is selected at random.

### 2.4 Sampling individuals within households

For the HSE core sample, all adults aged 16 years and over at each household were selected for the interview (up to a maximum of ten adults). However, a limit of two was placed on the number of interviews carried out with children aged 0-15. For households at which there were three or more children, interviewers selected two children at random.
The application of weights is required to compensate for the omission of children in households with more than two children (see Section 7), as otherwise children from large households would be under-represented in the survey estimates.

3 Topic coverage

3.1 Documentation

Copies of the survey data collection documents are included in Appendix A. Protocols for measurements and for the collection of blood and saliva samples are included in Appendix B. The content of the Stage 1 interview and the Stage 2 nurse visit is summarised below.

3.2 The Stage 1 interview

Information was collected at household level and at individual level. Figure A summarises the content of the household and individual level interviews for all participants, by age group.

Adults were asked core modules of questions on general health, alcohol consumption, smoking and fruit and vegetable consumption. A new core module on social care was introduced, with adults aged 65 and over being asked about receipt of social care, and all adults aged 16 and over being asked about provision of social care. Participants were also asked about cardiovascular disease, chronic pain and dental health. Additional questions on regular drinking were included to supplement core questions about the heaviest drinking day in the last week and frequency of alcohol consumption. Self-reported height and weight was established early in the interview, to provide a comparison with the height and weight measurements which were taken later.

Children aged 13-15 were interviewed themselves, and parents of children aged 0-12 were asked about their children, with the interview including questions on general health and fruit and vegetable consumption.

Participants aged 8 and over were asked to fill in a self-completion booklet during the interview. There were five booklets for different age groups as specified below. The booklets for young adults aged 16-17 asked about smoking and drinking behaviour as well as other questions, and interviewers also had the option of using this booklet for those aged 18-24 if they felt that it would be difficult for anyone in this age group to give honest answers to the questions face-to-face with other household members present.

<table>
<thead>
<tr>
<th>Booklet for adults aged 16 and over</th>
<th>Attitudes to personal health and lifestyle (to define Healthy Foundations segments(^2)), EQ-5D, Warwick Edinburgh mental well-being scale (WEMWBS), happiness question.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booklet for young adults aged 16-17</td>
<td>Smoking, drinking, attitudes to personal health and lifestyle, EQ-5D, WEMWBS, happiness question.</td>
</tr>
<tr>
<td>Booklet for children aged 13-15</td>
<td>Smoking, drinking, perception of weight.</td>
</tr>
<tr>
<td>Booklet for children aged 8-12</td>
<td>Smoking, drinking, perception of weight, cycling safety.</td>
</tr>
</tbody>
</table>

In addition, parents of children aged 4-15 selected for the survey were asked to fill in the strengths and difficulties questionnaire about their child or children. This included a question about the parent’s perception of their child’s weight.
### Household data
- Household size, composition and relationships
- Accommodation tenure and number of bedrooms
- Economic status/occupation of household
- Reference person

### Individual level information

<table>
<thead>
<tr>
<th>Age</th>
<th>0-1</th>
<th>2-3</th>
<th>4</th>
<th>5-7</th>
<th>8-10</th>
<th>11-12</th>
<th>13-15</th>
<th>16+</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Interviewer visit</strong></td>
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<tr>
<td>General health, longstanding illness, limiting longstanding illness, acute sickness</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Personal care plans</td>
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<td>Self-reported height and weight</td>
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<td>Cardiovascular disease, including doctor-diagnosed hypertension and diabetes</td>
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<td>Chronic pain</td>
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<td>Dental health</td>
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<td>Social care</td>
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<td>Fruit and vegetable consumption</td>
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<tr>
<td>Smoking</td>
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<tr>
<td>Drinking (heaviest drinking day last week, regular drinking)</td>
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<td>Economic status/occupation, educational achievement</td>
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<td>Ethnic origin</td>
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<td>Height measurement</td>
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<td>Weight measurement</td>
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<tr>
<td>Reported birth weight</td>
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<tr>
<td>Consent to linkage to NHS Central Register/Hospital Episodes Statistics</td>
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<td><strong>Self completion</strong></td>
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<td>Attitudes to personal health and lifestyle</td>
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<tr>
<td>Warwick Edinburgh mental well-being scale</td>
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<td>EQ-5D</td>
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<td>Happiness</td>
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<td>Perception of weight</td>
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<td>Sexual orientation, religion</td>
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<td>Strengths and difficulties, including parent perception of child’s weight</td>
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<tr>
<td><strong>Drinking diary</strong></td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Drinking diary</td>
<td>●</td>
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<td></td>
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<tr>
<td><strong>Nurse visit</strong></td>
<td></td>
<td></td>
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<td></td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Immunisations</td>
<td>●</td>
<td></td>
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<td></td>
</tr>
<tr>
<td>Prescribed medicines and vitamin supplements</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Nicotine replacement products</td>
<td>●</td>
<td></td>
<td></td>
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<td></td>
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<tr>
<td>Waist and hip circumference</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Saliva sample (cotinine)</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<tr>
<td>Blood sample</td>
<td>●</td>
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<td></td>
</tr>
</tbody>
</table>

* a This module was administered by self-completion.
* b This module was administered by self-completion for those aged 16-17 and some aged 18-24.
* c This questionnaire was administered by self-completion to parents of children aged 4-15.
* d The drinking diary was left with participants aged 18 and over to complete in the week following the interview; young people aged 16-17 were asked to complete the diary retrospectively during the nurse visit.
Interviewers measured the weight of all participants, and the height of all aged 2 and over. At the end of the interview, interviewers placed a drinking diary with all eligible adults aged 18 and over. Adults were eligible if they had drunk alcohol in the last 12 months. The drinking diary asked them to record the types and amounts of alcohol they consumed in the seven days following the interview. They were asked to post the diary back to NatCen on completion, and were offered a £5 high street voucher if they returned the diary. For young adults aged 16–17, rather than leaving a diary to be completed following the interview, nurses administered the diary as a self-completion booklet, to be completed retrospectively, during the nurse visit. This different method was adopted for young people because of concern that they might not complete the diary honestly if they felt that other household members might look at it.

3.3 The Stage 2 nurse visit

Nurse visits were offered to all participants in the core sample. At the nurse visit, questions were asked about prescribed medication, vitamin supplements and use of nicotine replacement treatments. For infants, additional information was collected on immunisations and measurements at birth. Nurses took waist and hip measurements for those aged 11 and over and measured the blood pressure of those aged 5 and over.

Non-fasting blood samples (for the analysis of total and HDL cholesterol and glycated haemoglobin) were taken from adults aged 16 and over. Samples of saliva (for the analysis of cotinine, a derivative of nicotine) were taken from participants aged 4 and over. Written consent was obtained for these samples. Details of the analysis of these samples are provided in Section 9.

4 Fieldwork procedures

4.1 Advance letters

Each sampled address was sent an advance letter which introduced the survey and stated that an interviewer would be calling to seek permission to interview. A leaflet was also enclosed providing general information about the survey and some of the findings from previous surveys.

A £5 incentive was enclosed with the advance letter to encourage participation. For the first six months of the year, this incentive was in the form of a £5 voucher which could be spent in a number of high street stores. From July to September, a split sample experiment was carried out, with half the issued addresses being sent the same voucher as before, and half being sent a Post Office reclaim voucher at the bottom of their letter. The Post Office voucher allowed the participant to claim £5 in cash from a Post Office on presentation of the letter. The experiment showed no significant difference in response rates between the high street and Post Office vouchers, and these were therefore adopted for the remaining months of the year.

4.2 Making contact

At initial contact, the interviewer established the number of dwelling units and/or households at an address, and made any selection necessary (see Section 2.3). The interviewer then made contact with each selected household and attempted to
interview all adults (up to a maximum of ten) and up to two children aged 0–15 (see Section 2.4). The interviewer sought parents’ and children’s consent to interview selected children aged up to 15.

4.3 Collecting data

Both interviewers and nurses used computer assisted interviewing.

At each co-operating eligible household, the interviewer first completed a household questionnaire, information being obtained from the household reference person (HRP) or their partner wherever possible. This questionnaire obtained information about all members of the household, regardless of age. If there were one or two children aged under 16, they were automatically included in the sample for an interview. If there were three or more children aged under 16, two were selected.

An individual interview was carried out with all selected adults and children. In order to reduce the amount of time spent in a household, interviews could be carried out concurrently, the program allowing for up to four participants to be interviewed in a session.

Height and weight measurements were obtained towards the end of the interview.

At the end of the interview, participants were asked for their agreement to the second stage of the survey, the follow-up visit by a nurse. In the case of children aged under 16, the parent’s permission was sought (see Section 4.4 for details). Wherever possible an appointment was made for the nurse to visit within a few days of the interview. At this visit the nurse carried out the measurements described in Section 3.3 and obtained blood and saliva samples from those eligible and willing to provide these samples.

In addition to the advance letter and leaflet, participants were given two further leaflets describing the purpose of the survey and the associated measurements. Interviewers initially handed out a leaflet describing the purpose of the interview. At the end of the interview, they handed out a leaflet explaining the nurse visit to those who had agreed to this next stage. Copies of the leaflets are included in Appendix A.

4.4 Interviewing and measuring children

Children aged 13–15 were interviewed directly, after permission was obtained from the child’s parent or guardian. Interviewers were instructed to ensure that the child’s parent or guardian was present in the home throughout the interview. Information about younger children was collected from a parent. Whenever possible, younger children were present while their parent answered questions about their health. This was partly because the interviewer had to measure their height and weight and, in the case of those aged 8 and over, to ask the child to complete a short self-completion booklet during the interview. It also ensured that the child could contribute information where appropriate.

Permission for a nurse to carry out any measurements on a child aged under 16 had to be obtained from the child’s parent or someone else with legal parental responsibility for that child. This person had to be present during the nurse visit.

Written consent to collect a saliva sample from a child, and to send their blood pressure results to their GP, was obtained from the parent.

4.5 Interview length

Interviews could be conducted with between one and four persons per session; the most common session types were with one or two individuals. Interview length for a single adult averaged around 50 minutes, and for two people (including at least one adult) interview
length averaged around 60 minutes. Nurse visits were conducted with a single individual at a time, and the nurse visit for adults who took part in all the measurements averaged 30 minutes.

Interviews with children were shorter than with adults, and the interview length varied with age as some modules were only asked of older children. When children were interviewed without adults, the average interview length was around 10-15 minutes for a single child aged 8-15, and around 20 minutes for two children of this age.

4.6 Feedback to participants

Each participant was given a Measurement Record Card in which the interviewer entered the participant’s height and weight, and the nurse entered waist, hip and blood pressure measurements. Participants who saw a nurse were asked if they would like their blood pressure and blood sample results sent to their GP. If they did want results to go to their GP, written consent was obtained.

Nurses were issued with a set of guidelines to follow when commenting on participants’ blood pressure readings (see Appendix B for details). If an adult’s blood pressure reading was severely raised, nurses were instructed to contact the Survey Doctor at the earliest opportunity after leaving the participant’s home. For children, they were instructed not to comment on a high reading but to contact the Survey Doctor to assess whether any action was required. Where permission had been given for results to be sent to a participant’s GP, the Survey Doctor contacted the GP if any blood pressure results were markedly abnormal. Where permission was not obtained, the Survey Doctor wrote to the participant where this was deemed clinically appropriate.

5 Fieldwork quality control and ethical clearance

5.1 Quality control measures

5.1.1 Training interviewers and nurses

Interviewers were fully briefed on the administration of the survey. They were given training, including a practice session, on measuring height and weight, and were required to pass an accreditation test for these measures before working on the study.

All nurses were professionally qualified and proficient in taking blood samples before joining the NatCen team. They attended a two day training session at which they received equipment training and were briefed on the specific requirements of the survey with respect to taking blood pressure, taking anthropometric measurements and taking blood and saliva samples.

Full sets of written instructions, covering both survey procedures and measurement protocols, were provided for both interviewers and nurses (Appendix B contains the measurement protocols).

Interviewers and nurses who had worked on the previous year’s Health Survey attended full day refresher training sessions, where the emphasis was on updating them on new topic coverage, improving measurement skills and gaining respondent participation.

All interviewers and nurses new to the Health Survey were accompanied by a supervisor during the early stages of their work to ensure that interviews and protocols were being correctly administered. Routine supervision of 10% of the work of both interviewers and nurses was carried out subsequently.
5.1.2 Checking interviewer and measurement quality

A large number of quality control measures were built into the survey at both data collection and subsequent stages to check on the quality of interviewer and nurse performance.

Recalls to check on the work of both interviewers and nurses were carried out at 10% of productive households.

The computer program used by interviewers had in-built soft checks (which can be suppressed) and hard checks (which cannot be suppressed); these included messages querying uncommon or unlikely answers as well as answers out of an acceptable range. For example, if someone aged 16 or over had a height entered in excess of 1.93 metres, a message asked the interviewer to confirm that this was a correct entry (a soft check), and if someone said they had carried out an activity on more than 28 days in the last four weeks the interviewer would not be able to enter this (a hard check). For children, the checks were age specific.

At the end of each survey month, the measurements made by each interviewer and nurse were inspected. Any problems (such as higher than average proportions of measurements not obtained, insufficient samples and so on) were discussed with the relevant nurse or interviewer and their supervisor.

5.2 Ethical approval

Ethical approval for the 2011 survey was obtained from the Oxford A Research Ethics Committee (reference number 10/H0604/56).

6 Survey response

6.1 Introduction to response analysis

This section looks at the response of sampled households (Section 6.2), and at the response of eligible individuals within those households, firstly for adults (Section 6.3) and then for children (Section 6.4). Individual response for adults and children is examined in two ways: overall response for all eligible individuals in the ‘set’ sample, and response for individuals within co-operating households.

Participants were asked to co-operate in a sequence of operations, beginning with a face-to-face interview, progressing to a nurse visit and ending with a request for saliva and (among adults) blood samples. Individual non-response is therefore accumulated through the survey stages.

Not every measurement obtained by an interviewer or a nurse was subsequently considered valid for analysis purposes. Full details of the numbers of measurements used for analysis, the numbers of exclusions and the reasons for them are given in the relevant chapters.

6.2 Household response

Table 1 shows household response by calendar quarter. The row labelled ‘Total eligible households’ shows the number of private residential households found at the selected addresses (after selection of a single dwelling unit, and a single household when necessary).
Households described as ‘co-operating’ are those where at least one eligible person was interviewed at Stage 1, the interviewer stage. Households described as ‘all interviewed’ are those where all eligible persons were interviewed, and ‘fully co-operating’ are those where all eligible persons were interviewed, had height and weight measured and agreed to the nurse visit. Households where a participant was ineligible for a height or weight measurement because of a functional impairment or pregnancy are not counted as fully co-operating for this response analysis.

Non-respondents to the survey fall into two groups, those living in households where no-one co-operated with the survey, and those living in households where at least one person was interviewed.

66% of eligible households (5,338) in the sample took part in the 2011 Health Survey. At 53% of households in the sample, all eligible adults and children were interviewed.

6.3 Individual response for adults

6.3.1 Overall response

There were 8,610 individual interviews with adults, and 5,715 adults had a nurse visit.

To calculate the response rate for individuals, this number of interviews (the productive outcomes) should be expressed as a proportion of the total number of adults in the sampled households. However, the total number of adults in the sampled households is not known, and must be estimated. There are three groups of households to consider:

- co-operating households (9,885 adults in 5,338 households, average 1.85 per household)
- non co-operating households where information on the number of adults is known (3,452 adults in 2,076 households, average 1.66)
- non co-operating households about which nothing is known (716 households).

The most reasonable assumption is to attribute to the last group the same average number of adults (1.80) as for all households where the number of adults is known (the sum of the first two groups); this gives an estimate of 1,288 adults in these households. Summing this with the first two groups, this gives an estimated total of 14,625 eligible adults, known as the ‘set’ sample.

A further assumption is needed to provide separate ‘set’ samples for men and women. In non co-operating households where the number of adults was known, the numbers of men and women were not usually obtained. However, it can be assumed that the proportion of men and women in the estimated total sample is the same as for the adults in the 5,338 co-operating households. The proportions are 47% men and 53% women. Applying these proportions to the estimated total of adults gives ‘set’ samples of 6,869 men and 7,756 women.

Using the estimated total number of adults in sampled households, the adult ‘set’ sample, as a denominator, minimum response rates for adults in the sample were as shown in Table 4 (at the end of the chapter), and summarised in Table A below.

Response to the interview was 59% overall, being 56% among men and 62% among women.

6.3.2 Adult response in co-operating households

As adults’ ages and other personal characteristics are not known in non co-operating households, indications of differences in response by these characteristics are confined to co-operating households. Tables 6, 7 and 8 show the proportion of men, women and all adults in co-operating households who participated in the key survey stages, by age. These are summarised in Table B below.

In co-operating households, response was highest among the oldest age groups, and lowest among those aged 16-24 (65% among men and 75% among women).
It should be noted that, although a lower proportion of men than women had height or weight measured, saw a nurse or had any of the nurse measures, this difference is because a lower proportion of men than women was interviewed. As a proportion of those interviewed, co-operation rates were very similar among men and women for each measure.

6.4 Individual response for children aged 0-15

6.4.1 Overall response among children

Interviews were carried out with 2,007 children (1,030 boys and 977 girls) aged 0-15, and 1,257 children were seen by a nurse.

To calculate the response rate for children, the number of eligible children in sampled households (the ‘set sample’) is needed as the denominator. This was estimated by assuming that the households where the numbers of children were not known had the same average number of boys and girls as those where it was known, and that the proportion of boys and girls was the same. This results in a ‘set sample’ of 3,093 children. This is likely to be an over-estimate, since non-contacted households have fewer children, on average, than those contacted. Response rates computed for children are therefore conservative. Most non-responding children were in households where no-one (child or adult) co-operated with the survey.

Response to the interview was 65% among both boys and girls. Height measurements were limited to those aged 2 and over. On the assumption that the age distribution of children in the ‘set sample’ is the same as that of children living in interviewed households,
response rates were as shown in Table 5 (at the end of the chapter) and summarised in
Table C below.

### 6.4.2 Response in co-operating households

Child response rates, like adult response rates, have also been calculated based on co-
operating households to provide sufficient numbers for analysis by age. Among selected
children aged 0-15 in co-operating households, the proportion who were interviewed was
high, at 92% of eligible boys and 93% of eligible girls. The proportion interviewed was lower
among children aged 11-15 (84% of boys and 89% of girls) than among those aged under
11 (96% of boys and 95% of girls).

Tables 9, 10 and 11 show the proportion of boys and girls in co-operating households who
participated in the key survey stages, by age. These are summarised in Table D below.

<table>
<thead>
<tr>
<th>Table C</th>
<th>Response among all children aged 0-15</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>65</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>44</td>
</tr>
<tr>
<td>Weight measured</td>
<td>50</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>40</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Table D</th>
<th>Response among children in co-operating households</th>
</tr>
</thead>
<tbody>
<tr>
<td>Boys</td>
<td>Girls</td>
</tr>
<tr>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>92</td>
</tr>
<tr>
<td>Height measured (aged 2 and over)</td>
<td>73</td>
</tr>
<tr>
<td>Weight measured</td>
<td>71</td>
</tr>
<tr>
<td>Saw a nurse</td>
<td>56</td>
</tr>
<tr>
<td>Gave saliva sample (aged 4 and over)</td>
<td>44</td>
</tr>
<tr>
<td>Blood pressure measured (aged 5 and over)</td>
<td>48</td>
</tr>
<tr>
<td>Waist and hip measured (aged 11 and over)</td>
<td>46</td>
</tr>
</tbody>
</table>

The majority of children who were eligible (i.e. those interviewed for height and weight, and
those of the appropriate age having a nurse visit for the other measurements) co-operated
with the measurements. 58% of children co-operated with the nurse visit.

### 6.5 Variations in survey response

#### 6.5.1 Regional variations in response

As in previous years, response varied by strategic health authority region. Household
response was highest in the North East (71%) and was lowest in London (56%).
6.5.2 **Response by type of dwelling**

Table 3 shows household response by the type of building in which the address was found, as classified by interviewers.

Response was highest among households living in detached houses (69%), and lowest among households living in flats (62% in flats up to the third floor, 56% on the fourth floor or above).

### Table 3

6.6 **Age and sex profile of the sample**

Tables 12 and 13 compare the age and sex profiles of responding adults and children in the sample at the two survey stages (interview and nurse visit) with the mid-2010 population estimates.25

Overall the 2011 HSE sample over-represented women relative to men (56% and 44% respectively, compared with 51% and 49% in the mid-year population estimates). This is a response pattern found on a number of surveys. Men aged under 35 were slightly under-represented at both interview and nurse visit relative to their proportions in the census population, while men aged 55 and over were slightly over-represented. The pattern was similar among women, with those aged under 25 slightly under-represented at both stages, while women aged 55-74 were slightly over-represented.

As Table 13 shows, among children aged 0-15, both the sex and age profiles of the achieved HSE sample were generally close to the population estimates. Boys aged 2-3 and girls aged 4-7 were slightly over-represented relative to their respective proportions in the mid-year estimates, while boys aged 12-13 and girls aged 14-15 were slightly under-represented.

### Table 12

### Table 13

7 **Weighting the data**

7.1 **Background**

Before 2003, the weighting strategy for the HSE sample was to apply selection weights only and no attempt was made to reduce non-response bias through weighting. However, following a review of the weighting for the HSE,26 non-response weighting has been incorporated into the weighting strategy (as well as selection weights) since HSE 2003. This same strategy has been followed for weighting the HSE 2011 data.

7.2 **Calculation of the sample weights**

7.2.1 **Address selection weights**

The four least populated strategic health authorities (the North East, East Midlands, South East Coast and South Central) were each over-sampled to ensure a minimum sample size of approximately 700 adults. Address selection weights \(w_{add}\) were calculated that corrected for this over-sampling so that the weighted number of addresses in each SHA was in the correct proportion.

7.2.2 **Dwelling unit selection weights**

Most addresses selected from the PAF contain a single dwelling unit, i.e. with a separate entrance. At addresses with more than one dwelling unit, only one is selected; interviewers carry out a selection procedure to identify which dwelling unit to include in the sample using a Kish grid.27
The dwelling unit selection weights \( w_{du} \) adjust for this selection of the dwelling unit at addresses with more than one. The weights were calculated as the number of dwelling units identified at the address.

The dwelling unit selection weights ensure that dwelling units in addresses containing more than one are not under-represented in the issued sample.

### 7.2.3 Household selection weights

Most dwelling units selected via the PAF contain a single household. At dwelling units with more than one household, only one is selected; interviewers carry out a selection procedure to identify which household to include in the sample using a Kish grid.

The household selection weights \( w_{hh} \) adjust for this selection of households. The weights were calculated as the number of households identified at the dwelling unit divided by the number selected.

The household selection weights ensure that households in multi-occupied dwelling units are not under-represented in the issued sample.

Composite selection weights were calculated as the product of the dwelling unit selection weights \( w_{du} \) and household selection weights \( w_{hh} \). The composite selection weights were trimmed at 4 to avoid any large values. These were combined with the address selection weights \( w_{add} \) to give the initial weights for the calibration weighting \( w_1 \).

### 7.2.4 Calibration weighting

Calibration weighting was used to ensure that the weighted distribution of household members in participating households matched ONS 2010 mid-year population estimates for sex/age groups and strategic health authority region (SHA) as shown in Tables E and F below. The composite selection weights \( w_1 \), described in Section 7.2.3, were used as initial values when generating the calibration weights \( w_2 \).

The aim of the calibration weighting was to reduce non-response bias resulting from differential non-response at the household level. The calibration weights generated \( w_2 \) were re-scaled so that the sum of the weights equalled the number of participating households to give the household weights for the core sample \( w_{hhld} \). Thus the final household weight \( w_{hhld} \) adjusts for dwelling unit and household selection, and for the age/sex and region profiles of participating households.

Note that the ONS mid-2010 population estimates were adjusted to remove people aged 65 and over living in institutions, who are not eligible for the HSE; this was estimated using data from the 2001 Census.

### 7.2.5 Child selection and adjustment weights

At participating households in the sample with three or more children (aged 0 to 15), two were selected at random. In order that children in larger households were not under-represented in the sample, selection weights \( w_3 \) were calculated as the number of children within the household divided by the number selected. The weights were trimmed at 3 to avoid any large weights.

The selection of children within the participating households and differential non-response mean that the age/sex distribution of the achieved sample of children does not match that of all children in participating households. Unless corrected, this would result in bias for estimates. Child adjustment weights \( w_4 \) were therefore calculated by dividing the number of children in the issued households (weighted by \( w_{hhld} \)) by the number of children in the achieved sample (weighted by \( w_{hhld} \times w_3 \)), within each age year for girls and boys separately.

Thus these weights both adjust for the probability of selection for children in larger households, and ensure that the profile of children selected for the survey matches the profile of all children. As the level of response for obtaining a child interview in participating households.
households was relatively high (93%), no additional non-response weighting was undertaken for the sample of children.

7.2.6 Non-response weights for adults

There were no selection weights for adult respondents in the sample since all adults in responding households were selected. However, non-response weights were calculated to reduce bias from adult non-response (87% of adults responded in households with more than one adult).

To obtain the non-response weights, a logistic regression model (weighted by wt_hhld) was fitted for all adults in participating households, excluding single-adult households. The outcome variable was whether or not the interview was completed. The following variables were entered as covariates: age group by sex, household type, strategic health authority region (SHA), and social class of household reference person (HRP). The adult non-response weights \( w_5 \) were calculated as the inverse of the predicted probabilities of response estimated from the regression model. The non-response weights for adults were trimmed at the 1% tails to remove extreme values.

Participants in single adult households were not included in the model and were given a non-response weight \( w_5 \) of 1.

7.2.7 Combining the weights

The interview weights for the sample of adults and children were then calculated as:

\[
\text{wt\_int} = \text{wt\_hhld} \times w_5 \quad \text{for adults; and} \\
\text{wt\_int} = \text{wt\_hhld} \times w_3 \times w_4 \quad \text{for children.}
\]

The interview weights for all responding adults and children were re-scaled so that the weighted sample size is the same as the achieved sample size. Therefore, the final interview weights adjust for selection, non-response and population profile for all those interviewed.

7.2.8 Nurse visit weights

Not all those interviewed go on to have a nurse visit, and further non-response bias may be introduced. For data relating to nurse visits, two logistic regression models were fitted, weighted by wt_int; one for adults and one for children. The outcome variable was whether or not a nurse visit was undertaken, with the following as covariates: age group by sex, household type, SHA, social class of HRP, smoking status (for adults), and general health.
The weights for non-response to the nurse visit \((w_6)\) were calculated as the reciprocal of the predicted probability of a nurse visit being undertaken, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for the nurse visit sample were calculated as \(w_{nurse} = w_{int} \times w_6\). These weights were re-scaled so that the weighted sample size for the nurse visit is the same as the achieved sample size. They adjust for selection, non-response and population profile for the sample that receives the nurse visit.

### 7.2.9 Blood weights

Almost all adults that had a nurse visit were eligible to have a sample of blood taken, but not all those eligible agreed or were able to do so. A logistic regression model was fitted, weighted by \(w_{nurse}\). The outcome variable was whether or not a usable blood sample was obtained, and the following were included as covariates: age group by sex; household type; SHA; social class of HRP; smoking status and general health.

The weights for non-participation for giving a blood sample \((w_7)\) were calculated as the reciprocal of the predicted probability of blood being obtained, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values. The weights for the blood sample were calculated as \(w_{blood} = w_{nurse} \times w_7\). These weights were re-scaled so that the weighted blood sample size was the same as the achieved sample size.

### 7.2.10 Cotinine weights

All adults and children aged 4-15 that had a nurse visit were eligible to have a sample of saliva taken, but not all gave a valid sample. Two logistic regression models were fitted, weighted by \(w_{nurse}\); one for adults and one for children. The outcome variable was whether or not a usable saliva sample was obtained, and the following were used as covariates: age group by sex; household type; SHA; social class of HRP; smoking status and general health.

The weights for non-participation for the saliva sample \((w_8)\) were calculated as the reciprocal of the predicted probability of a saliva sample being obtained, estimated from the regression models.

The weights were trimmed at the 1% tails to remove extreme values; this was done separately for adults and children. The weights for the saliva sample were calculated as \(w_{cotinine} = w_{nurse} \times w_8\). These weights were re-scaled so that the weighted cotinine sample size is the same as the achieved sample size.

### 7.2.11 Drinking diary sample weights

The drinking diary was given to all participants aged 18 and over who completed the main HSE interview and had had an alcoholic drink in the previous 12 months.

A logistic regression model was fitted for those participants that were eligible for the drinking diary. The outcome variable was whether or not the drinking diary had been completed: a participant was only considered to have completed the drinking diary if information was collected for the full week. The covariates in the model were: age group by sex, household type, SHA, social class of HRP, smoking status (for adults), and general health.

The weights for non-response to the drinking diary \((w_9)\) were calculated as the reciprocal of the predicted probability of the drinking diary being fully completed, estimated from the regression models, for all participants that were eligible, and as 1 for those that had not drunk alcohol in the previous 12 months.

The weights for the drinking diary were calculated as \(w_{drink} = w_{int} \times w_9\). The weights were re-scaled so that the weighted drinking diary sample size is the same as the achieved sample size.
8 Data analysis and reporting

8.1 Introduction

The HSE is a cross-sectional survey of the population. It examines associations between health states, personal characteristics and behaviour. However, such associations do not necessarily imply causality. In particular, associations between current health states and current behaviour need careful interpretation, as current health may reflect past, rather than present, behaviour. Similarly, current behaviour may be influenced by advice or treatment for particular health conditions.

8.2 Weighted and unweighted data and bases in report tables

Non-response weighting was introduced to the HSE in 2003, and has been used in all subsequent years. All 2011 data in this report are weighted (apart from response tables). Both weighted and unweighted bases are given in each table in the report. The unweighted bases show the number of participants involved. The weighted bases show the relative sizes of the various sample elements after weighting, reflecting their proportions in the population in England, so that data from different columns can be combined in their correct proportions. The absolute size of the weighted bases has no particular significance, since they have been scaled to the achieved sample size.

Children’s data each year have been weighted to adjust for the probability of selection, since a maximum of two children are selected in each household (see section 7.2.5). This ensures that children from larger households are not under-represented. Since 2003, as for adults, non-response weighting has also been applied. A full discussion of the effects of non-response weighting can be found in the 2003 HSE report, Volume 3, Methodology and Documentation.

In this report, chapters focus mainly on 2011 results. Trend data on key measures can be found in Health Survey for England 2011 Trend Tables on the Health and Social Care Information Centre website.

8.3 Reporting age variables

8.3.1 Defining age for data collection

Some sections of the data collected in the HSE 2011 are age specific, with different questions directed to different age groups. The participant’s date of birth was ascertained. For data collection purposes, a participant’s age was defined as their age on their last birthday before the interview. The nurse, who visited later, treated the participant as being of the same age as at the interview, even if he or she had an intervening birthday.

8.3.2 Age as an analysis variable

Age is a continuous variable, and an exact age variable on the data file expresses it as such (so that, for example, someone whose 24th birthday was on January 1 2011 and was interviewed on October 1 2011 would be classified as being aged 24.75 or 24¾).

The presentation of tabular data involves categorising the sample into year bands. This can be done in two ways, age at last birthday and ‘rounded age’, that is, rounded to the nearest integer. In the present report all references to age are age at last birthday.
8.3.3 Age standardisation

Adult data have been age-standardised throughout the 2011 report to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

It should be noted that all analyses in the report are presented separately for men and women. All age standardisation has been undertaken separately within each sex, expressing male data to the overall male population and female data to the overall female population. When comparing data for the two sexes, it should be remembered that no age standardisation has been introduced to remove the effects of the sexes’ different age distributions.

Age standardisation was carried out using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2010 population estimates for England. The age-standardised proportion \( p \) was calculated as follows, where \( p_i \) is the age specific proportion in age group \( i \) and \( N_i \) is the standard population size in age group \( i \):

\[
p' = \frac{\sum_i N_i p_i}{\sum_i N_i}
\]

Therefore \( p' \) can be viewed as a weighted mean of \( p_i \) using the weights \( N_i \). Age standardisation was carried out using the age groups 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over. The variance of the standardised proportion can be estimated by:

\[
\text{var}(p) = \frac{\sum_i (N_i p_i q_i / n_i)}{\left(\sum_i N_i\right)^2}
\]

where \( q_i = 1 - p_i \), and \( n_i \) is the sample number in age-sex group \( i \).

8.4 Standard analysis breakdowns

8.4.1 Introduction

For most tables in this report, three standard analysis breakdowns have been used as well as age. These are strategic health authority (SHA) region, equivalised household income and Index of Multiple Deprivation.

8.4.2 Strategic health authority

From July 2006 a new configuration of strategic health authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries were the same as those of Government Office Regions with the exception of South East Coast SHA and South Central SHA, which were combined into the South East Government Office Region.

Both observed and age-standardised data are provided by SHA in the tables. Observed data can be used to examine actual prevalence or mean values within a region, needed, for example, for planning services; age-standardised data are required for comparisons between areas to exclude age-related effects, and are discussed in the report text.

It should be noted that base sizes for SHAs are often relatively small, and caution should be exercised in examining regional differences. In 2011, the smaller strategic health authorities (the North East, East Midlands, South East Coast and South Central) were over-sampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this.
8.4.3 Equivalised household income

The second standard breakdown is equivalised household income. Household income was established by means of a show-card (see field documents in Volume 2, Appendix A) on which banded incomes were presented. This can be used as an analysis variable, but there has been increasing interest recently in using measures of equivalised income that adjust income to take account of the number of persons in the household. To derive this, each household member is given a score based, for adults, on the number of adults apart from the household reference person, and for dependent children, on their age. The total household income is divided by the sum of the scores to provide the measure of equivalised household income. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

It should be noted that around 19% of adults live in households where no information is provided on income, and are therefore excluded from the breakdown by equivalised household income.

Further details about equivalised household income are given in the Glossary at the back of this volume.

8.4.4 Index of Multiple Deprivation

The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to others according to their level of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation; Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime. Individual domains can be used in isolation as measures of each specific form of deprivation, as well as using the single overall Index of Multiple Deprivation (IMD).

The Index is used widely to analyse patterns of deprivation, identify areas that would benefit from special initiatives or programmes and as a tool to determine eligibility for specific funding streams. In this report quintiles of IMD are used to give an area-level measure of socio-economic status, as opposed to the household-level measure of equivalised household income.

8.5 Design effects and true standard errors

The HSE 2011 used a clustered, stratified multi-stage sample design. In addition, weights were applied when obtaining survey estimates. One of the effects of using the complex design and weighting is that standard errors for survey estimates are generally higher than the standard errors that would be derived from an unweighted simple random sample of the same size. The calculations of standard errors shown in tables, and comments on statistical significance throughout the report, have taken the clustering, stratification and weighting into account.

The ratio of the standard error of the complex sample to that of a simple random sample of the same size is known as the design factor. Put another way, the design factor (or ‘deft’) is the factor by which the standard error of an estimate from a simple random sample has to be multiplied to give the true standard error of the complex design.

The true standard errors and defts for the HSE 2011 have been calculated using a Taylor Series expansion method. The deft values and true standard errors (which are themselves estimates subject to random sampling error) are shown in Tables 14-24 for selected survey estimates presented in the topic chapters.
9 Quality control of blood and saliva analytes

9.1 Introduction

9.1.1 Key conclusions
This section describes the assay of analytes for the HSE 2011 biological samples and the quality control and quality assessment procedures that were carried out during the survey period. Details of procedures used in the collection, processing and transportation of the specimens are described in Appendix B.

The overall conclusion for the data provided in this chapter is that methods and equipment used for the measurement of blood and saliva analytes produced internal quality control (IQC) and external quality assessment (EQA) results within expected limits. The results of the analyses for each of the main blood analytes and saliva cotinine levels were acceptable for the HSE 2011.

9.1.2 Analysing laboratories
As in previous years, the Royal Victoria Infirmary (RVI) in Newcastle upon Tyne was the analysing laboratory used in the HSE 2011 for the blood sample analyses. Salivary cotinine analysis for the HSE 2011 was conducted by ABS Laboratories in Welwyn Garden City, Hertfordshire.

9.1.3 Non-fasting blood samples
Following written consent from eligible participants, non-fasting blood samples were collected for adults aged 16 and over into two tubes, a 6ml plain tube (no anticoagulant) and a 4ml EDTA (ethylene diamine tetra-acetic acid) tube. The order of priority for collecting samples was firstly into the 6ml plain tube, followed by the 4ml EDTA tube. After collection, the tubes were posted to the Clinical Biochemistry Department at the RVI, which acted as the co-ordinating department for transport of samples to the individual departments undertaking the analyses.

**Samples collected in the 6ml plain tube for serum**
Samples in the plain tube were used for analysis of total cholesterol and high density lipoprotein (HDL) cholesterol. If written consent was given by the participant, a minimum of 0.5ml of the remaining serum was stored in a freezer at -40°C (± 5°C) for possible future analysis.

**Samples collected in the 4ml EDTA tube**
Samples in the EDTA tube were used for the glycated haemoglobin analyses. If written consent was given by the participant, aliquots containing approximately 1ml of whole EDTA blood were processed for storage (unseparated) in a freezer at -20°C (± 5°C) for possible future analysis.

9.1.4 Saliva samples
A saliva sample was obtained from participants aged 4 and over. Saliva samples were collected for analysis of cotinine (a metabolite of nicotine that shows recent exposure to tobacco or tobacco smoke). A saliva collection tube was used for this purpose.

9.2 Method

9.2.1 Laboratory procedures
All analyses were carried out according to Standard Operating Procedures by State Registered Biomedical Scientists (BMS) under the supervision of the Senior BMS. All results
were routinely checked by the duty biochemist and highly abnormal results were notified to the survey doctor. The survey doctor notified and advised the participant and, where prior consent had been obtained, their general practitioner as appropriate.

A schedule of Planned Preventative Maintenance was used for each item of analytical equipment. These plans were carried out jointly by the manufacturers and the laboratories. Records were kept of when maintenance was due and carried out.

Table 25 shows reference ranges used for each of the blood analytes measured in the 2011 HSE. Values within these reference ranges were considered to be clinically ‘normal’ while those outside were treated as clinically ‘abnormal’ (either too high or too low). For total and HDL-cholesterol, where a large proportion of the population have values which are statistically within the normal distribution but are not ideal for good health, the term ‘desirable’ rather than ‘normal’ was used when results were sent to participants and/or their GPs.

Ranges are also given for salivary cotinine.  

9.2.2 Blood sample analytical methods and equipment

Total cholesterol
Measurement of total cholesterol was carried out in the Biochemistry Department at the RVI using a Cholesterol Oxidase assay method. A Roche Modular P analyser calibrated to the Centre for Disease Control (CDC) guidelines was used throughout HSE 2011. The Roche Modular P analyser has been used in HSE since 12th April 2010; before this, an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of total cholesterol were on average 0.1mmol/L higher.

HDL cholesterol
HDL cholesterol analysis was carried out in the Biochemistry Department at the RVI using a direct method (no precipitation). A Roche Modular P analyser was used throughout HSE 2011. The Roche Modular P analyser has been used in HSE since 12th April 2010; before this, an Olympus 640 analyser was used.

The effect of this change of equipment was that measured concentrations of HDL cholesterol were on average 0.1mmol/L lower.

Glycated haemoglobin
Glycated haemoglobin (HbA1c) analysis was carried out in the Biochemistry Department at the RVI using the Tosoh G8 analyser throughout HSE 2011. The Tosoh G8 analyser has been used in HSE since 26th August 2010; before this, a Tosoh G7 analyser was used. Both were calibrated using Diabetes Control and Complications Trial (DCCT) standards; there was no impact on measured concentrations.

9.2.3 Saliva sample analytical method and equipment

Cotinine
Saliva samples received at the RVI were checked for correct identification, assigned a laboratory accession number, and stored at 4°C. Samples were checked for details and despatched fortnightly in polythene bags (20 samples per bag) by courier for overnight delivery to ABS Laboratories, where cotinine analysis was carried out. This laboratory specialises in accurate measurement of low levels of cotinine and therefore takes special precautions to ensure no contamination by environmental tobacco smoke occurs.

The method of analysis used was a high performance liquid chromatography coupled to tandem mass spectrometry with multiple reaction monitoring (LC-MS/MS). The sample
preparation prior to LC-MS/MS was liquid/liquid extraction. A Tomtec Quadra was used to allow for the automation of some of the sample preparation. All methods were validated before use.

An advantage of the LC-MS/MS assay is that it is less prone than other methods to non-specific interference when assaying low levels of cotinine as seen due to passive smoking, and so is preferable for samples from non-smokers.\textsuperscript{33} A disadvantage of LC-MS/MS is that it does not have the dynamic range of the GC-NPD assay used in earlier HSE years.\textsuperscript{33} Therefore in the HSE 2011, the laboratory was informed whether the samples were from self-reported smokers or not. All the samples from self-reported smokers were first assayed using the high calibration range assay of 10 to 1,000ng/mL, and any that were below 10ng/mL were then re-assayed with the low range assay. In October 2011 the calibration range of the high range assay was extended to 1 to 1,000ng/mL so that any samples from self-reported smokers that were below 1ng/mL were re-assayed with the low range assay. All the remaining samples were first assayed using the low range assay of 0.1 to 100ng/mL. Any of these that were over-range were then re-assayed using the high calibration range assay of 10 to 1,000ng/mL (1 to 1,000ng/mL from October 2011), provided there was sufficient saliva available from that participant.

\section*{9.3 Internal quality control (IQC)}

\subsection*{9.3.1 Introduction}

The purpose of internal quality control (IQC) is to ensure reliability of an analytical run. IQC helps to identify, and prevent the release of, any errors in an analytical run. IQC is also used to monitor trends over time.

For each analyte or group of analytes, the laboratory obtains a supply of quality control materials, usually at more than one concentration of analyte. Target (mean) values and target standard deviations (SD) are assigned for each analyte. Target assignment includes evaluation of values obtained by the laboratory from replicate measurements (over several runs) in conjunction with target values provided by manufacturers of IQC materials, if available. The standard deviation and the coefficient of variation (CV) are measures of imprecision and are presented in the tables. IQC values are assessed against an acceptable range and samples are re-analysed if any of the Westgard rules have been violated.\textsuperscript{34,35,36}

\subsection*{9.3.2 Non-fasting blood samples}

\textit{Total cholesterol}

Low, medium and high control materials were assayed throughout the day. Table 26 shows the monthly IQC results for total cholesterol.

\textit{HDL cholesterol}

Low, medium and high control materials were assayed throughout the day. Table 27 shows the monthly IQC results for HDL cholesterol.

\textit{Glycated haemoglobin (HbA\textsubscript{1c})}

Before October 2011, the analytical methods used for glycated haemoglobin measurement in the United Kingdom were required to be traceable to the work carried out on the DCCT part of the National Glycohemoglobin Standardisation Program (NGSP) in the USA. The Secondary Reference Laboratory (SRL) in the University of Minnesota was the main analytical laboratory for the DCCT work. The IQC results for glycated haemoglobin were DCCT standardised until October, when the standard changed to International Federation of Clinical Chemistry (IFCC) values. The former were reported as HbA\textsubscript{1c} %, and the latter as HbA\textsubscript{1c} mmol/mol. Throughout the survey year, results were reported in both formats to participants who agreed to receive them and/or agreed for them to be sent to their GPs.
Two levels of internal quality control were run at the beginning and end of each run and at regular intervals throughout. Table 28 shows the monthly IQC results for glycated haemoglobin.

**Table 28**

### 9.3.3 Saliva samples

#### Cotinine

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-100ng/mL), and 12 for the high range assay (10-1,000ng/mL). During 2011 the high range assay was modified and a new calibration range set up and validated. In October 2011 the high assay calibration range was extended to 1-1,000ng/mL using 16 non-zero calibration standards and the quality control (QC) threshold was lowered to 3ng/mL from 30ng/mL. Six QC samples, two each at a set concentration to represent Low, Medium and High levels for the calibration range being used, were also analysed with each analytical batch. For the results from any analytical batch to be acceptable, four out of the six QCs must have a bias of no greater than ±15%, with at least one from each QC level being within these acceptance criteria, and 75% of the calibration standards must have a bias of no greater than ±15% except at the lower limit of quantification where the bias must be no greater than ±20%. A summary of these results for six levels of cotinine is collated monthly and presented in Tables 29-30.

### 9.4 External quality assessment (EQA)

#### 9.4.1 Introduction

External quality assessment (EQA) permits comparison of results between laboratories measuring the same analyte. An EQA scheme for an analyte or group of analytes distributes aliquots of the same samples to participating laboratories, which are blind to the concentration of the analytes. The usual practice is to participate in a scheme for a full year during which samples are distributed at regular frequency (monthly or bimonthly for example); the number of samples in each distribution and the frequency differ between schemes. The samples contain varying concentrations of analytes. The same samples may or may not be distributed more than once.

Samples are assayed shortly after they arrive at the laboratory. Depending on the frequency of distribution, there may be weeks or months in which no EQA samples are analysed. Results are returned to the scheme organisers, who issue a laboratory specific report giving at least the following data:

- Mean values, usually for all methods and for method groups;
- A measure of the between-laboratory precision;
- The bias of the results obtained by that laboratory.

EQA is a retrospective process of assessment of performance, particularly of inaccuracy or bias with respect to mean values; unlike IQC, it does not provide control of release of results at the time of analysis.

The RVI laboratory participates in the Welsh External Quality Assessment Schemes (WEQAS) on a routine basis. The WEQAS scheme does not include cotinine (tested by ABS laboratory); there is no EQA scheme for cotinine results.

For the blood samples, the standard deviation index (SDI) is reported here in addition to the target and achieved values reported in previous years, to conform with best practice across Europe. The SDI is an index of total error, including components of inaccuracy and imprecision. It is calculated as:

$$\frac{(\text{laboratory result} - \text{target value})}{(\text{WEQAS standard deviation} \times \text{CF})}$$

where CF is a method-specific comparability factor. This adjustment ensures that each laboratory can compare their results with others using their own method, the peer reference method, and the overall mean of all groups. The target values reported in Tables 31-33 are
the reference values, or (if reference values are absent from the report) the mean for the specific method used by RVI.

A score below one SDI is good, between one to two SDI is acceptable, but greater than two is unacceptable, and would trigger an investigation by the laboratory.38

During 2011, the RVI also took part in standardisation of measurement of total and HDL cholesterol samples, organised by the National Public Health Institute (THL) in Helsinki, Finland, as part of the European Health Examination Survey (EHES) pilot. The performance of the RVI Clinical Biochemistry laboratory was deemed ‘excellent’. Standardisation was not undertaken for glycaated haemoglobin as values are affected by freezing.

Each of the figures presented in Tables 31-33 corresponds to an individual EQA sample.

### 9.4.2 Non-fasting blood samples

#### Total cholesterol

The EHES standardisation assessed Goal Bias, based on <3% bias, and Acceptable Bias based on <5% bias; Goal CV is 1% and Goal Acceptable is 2%. The Clinical Biochemistry laboratory achieved bias levels of +0.11%, +2.18% and +2.48%, and CV of 1.41%, 2.10% and 2.11%. The performance of the laboratory was assessed as excellent both for bias and for precision.39

The Clinical Biochemistry Laboratory participates in the WEQAS scheme. Table 31 shows the monthly EQA results for total cholesterol. The target and achieved values are shown, along with the SDI.

Table 31

#### HDL cholesterol

The EHES standardisation assessed Goal Bias, based on <5% bias, and Acceptable Bias based on <10% bias; Goal CV is 2% and Goal Acceptable is 3%. The Clinical Biochemistry laboratory achieved bias levels of +3.20%, +4.40% and +4.69%, and CV of 0.60%, 1.24% and 1.94%. The performance of the laboratory was assessed as excellent both for bias and for precision.30

The Clinical Biochemistry Laboratory participates in the WEQAS scheme. Table 32 shows the monthly EQA results for HDL cholesterol. The target and achieved values are shown, along with the SDI.

Table 32

#### Glycated haemoglobin

The Clinical Biochemistry Laboratory participates in the WEQAS scheme. Table 33 shows the monthly EQA results for glycated haemoglobin. The target and achieved values are shown, along with the SDI.

Table 33

### 9.4.3 Saliva samples

#### Cotinine

There was no external quality control scheme available in 2011 for cotinine analysis but ABS Laboratories participates in inter-laboratory split analyses to ensure comparable results. The latest international inter-laboratory study was published in 2009.34

### References and notes


In the HSE 2009, the survey design was changed to select a single household at dwelling units with more than one household; previously interviewers carried out interviews at up to three households per dwelling unit. The change was made because the impact on the sample efficiency was negligible, and the procedures for interviewing at more than one household per dwelling unit were cumbersome and error prone for interviewers. The same selection procedures were used in 2011 as in 2009.

The Healthy Foundations segmentation model identifies different groups of the population with different motivations and attitudes to health and lifestyle. It provides a tool that facilitates tailoring interventions or services to particular segments, and thus helps to improve effectiveness and efficiency by promoting a more targeted use of resources. See Williams B, McVey D, Davies L, MacGregor E.

The household reference person (HRP) is defined as the householder (the person in whose name the household is owned or rented); if there is more than one, the person with the highest income. If there are two householders with equal income, then the household reference person is the oldest.
The 'set' sample of children is calculated as follows:

- In the 5,338 co-operating households, 1,439 households had children, giving 2,171 eligible children in total in these households.
- In the 1,660 non-co-operating households where some information about residents was established, there were 164 households with one child and 242 households with two or more children; this gave a total of 648 eligible children.
- In the 716 households where no information was known, it has been assumed that the proportion of households with children, and the number of children per household, was as for the other non-co-operating households, giving an estimate of 274 eligible children.
- The 'set' sample is therefore 3,093 children.
- Sex of children was only known in co-operating households; 51.3% of the children were boys and 48.7% were girls. These proportions have been applied to the total set sample of children, giving 1,588 boys and 1,505 girls.

Mid-2010 population estimates, the most recent available at the time of weighting the sample, were obtained from ONS. See: www.ons.gov.uk/ons/search/index.html?newquery=2010+mid+year+estimates


A Kish grid is a framework to ensure that the dwelling unit is selected without interviewer bias. The number of dwelling units is listed across the top of the grid, with a random number below to indicate which dwelling unit should be selected.

The household types used for the weighting were:
- One adult aged 16-59, no children
- Two adults, both 16-59, no children
- One adult, aged 60 or over, no children
- Two adults, one or both aged 60 or over, no children
- Small family: one or two adults with one or two children
- Large family: one or two adults with three or more children, or three or more adults with two children
- Large adult household: three or more adults with one child or no children

In the adult trend tables, unweighted bases are provided for years up to 2002, and weighted bases for 2003 onwards (the year from which non-response weighting was introduced). In the children's trend tables, for years up to 2002 weighted bases are shown, adjusted for probability of selection (since a maximum of two children per household is selected); from 2003 weighted bases are shown corrected for selection and non-response.

Westgard rules are a statistical approach to evaluation of day-to-day analytical performance. The Westgard multirule quality control procedure uses five different control rules to judge the acceptability of an analytical run (rather than the single criterion or single set of control limits used by single-rule quality control systems, such as a Levey-Jennings chart with control limits set as either the mean plus or minus 2 standard deviations or the mean plus or minus 3 standard deviations). Westgard rules are generally used with two or four control measurements per run. This means they are appropriate when two different control materials are measured once or twice per material, which is the case in many chemistry applications. Some alternative control rules are more suitable when three control materials are analyzed, which is common for applications in haematology. More detail is available at www.westgard.com/mltrule.htm#westgard.


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*See Notes on the tables on the next page*
Notes on the tables

1. The group on which the figures in the table are based is stated at the upper left corner of the table.

2. The data in most tables in Volume 1 have been weighted. See Chapter 7 in this Volume for more detail. Both unweighted and weighted sample sizes are shown at the foot of each table. In this volume, most tables present response and quality control data for the different elements of the survey, and are unweighted. Tables 14-24, showing true standard errors and confidence intervals for key survey estimates, show weighted data, with both weighted and unweighted bases.

3. Apart from tables showing age breakdowns, data have been age-standardised to allow comparisons between groups after adjusting for the effects of any differences in their age distributions. See Chapter 8.3.3 in this Volume of the report for more detail.

4. The following conventions have been used in tables:
   - no observations (zero value)
   - 0 non-zero values of less than 0.5% and thus rounded to zero
   - [] used to warn of small sample bases, if the unweighted base is less than 50. If a group’s unweighted base is less than 30, data are normally not shown for that group.

5. Because of rounding, row or column percentages may not add exactly to 100%.

6. ‘Missing values’ occur for several reasons, including refusal or inability to answer a particular question; refusal to co-operate in an entire section of the survey (such as the nurse visit or a self-completion questionnaire); and cases where the question is not applicable to the participant. In general, missing values have been omitted from all tables and analyses.
Table 1

Household response, by sample type and calendar quarter

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Survey quarter</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Mar</td>
<td>Apr-Jun</td>
<td>Jul-Sep</td>
</tr>
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<td>2256</td>
<td>2240</td>
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<td>9</td>
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</tr>
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<td>Total eligible households</td>
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<td>2024</td>
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<tr>
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<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households&lt;sup&gt;b&lt;/sup&gt;</td>
<td>1336</td>
<td>65</td>
<td>1357</td>
</tr>
<tr>
<td>All interviewed</td>
<td>1097</td>
<td>54</td>
<td>1081</td>
</tr>
<tr>
<td>Fully co-operating&lt;sup&gt;c&lt;/sup&gt;</td>
<td>904</td>
<td>44</td>
<td>940</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>711</td>
<td>35</td>
<td>667</td>
</tr>
<tr>
<td>No contact</td>
<td>67</td>
<td>3</td>
<td>71</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td>13</td>
<td>1</td>
<td>10</td>
</tr>
<tr>
<td>Refusal</td>
<td>548</td>
<td>27</td>
<td>508</td>
</tr>
<tr>
<td>Other non-response</td>
<td>83</td>
<td>4</td>
<td>78</td>
</tr>
<tr>
<td><strong>Base: all eligible households</strong></td>
<td>2047</td>
<td>2024</td>
<td>2039</td>
</tr>
</tbody>
</table>

<sup>a</sup> Addresses where no private households were found.

<sup>b</sup> Households where at least one person was interviewed.

<sup>c</sup> All eligible household members were interviewed, had height and weight measured and had a nurse visit.
### Table 2

**Household response, by sample type and strategic health authority**

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Strategic health authority</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>North East</td>
<td>North West</td>
</tr>
<tr>
<td>N % N % N % N % N % N % N % N %</td>
<td>N % N % N %</td>
<td></td>
</tr>
<tr>
<td><strong>Issued sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected addresses</td>
<td>752 1175</td>
<td>880 742</td>
</tr>
<tr>
<td>Ineligible addresses – type a</td>
<td>74 10</td>
<td>81 61</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>678 90</td>
<td>1039 88</td>
</tr>
<tr>
<td><strong>Household response</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households b</td>
<td>478 71</td>
<td>690 66</td>
</tr>
<tr>
<td>All interviewed</td>
<td>385 57</td>
<td>603 58</td>
</tr>
<tr>
<td>Fully co-operating c</td>
<td>323 48</td>
<td>515 50</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>200 29</td>
<td>349 34</td>
</tr>
<tr>
<td>No contact</td>
<td>26 4</td>
<td>19 2</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td>0 0</td>
<td>3 0</td>
</tr>
<tr>
<td>Refusal</td>
<td>154 23</td>
<td>286 28</td>
</tr>
<tr>
<td>Other non-response</td>
<td>20 3</td>
<td>41 4</td>
</tr>
<tr>
<td><strong>Base: all eligible households</strong></td>
<td>678 1039</td>
<td>799 681</td>
</tr>
</tbody>
</table>

---

a Addresses where no private households were found.

b Households where at least one person was interviewed.

c All eligible household members were interviewed, had height and weight measured and had a nurse visit.
### Table 3

**Household response, by dwelling type**

<table>
<thead>
<tr>
<th>Household response</th>
<th>Dwelling type</th>
<th>2011</th>
<th>Total</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Detached house</td>
<td>Semi-detached</td>
<td>Terraced house</td>
<td>Purpose built flata basement - 3rd floor</td>
</tr>
<tr>
<td>Co-operating households(b)</td>
<td>69</td>
<td>66</td>
<td>67</td>
<td>62</td>
</tr>
<tr>
<td>All interviewed</td>
<td>54</td>
<td>52</td>
<td>53</td>
<td>57</td>
</tr>
<tr>
<td>Fully co-operating(d)</td>
<td>46</td>
<td>43</td>
<td>45</td>
<td>50</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>31</td>
<td>34</td>
<td>33</td>
<td>38</td>
</tr>
<tr>
<td>No contact</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>6</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td>0</td>
<td>0</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Refusal</td>
<td>27</td>
<td>29</td>
<td>26</td>
<td>25</td>
</tr>
<tr>
<td>Other non-response</td>
<td>3</td>
<td>3</td>
<td>4</td>
<td>6</td>
</tr>
<tr>
<td>Base: all eligible households</td>
<td>1803</td>
<td>2510</td>
<td>2265</td>
<td>1189</td>
</tr>
</tbody>
</table>

\(a\) Includes maisonette.

\(b\) Households where at least one person was interviewed.

\(c\) Data not shown because the base is too small.

\(d\) All eligible household members were interviewed, had height and weight measured and had a nurse visit.

### Table 4

**Summary of adults’ individual response to the survey, by sex**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Men</th>
<th>Women</th>
<th>All adults</th>
<th>2011</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Interviewed</td>
<td>3822</td>
<td>56</td>
<td>4788</td>
<td>62</td>
<td>8610</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>821</td>
<td>12</td>
<td>454</td>
<td>6</td>
<td>1275</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>2226</td>
<td>32</td>
<td>2514</td>
<td>32</td>
<td>4740</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-completion</td>
<td>3435</td>
<td>50</td>
<td>4409</td>
<td>57</td>
<td>7844</td>
</tr>
<tr>
<td>Height</td>
<td>3266</td>
<td>48</td>
<td>4139</td>
<td>53</td>
<td>7405</td>
</tr>
<tr>
<td>Weight</td>
<td>3251</td>
<td>47</td>
<td>3958</td>
<td>51</td>
<td>7209</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>2482</td>
<td>36</td>
<td>3233</td>
<td>42</td>
<td>5715</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>2433</td>
<td>35</td>
<td>3112</td>
<td>40</td>
<td>5545</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>2455</td>
<td>36</td>
<td>3129</td>
<td>40</td>
<td>5584</td>
</tr>
<tr>
<td>Blood sample</td>
<td>1846</td>
<td>27</td>
<td>2347</td>
<td>30</td>
<td>4193</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>2375</td>
<td>35</td>
<td>3009</td>
<td>39</td>
<td>5384</td>
</tr>
<tr>
<td>Base: set sample(a)</td>
<td>6869</td>
<td>7756</td>
<td>14625</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

\(a\) For the method of estimating the adult ‘set’ sample, see section 6.3. Estimated bases have been rounded to whole numbers.
Table 5

Summary of children's individual response to the survey, by sex

Estimated child sample ('set' sample of children aged 0-15) 2011

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Boys</th>
<th>Girls</th>
<th>All children</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Interviewed</td>
<td>1030</td>
<td>65</td>
<td>977</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>84</td>
<td>5</td>
<td>71</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>474</td>
<td>30</td>
<td>457</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>703</td>
<td>44</td>
<td>686</td>
</tr>
<tr>
<td>Weight</td>
<td>788</td>
<td>50</td>
<td>756</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>628</td>
<td>40</td>
<td>629</td>
</tr>
</tbody>
</table>

Base: set samplea 1588 1505 3093

a For the method of estimating the child ‘set’ sample, see section 6.4. Estimated bases have been rounded.
### Table 6

**Men in co-operating households: response to the stages of the survey, by age**

**Men aged 16 and over in co-operating households 2011**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Interviewed</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>65</td>
<td>79</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>35</td>
<td>21</td>
</tr>
<tr>
<td>Height</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>55</td>
<td>68</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not contacted/not obtained&lt;sup&gt;a&lt;/sup&gt;</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>Weight</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>54</td>
<td>68</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not contacted/not obtained&lt;sup&gt;a&lt;/sup&gt;</td>
<td>35</td>
<td>22</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>35</td>
<td>47</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>50</td>
<td>34</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>15</td>
<td>19</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>34</td>
<td>47</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>65</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>34</td>
<td>47</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>65</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Blood sample</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Sample taken</td>
<td>22</td>
<td>35</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>66</td>
<td>53</td>
</tr>
<tr>
<td>Refused</td>
<td>11</td>
<td>9</td>
</tr>
<tr>
<td>Ineligible – medical grounds</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td>Unsuccessful attempt at sample</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>%</td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>33</td>
<td>45</td>
</tr>
<tr>
<td>No nurse visit&lt;sup&gt;b&lt;/sup&gt;</td>
<td>65</td>
<td>53</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>2</td>
<td>2</td>
</tr>
</tbody>
</table>

<sup>a</sup> Includes non-responders to interview as well as those where measurements not obtained.<br>
<sup>b</sup> Includes non-responders to interview.
### Table 7

**Women in co-operating households: response to the stages of the survey, by age**

**Women aged 16 and over in co-operating households 2011**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td><strong>Interviewed</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>75</td>
<td>88</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>25</td>
<td>12</td>
</tr>
<tr>
<td><strong>Height</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>67</td>
<td>78</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>2</td>
<td>2</td>
</tr>
<tr>
<td>Not contacted/not obtained(a)</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td><strong>Weight</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>62</td>
<td>71</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
<td>8</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not contacted/not obtained(a)</td>
<td>27</td>
<td>12</td>
</tr>
<tr>
<td><strong>Nurse visit</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>45</td>
<td>58</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>37</td>
<td>26</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td><strong>Waist/hip</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>43</td>
<td>54</td>
</tr>
<tr>
<td>No nurse visit(b)</td>
<td>56</td>
<td>45</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>1</td>
</tr>
<tr>
<td><strong>Blood pressure</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>43</td>
<td>54</td>
</tr>
<tr>
<td>No nurse visit(b)</td>
<td>56</td>
<td>45</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td><strong>Blood sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sample taken</td>
<td>25</td>
<td>39</td>
</tr>
<tr>
<td>No nurse visit(b)</td>
<td>56</td>
<td>42</td>
</tr>
<tr>
<td>Refused</td>
<td>14</td>
<td>11</td>
</tr>
<tr>
<td>Unsuccessful attempt at sample</td>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>Ineligible – medical grounds</td>
<td>2</td>
<td>5</td>
</tr>
<tr>
<td><strong>Saliva sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>41</td>
<td>52</td>
</tr>
<tr>
<td>No nurse visit(b)</td>
<td>56</td>
<td>45</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

**Bases**

Women aged 16 and over in co-operating households

| Bases          | 642 | 825 | 876 | 886 | 822 | 637 | 554 | 5242 |

\(a\) Includes non-responders to interview as well as those where measurements not obtained.

\(b\) Includes non-responders to interview.
Table 8

All adults in co-operating households: response to the stages of the survey, by age

All adults aged 16 and over in co-operating households 2011

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
</tr>
<tr>
<td>Interviewed</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>70</td>
<td>84</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>30</td>
<td>16</td>
</tr>
<tr>
<td>Height</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>61</td>
<td>74</td>
</tr>
<tr>
<td>Refused</td>
<td>6</td>
<td>7</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>30</td>
<td>17</td>
</tr>
<tr>
<td>Weight</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>58</td>
<td>69</td>
</tr>
<tr>
<td>Refused</td>
<td>7</td>
<td>7</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>Not contacted/not obtained</td>
<td>31</td>
<td>18</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>40</td>
<td>53</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>43</td>
<td>30</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>16</td>
<td>17</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>39</td>
<td>51</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>61</td>
<td>49</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>39</td>
<td>51</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>61</td>
<td>49</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Blood sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Sample taken</td>
<td>23</td>
<td>37</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>60</td>
<td>47</td>
</tr>
<tr>
<td>Refused</td>
<td>13</td>
<td>10</td>
</tr>
<tr>
<td>Unsuccessful attempt at sample</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>Ineligible – medical grounds</td>
<td>1</td>
<td>3</td>
</tr>
<tr>
<td>Saliva sample</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>37</td>
<td>49</td>
</tr>
<tr>
<td>No nurse visit</td>
<td>61</td>
<td>49</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3</td>
<td>2</td>
</tr>
<tr>
<td>Bases</td>
<td>All adults aged 16 and over in co-operating households</td>
<td>1214</td>
</tr>
</tbody>
</table>

a Includes non-responders to interview as well as those where measurements not obtained.

b Includes non-responders to interview.
### Table 9

**Boys in co-operating households: response to the stages of the survey, by age**

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td>Interviewed¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>97</td>
<td>99</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>3</td>
<td>1</td>
</tr>
<tr>
<td>Height²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>71</td>
<td>71</td>
</tr>
<tr>
<td>Refused</td>
<td>10</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>13</td>
<td>15</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>6</td>
<td>8</td>
</tr>
<tr>
<td>Weight¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>58</td>
<td>71</td>
</tr>
<tr>
<td>Refused</td>
<td>13</td>
<td>9</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>5</td>
<td>5</td>
</tr>
<tr>
<td>Nurse visit¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>62</td>
<td>62</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>19</td>
<td>18</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>19</td>
<td>20</td>
</tr>
<tr>
<td>Saliva sample³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtained</td>
<td>35</td>
<td>43</td>
</tr>
<tr>
<td>No nurse visit⁵</td>
<td>19</td>
<td>41</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>32</td>
<td>16</td>
</tr>
<tr>
<td>Blood pressure⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>42</td>
<td>51</td>
</tr>
<tr>
<td>No nurse visit⁵</td>
<td>41</td>
<td>44</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>17</td>
<td>4</td>
</tr>
<tr>
<td>Waist/hip⁵</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>46</td>
<td></td>
</tr>
<tr>
<td>No nurse visit⁵</td>
<td>51</td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3</td>
<td></td>
</tr>
</tbody>
</table>

**Bases**

1. All eligible boys in co-operating households 151 252 138 253 320 1114  
2. All eligible boys aged 2-15 in co-operating households 252 138 253 320 963  
3. All eligible boys aged 4-15 in co-operating households 74 138 253 320 785  
4. All eligible boys aged 5-15 in co-operating households 138 253 320 711  
5. All eligible boys aged 11-15 in co-operating households 320 320

¹ Includes non-responders to interview as well as those where measurements not obtained.  
² Includes non-responders to interview.
Table 10

Girls in co-operating households: response to the stages of the survey, by age

Eligible girls aged 0-15 in co-operating households 2011

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td></td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Interviewed</td>
<td>96%</td>
<td>97%</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>4%</td>
<td>3%</td>
</tr>
<tr>
<td>Height²</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>67%</td>
<td>83%</td>
</tr>
<tr>
<td>Refused</td>
<td>8%</td>
<td>5%</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>16%</td>
<td>9%</td>
</tr>
<tr>
<td>Not contacted/not obtaineda</td>
<td>8%</td>
<td>3%</td>
</tr>
<tr>
<td>Weight¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>58%</td>
<td>69%</td>
</tr>
<tr>
<td>Refused</td>
<td>12%</td>
<td>9%</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>23%</td>
<td>15%</td>
</tr>
<tr>
<td>Not contacted/not obtaineda</td>
<td>6%</td>
<td>6%</td>
</tr>
<tr>
<td>Nurse visit¹</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>64%</td>
<td>62%</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>20%</td>
<td>16%</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>16%</td>
<td>22%</td>
</tr>
<tr>
<td>Saliva sample³</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Obtained</td>
<td>38%</td>
<td>45%</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>17%</td>
<td>41%</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>28%</td>
<td>14%</td>
</tr>
<tr>
<td>Blood pressure⁴</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>43%</td>
<td>59%</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>41%</td>
<td>37%</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>15%</td>
<td>4%</td>
</tr>
<tr>
<td>Waist/hip⁵</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td>52%</td>
<td>52%</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>45%</td>
<td>45%</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3%</td>
<td>3%</td>
</tr>
</tbody>
</table>

**Bases**

1 All eligible girls in co-operating households 142 202 152 263 289 1048
2 All eligible girls aged 2-15 in co-operating households 202 152 263 289 906
3 All eligible girls aged 4-15 in co-operating households 145 152 263 289 849
4 All eligible girls aged 5-15 in co-operating households 152 263 289 704
5 All eligible girls aged 11-15 in co-operating households 289 289

a Includes non-responders to interview as well as those where measurements not obtained.
b Includes non-responders to interview.
Table 11

All children in co-operating households: response to the stages of the survey, by age

Eligible children aged 0-15 in co-operating households 2011

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>0-1</td>
<td>2-4</td>
</tr>
<tr>
<td>Interviewed¹</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
<td>96</td>
<td>98</td>
</tr>
<tr>
<td>Not contacted/refused</td>
<td>4</td>
<td>2</td>
</tr>
<tr>
<td>Height²</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>69</td>
<td>77</td>
</tr>
<tr>
<td>Refused</td>
<td>9</td>
<td>6</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>15</td>
<td>12</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>7</td>
<td>6</td>
</tr>
<tr>
<td>Weight¹</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>58</td>
<td>70</td>
</tr>
<tr>
<td>Refused</td>
<td>12</td>
<td>9</td>
</tr>
<tr>
<td>Measurement not attempted</td>
<td>24</td>
<td>15</td>
</tr>
<tr>
<td>Not contacted/not obtained³</td>
<td>6</td>
<td>6</td>
</tr>
<tr>
<td>Nurse visit¹</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Co-operated with nurse visit</td>
<td>63</td>
<td>62</td>
</tr>
<tr>
<td>Not interviewed</td>
<td>19</td>
<td>17</td>
</tr>
<tr>
<td>Refused/no contact at nurse visit</td>
<td>18</td>
<td>21</td>
</tr>
<tr>
<td>Saliva sample³</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>37</td>
<td>44</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>18</td>
<td>41</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>30</td>
<td>15</td>
</tr>
<tr>
<td>Blood pressure⁴</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>43</td>
<td>55</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>41</td>
<td>41</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>16</td>
<td>4</td>
</tr>
<tr>
<td>Waist/hip⁵</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Measured</td>
<td>49</td>
<td>49</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>48</td>
<td>48</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>3</td>
<td>3</td>
</tr>
</tbody>
</table>

Bases
1 All eligible children in co-operating households 293 454 290 516 609 2162
2 All eligible children aged 2-15 in co-operating households 454 290 516 609 1869
3 All eligible children aged 4-15 in co-operating households 219 290 516 609 1634
4 All eligible children aged 5-15 in co-operating households 290 516 609 1415
5 All eligible children aged 11-15 in co-operating households 609 609

a Includes non-responders to interview as well as those where measurements not obtained.
b Includes non-responders to interview.
### Table 12

Age distribution of responding adult sample compared with mid-2010 population estimates for England, by sex

<table>
<thead>
<tr>
<th>Age group</th>
<th>Health survey responding adult sample</th>
<th>2010 Mid-year population estimates¹</th>
<th>At interview At nurse visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% %</td>
<td>% %</td>
<td></td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>10 8 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>14 13 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>18 17 18</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>17 17 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>16 18 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>13 15 10</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 and over</td>
<td>11 11 8</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All men²</td>
<td>44 43 49</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Women</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>10 9 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>25-34</td>
<td>15 15 16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>35-44</td>
<td>17 18 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>45-54</td>
<td>17 17 17</td>
<td></td>
<td></td>
</tr>
<tr>
<td>55-64</td>
<td>16 18 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>65-74</td>
<td>13 13 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>75 and over</td>
<td>11 10 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All women²</td>
<td>56 57 51</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bases:**

- Men 3822 2482 20,758
- Women 4788 3233 21,708

¹ Mid-year population estimates for England excluding those in institutions (Source: ONS). Base shown in thousands.

² Note that the percentages for age groups within sex are based on all respondents of that sex (they may not sum to 100% because of rounding). The 'All men' and 'All women' percentages are based on all respondents.

### Table 13

Age distribution of responding child sample compared with mid-2010 population estimates for England, by sex

<table>
<thead>
<tr>
<th>Age group</th>
<th>Health survey responding child sample</th>
<th>2010 Mid-year population estimates²</th>
<th>At interview At nurse visit</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>% %</td>
<td>% %</td>
<td></td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>14 15 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td>17 17 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-5</td>
<td>15 15 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-7</td>
<td>13 13 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-9</td>
<td>10 10 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-11</td>
<td>11 11 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-13</td>
<td>10 8 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-15</td>
<td>12 12 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All boys³</td>
<td>51 50 51</td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Girls</strong></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>14 14 14</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2-3</td>
<td>13 12 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4-5</td>
<td>15 14 13</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6-7</td>
<td>15 17 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8-9</td>
<td>12 12 11</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10-11</td>
<td>11 12 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>12-13</td>
<td>11 11 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>14-15</td>
<td>10 8 12</td>
<td></td>
<td></td>
</tr>
<tr>
<td>All girls³</td>
<td>49 50 49</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Bases:**

- Boys 1030 628 4,999
- Girls 977 629 4,783

² Mid-year population estimates for England (Source: ONS). Base shown in thousands.

³ Note that the percentages for age groups within sex are based on all respondents of that sex (they may not sum to 100% because of rounding). The 'All boys' and 'All girls' percentages are based on all children.
Table 14

True standard errors and 95% confidence intervals for the prevalence of cardiovascular disease

Aged 16 and over 2011

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%(p)</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Base</td>
<td>Unw</td>
<td>Wt</td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td>Any CVD(^a)</td>
<td>13.9</td>
<td>3817</td>
<td>4216</td>
<td>0.59</td>
<td>12.7</td>
<td>15.0</td>
</tr>
<tr>
<td></td>
<td>IHD(^b)</td>
<td>5.7</td>
<td>3820</td>
<td>4220</td>
<td>0.34</td>
<td>5.1</td>
<td>6.4</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2.7</td>
<td>3822</td>
<td>4222</td>
<td>0.26</td>
<td>2.1</td>
<td>3.2</td>
</tr>
<tr>
<td></td>
<td>IHD or stroke</td>
<td>7.5</td>
<td>3822</td>
<td>4222</td>
<td>0.41</td>
<td>6.7</td>
<td>8.3</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Any CVD</td>
<td>13.4</td>
<td>4785</td>
<td>4385</td>
<td>0.52</td>
<td>12.3</td>
<td>14.4</td>
</tr>
<tr>
<td></td>
<td>IHD</td>
<td>3.5</td>
<td>4787</td>
<td>4386</td>
<td>0.24</td>
<td>3.0</td>
<td>3.9</td>
</tr>
<tr>
<td></td>
<td>Stroke</td>
<td>2.1</td>
<td>4788</td>
<td>4387</td>
<td>0.21</td>
<td>1.7</td>
<td>2.5</td>
</tr>
<tr>
<td></td>
<td>IHD or stroke</td>
<td>5.0</td>
<td>4788</td>
<td>4387</td>
<td>0.31</td>
<td>4.4</td>
<td>5.6</td>
</tr>
</tbody>
</table>

\(^a\) CVD: Cardiovascular disease, i.e. doctor-diagnosed heart attack, angina, heart murmur, abnormal heart rhythm or stoke.
\(^b\) IHD: Ischaemic heart disease, reported as doctor-diagnosed heart attack or angina.

Table 15

True standard errors and 95% confidence intervals for hypertension categories

Aged 16 and over 2011

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>%(p)</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>Base</td>
<td>Unw</td>
<td>Wt</td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td>Normontensive untreated</td>
<td>68.9</td>
<td>2070</td>
<td>2266</td>
<td>1.12</td>
<td>66.7</td>
<td>71.1</td>
</tr>
<tr>
<td></td>
<td>Hypertensive controlled</td>
<td>10.6</td>
<td>2070</td>
<td>2266</td>
<td>0.70</td>
<td>9.3</td>
<td>12.0</td>
</tr>
<tr>
<td></td>
<td>Hypertensive uncontrolled</td>
<td>6.3</td>
<td>2070</td>
<td>2266</td>
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<td>7.3</td>
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<td>Hypertensive untreated</td>
<td>14.2</td>
<td>2070</td>
<td>2266</td>
<td>0.90</td>
<td>12.4</td>
<td>16.0</td>
</tr>
<tr>
<td></td>
<td>All with hypertension</td>
<td>31.1</td>
<td>2070</td>
<td>2266</td>
<td>1.12</td>
<td>28.9</td>
<td>33.3</td>
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<tr>
<td><strong>Women 16+</strong></td>
<td>Normontensive untreated</td>
<td>72.0</td>
<td>2683</td>
<td>2379</td>
<td>0.91</td>
<td>70.2</td>
<td>73.8</td>
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<td>2379</td>
<td>0.51</td>
<td>5.5</td>
<td>7.5</td>
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<td>2683</td>
<td>2379</td>
<td>0.59</td>
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<td>All with hypertension</td>
<td>28.0</td>
<td>2683</td>
<td>2379</td>
<td>0.91</td>
<td>26.2</td>
<td>29.8</td>
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Table 16

True standard errors and 95% confidence intervals for diabetes variables

Aged 16 and over 2011

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<tr>
<th>Base</th>
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<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
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<td></td>
<td>Base</td>
<td>Unw</td>
<td>Wt</td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td>% with doctor-diagnosed diabetes</td>
<td>7.0</td>
<td>3815</td>
<td>4214</td>
<td>0.45</td>
<td>6.1</td>
<td>7.9</td>
</tr>
<tr>
<td></td>
<td>Mean glycated haemoglobin</td>
<td>39.0</td>
<td>1722</td>
<td>1912</td>
<td>0.25</td>
<td>38.6</td>
<td>39.5</td>
</tr>
<tr>
<td></td>
<td>% with levels of 6.5% or more(^a)</td>
<td>7.5</td>
<td>1722</td>
<td>1912</td>
<td>0.66</td>
<td>6.2</td>
<td>8.8</td>
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<td><strong>Women 16+</strong></td>
<td>% with doctor-diagnosed diabetes</td>
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<td>4782</td>
<td>4381</td>
<td>0.31</td>
<td>4.3</td>
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<td>Mean glycated haemoglobin</td>
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<td>1999</td>
<td>0.23</td>
<td>38.1</td>
<td>39.0</td>
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<tr>
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<td>2182</td>
<td>1999</td>
<td>0.59</td>
<td>5.2</td>
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</table>

\(^a\) Indicating uncontrolled diabetes or undiagnosed diabetes.
### Table 17

**True standard errors and 95% confidence intervals for social care variables: need for and receipt of help for tasks**  
Aged 65 and over  
2011  

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<th>Base</th>
<th>Characteristic</th>
<th>% (p)</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval Lower</th>
<th>95% confidence interval Upper</th>
<th>Deft</th>
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<td><strong>Men 65+</strong></td>
<td><strong>ADLs</strong>&lt;sup&gt;a&lt;/sup&gt;</td>
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<tr>
<td></td>
<td>Any personal activities</td>
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<td></td>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needed help</td>
<td>26.7</td>
<td>926</td>
<td>758</td>
<td>1.44</td>
<td>23.8</td>
<td>29.5</td>
<td>0.90</td>
</tr>
<tr>
<td></td>
<td>Received help last month</td>
<td>14.6</td>
<td>926</td>
<td>758</td>
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<td>12.4</td>
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<td>926</td>
<td>757</td>
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<td>11.8</td>
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</tr>
<tr>
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<td>1.42</td>
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<td>28.0</td>
<td>0.90</td>
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<td>926</td>
<td>758</td>
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<td>11.5</td>
<td>15.9</td>
<td>0.90</td>
</tr>
<tr>
<td><strong>IADLs</strong>&lt;sup&gt;b&lt;/sup&gt;</td>
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<td>Any instrumental activities</td>
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<td>Needed help</td>
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<td>924</td>
<td>757</td>
<td>1.44</td>
<td>23.0</td>
<td>28.6</td>
<td>0.90</td>
</tr>
<tr>
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<td>19.4</td>
<td>926</td>
<td>758</td>
<td>1.25</td>
<td>16.9</td>
<td>21.9</td>
<td>0.87</td>
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<td></td>
</tr>
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<td>923</td>
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<td>32.6</td>
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</tr>
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<td>1147</td>
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<td>16.9</td>
<td>21.7</td>
<td>0.95</td>
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<td>1147</td>
<td>923</td>
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<td>7.4</td>
<td>10.8</td>
<td>0.92</td>
</tr>
<tr>
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<td>923</td>
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<td>37.2</td>
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<td>1145</td>
<td>922</td>
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<td>0.94</td>
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<td><strong>IADLs</strong></td>
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<td>Any instrumental activities</td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Needed help</td>
<td>38.2</td>
<td>1147</td>
<td>923</td>
<td>1.48</td>
<td>35.3</td>
<td>41.1</td>
<td>0.92</td>
</tr>
<tr>
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<td>33.9</td>
<td>1147</td>
<td>923</td>
<td>1.50</td>
<td>31.0</td>
<td>36.8</td>
<td>0.96</td>
</tr>
</tbody>
</table>

<a>ADLs: Activities of Daily Living.</a>  
<b>IADLs: Instrumental Activities of Daily Living.</b>

### Table 18

**True standard errors and 95% confidence intervals for provision of informal care**  
Aged 16 and over  
2011  

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% (p)</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval Lower</th>
<th>95% confidence interval Upper</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td>Provide informal care</td>
<td>14.5</td>
<td>3817</td>
<td>4215</td>
<td>0.65</td>
<td>13.2</td>
<td>15.8</td>
<td>1.19</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Provide informal care</td>
<td>18.7</td>
<td>4784</td>
<td>4383</td>
<td>0.67</td>
<td>17.4</td>
<td>20.0</td>
<td>1.13</td>
</tr>
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</table>
Table 19

True standard errors and 95% confidence intervals for maximum alcohol consumption on any day in the last week

Aged 18 and over 2011

<table>
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<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% (p)</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defn Lower</th>
<th>Defn Upper</th>
</tr>
</thead>
<tbody>
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<td></td>
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<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Did not drink in last week</td>
<td>30.2</td>
<td>3701</td>
<td>4026</td>
<td>0.97</td>
<td>28.2</td>
<td>30.2</td>
<td>32.1</td>
</tr>
<tr>
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<td>Up to and including 4 units</td>
<td>30.7</td>
<td>3701</td>
<td>4026</td>
<td>0.87</td>
<td>29.0</td>
<td>32.4</td>
<td>1.20</td>
</tr>
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<td>More than 4, up to and including 8 units</td>
<td>17.5</td>
<td>3701</td>
<td>4026</td>
<td>0.69</td>
<td>16.1</td>
<td>18.8</td>
<td>1.15</td>
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<td>3701</td>
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<td>39.2</td>
<td>3701</td>
<td>4026</td>
<td>0.96</td>
<td>37.3</td>
<td>41.1</td>
<td>1.24</td>
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<tr>
<td></td>
<td>Did not drink in last week</td>
<td>30.1</td>
<td>2696</td>
<td>3048</td>
<td>1.15</td>
<td>27.8</td>
<td>32.3</td>
<td>1.38</td>
</tr>
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<td></td>
<td>Up to and including 4 units</td>
<td>23.6</td>
<td>2696</td>
<td>3048</td>
<td>0.95</td>
<td>21.8</td>
<td>25.5</td>
<td>1.23</td>
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<td>More than 4, up to and including 8 units</td>
<td>18.8</td>
<td>2696</td>
<td>3048</td>
<td>0.86</td>
<td>17.2</td>
<td>20.5</td>
<td>1.22</td>
</tr>
<tr>
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<td>More than 8 units</td>
<td>27.5</td>
<td>2696</td>
<td>3048</td>
<td>1.09</td>
<td>25.3</td>
<td>29.6</td>
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<td>More than 4 units</td>
<td>46.3</td>
<td>2696</td>
<td>3048</td>
<td>1.17</td>
<td>44.0</td>
<td>48.6</td>
<td>1.30</td>
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<td></td>
<td></td>
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<td>Did not drink in last week</td>
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<td>4216</td>
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<td>44.0</td>
<td>47.6</td>
<td>1.18</td>
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<td>4651</td>
<td>4216</td>
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<td>24.8</td>
<td>27.5</td>
<td>1.02</td>
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<td>14.6</td>
<td>4651</td>
<td>4216</td>
<td>0.55</td>
<td>13.6</td>
<td>15.7</td>
<td>1.01</td>
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<td>1.08</td>
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<td>3550</td>
<td>3191</td>
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<td>20.7</td>
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<td>More than 3, up to and including 6 units</td>
<td>18.4</td>
<td>3550</td>
<td>3191</td>
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<td>17.0</td>
<td>19.7</td>
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<td>3550</td>
<td>3191</td>
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<td>15.1</td>
<td>17.9</td>
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<tr>
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<td>3191</td>
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</table>
### Table 20

**True standard errors and 95% confidence intervals for weekly consumption of alcohol**

**Aged 18 and over 2011**

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<th>Base</th>
<th>Characteristic</th>
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<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Deft</th>
</tr>
</thead>
<tbody>
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<td></td>
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### Table 21

**True standard errors and 95% confidence intervals for Healthy Foundations segments**

**Aged 16 and over 2011**

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### Table 24

**True standard errors and 95% confidence intervals for children’s BMI and BMI status**

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*BMI status*<sup>a</sup> Based on UK National percentiles classification.

### Table 25

**Reference intervals for blood<sup>a</sup> and saliva<sup>b</sup> analytes**

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<td>mmo/L</td>
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<td><strong>Blood</strong></td>
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<td>Total glycated haemoglobin (HbA₁c)</td>
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<td>Males</td>
<td>Non diabetic, &lt;6.1 %</td>
<td>%</td>
</tr>
<tr>
<td>Females</td>
<td>Non diabetic, &lt;6.1 %</td>
<td>%</td>
</tr>
<tr>
<td>Males</td>
<td>Non diabetic, &lt;43 mmol/molHb</td>
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<tr>
<td>Females</td>
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<tr>
<td>Cotinine</td>
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<td>(&lt;0.1) undetectable</td>
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</table>

<sup>a</sup> Biochemistry and haematology laboratories, Royal Victoria Infirmary, Newcastle-upon-Tyne.

Table 26

Internal quality control results for total cholesterol

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<th>Date</th>
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<th>SD(^{a}) Achieved</th>
<th>CV(^{b}) (%) Achieved</th>
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<td>1.6-1.9</td>
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\(^{a}\) Standard deviation.  
\(^{b}\) Coefficient of variation.
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<th>Date</th>
<th>Level</th>
<th>Level</th>
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<th>SD (mmol/L) Achieved</th>
<th>CV (%) Achieved</th>
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<tr>
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<td>0.7-0.9</td>
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a Standard deviation.
b Coefficient of variation.
Table 28
Internal quality control results for glycated haemoglobin (HbA1c)

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<th>Acceptable Range (&lt;%/mmol/mol)&lt;sup&gt;a&lt;/sup&gt;</th>
<th>SD&lt;sup&gt;b&lt;/sup&gt; (%)</th>
<th>CV&lt;sup&gt;c&lt;/sup&gt; (%)</th>
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<sup>a</sup> From January to September 2011, the units used for glycated haemoglobin results were %. From October 2011, results were provided as mmol/mol in accordance with IFCC (International Federation of Clinical Chemistry) standards. For analysis in Chapter 4, results were presented both as % and mmol/mol. For participants who agreed to receive blood results and/or have them sent to their GPs the results were sent in both formats throughout the survey year.

<sup>b</sup> Standard deviation.

<sup>c</sup> Coefficient of variation.
Table 29

Internal quality control results for saliva cotinine – LC-MS/MS: low calibration range

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Table 30

Internal quality control results for saliva cotinine – LC-MS/MS: high calibration range

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a Standard deviation.
b Coefficient of variation.
c In October 2011 the high range assay calibration range was extended to 1-1,000 ng/mL using 16 non zero calibration standards and the low QC were lowered to 3 ng/mL from 30 ng/mL.
### Table 31

**External quality assessment results for total cholesterol**

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**Table 32 continued**

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a Reference values, unless marked with c.
b Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEQAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score below 1 SDI is good, between 1-2 SDI is acceptable.
c Method specific mean, as no reference value was given.
## Table 33

External quality assessment results for glycated haemoglobin (HbA\(_1c\))

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<td>1.51</td>
<td></td>
</tr>
<tr>
<td>February 2012</td>
<td>66.79(^d)</td>
<td>66</td>
<td>-0.25</td>
<td></td>
</tr>
<tr>
<td></td>
<td>74.94(^d)</td>
<td>75</td>
<td>0.02</td>
<td></td>
</tr>
<tr>
<td></td>
<td>49.12(^d)</td>
<td>49</td>
<td>-0.05</td>
<td></td>
</tr>
</tbody>
</table>

\(^a\) Reference values, unless marked with \(^d\).

\(^b\) From January to September 2011, the units used for glycated haemoglobin results were %, From October 2011, results were provided as mmol/mol in accordance with IFCC (International Federation of Clinical Chemistry) standards. For analysis in Chapter 4, results were presented both as % and mmol/mol. For participants who agreed to receive blood results and/or have them sent to their GPs the results were sent in both formats throughout the survey year.

\(^c\) Standard Deviation Index (SDI) of the Welsh External Quality Assessment Schemes (WEGAS). The SDI is an index of total error, including components of inaccuracy and imprecision. A score below 1 SDI is good, between 1-2 SDI is acceptable.

\(^d\) Method specific mean.

\(^e\) Not calculated due to unusual chromatography.
Appendix A

Fieldwork documents

Stage 1 leaflet: Interview
Stage 2 leaflet: Nurse visit
Household questionnaire
Individual questionnaire

Selected show cards (excluding those where answer categories are given in the questionnaire documentation)

Fresh fruit size coding list

Self-completion booklets
8-12 year olds
13-15 year olds
SDQ for parents
Young adult
Adult

Data linkage consent form

Nurse questionnaire
Nurse consent form
Drinking diary
Why have we come to your household?
To visit every household in England would take too long and cost too much money. Instead we select a sample of addresses and ask the people at each address to take part in the 2011 Health Survey.

Is the survey confidential?
Yes. We take great care to protect the confidentiality of the information we are given, and take careful steps to ensure that the information is secure at all times. The survey results will not be presented in a form which can reveal your identity. This will only be known to certain members of the NatCen/ UCL research team. The information collected is used for research and statistical purposes only and is dealt with according to the 1998 Data Protection Act.

If you agree, however, your name, address and date of birth, but no other information, will be passed to the National Health Service Central Register, Cancer Registry and Hospital Episode Statistics register. This would help us if we wanted to follow up your health status in the future.

Is the survey compulsory?
No. In all our surveys we rely on voluntary co-operation. The success of the survey depends on the goodwill and co-operation of those asked to take part. The more people who do take part, the more useful the results will be. You are free to withdraw from the survey at any time. However, we will not be able to remove individual information after the survey results have been published.

How long will the survey take?
This varies from person to person and depends on how many people there are in a household. The interviewer will discuss this with you and will arrange a time to suit you.

What will happen after the interview?
After the interview, if you agree, the interviewer will arrange for a qualified nurse to visit at a time convenient for you, so that some measurements can be taken. There are different measurements for different age groups.

The nurse will measure blood pressure (for all those aged 5 and over) and waist and hip circumferences (for all those aged 11 and over).
If I have any other questions?
We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions or concerns about the survey, please ask the interviewer, or ring one of the contacts listed below, or look at our website.

If I have a complaint?
If you have a complaint about something related to the survey, please contact Rachel Craig using the details below, or contact Jo Apicella, Field Services Manager, on 01277 690118 in office hours, or email info@natcen.ac.uk.

Thank you very much for your help with this survey

For further information, please contact:
Rachel Craig
Kings House
101-135 Kings Road
Brentwood, Essex
CM14 4LX
Tel: 0800 526 397

Dr. Jennifer Mindell
Department of Epidemiology and Public Health
University College London
1-19 Torrington Place
London
WC1E 6BT
Tel: 020 7679 5646

www.healthsurveyforengland.org

Who has reviewed the study?
The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by the Oxfordshire A Research Ethics Committee (Reference no. 10/H0604/56).
The Measurements

- **Blood pressure (Age 5 years and over)**
  High blood pressure can be a health problem. However, blood pressure is difficult to measure accurately. A person's blood pressure is influenced by age and can vary from day to day with emotion, meals, tobacco, alcohol, medication, temperature and pain. Although the nurse will tell you your blood pressure along with an indication of its meaning, a diagnosis cannot be made on measurements taken on a single occasion. Blood pressure is measured using an inflatable cuff that goes around the upper arm.

- **Waist and hip measurements (Age 11 years and over)**
  Lately there has been much discussion about the relationship between weight and health. We have already recorded your weight and height but another factor is the distribution of weight over the body. Your waist and hip measurements are most useful for assessing this.

- **Saliva sample (Age 4 years and over)**
  We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube, or sucking on an absorbent swab. The sample will be tested for cotinine. Cotinine is related to the intake of cigarette smoke and is of particular interest to see whether non-smokers may have raised levels as a result of 'passive' smoking. The saliva will only be tested for cotinine. It will not be tested for other substances, like drugs or alcohol.

- **Blood sample (Age 16 years and over)**
  A registered nurse/midwife will ask you some further questions and will ask permission to take some measurements. The measurements are described overleaf. Like the first stage of the survey, the nurse visit is entirely voluntary and you are free to withdraw from the survey at any time. You need not have any measurements taken if you do not wish, but, of course, we very much hope you will agree to them, as they are a valuable part of this survey. If the survey results are to be useful to the NHS Information Centre for health and social care, we need information from all types of people in all states of health. As with information obtained in the first part of the survey, we take care to protect the confidentiality of all information and test results.

Who has reviewed the study?

The survey has been looked at by an independent group of people called a Research Ethics Committee, to protect your safety, rights, wellbeing and dignity. This study has been given a favourable opinion by the Oxfordshire A Research Ethics Committee (Reference number 10/H0604/56).

Is the survey confidential?

Yes. We take great care to protect the confidentiality of the information we are given, and take careful steps to ensure that the information is secure at all times. The survey results will not be presented in a form which can reveal your identity. This will only be known to certain members of the NatCen/ UCL research team. The information collected is used for research and statistical purposes only and is dealt with according to the 1998 Data Protection Act.
Might there be implications for insurance cover?

If you agree to your results being sent to your GP, then he/she may use them in medical reports about you. This may occur if you apply for a new life assurance policy, or for a new job. Insurance companies may ask those who apply for new policies if they have had any medical tests. If so, the insurance company may ask if they can obtain a medical report from the GP. Because of the Access to Medical Reports Act 1988 an insurance company cannot ask your GP for a medical report on you without your permission. Having given your permission, you then have the right to see the report before your GP sends it to the insurance company and you can ask for the report to be amended if you consider it to be incorrect or misleading.

The purpose of a medical report is for the company to judge whether to charge normal premiums, whether to charge higher premiums or whether, in exceptional circumstances, to turn down life insurance on account of the person's health. If you think you may apply for health insurance in the future, you can choose not to know the results of any tests and not to let your GP know these results.

If I have any other questions or wish to make a complaint?

We hope this leaflet answers the questions you may have, and that it shows the importance of the survey. If you have any other questions or concerns about the nurse measurements, results or samples please do not hesitate to ring one of the contacts listed below. Your co-operation is very much appreciated.

If you have a complaint about any aspect of the nurse visit, again please contact one of the people below, or contact Jo Apicella, Field Services Manager, on 01277 690118 in office hours, or email info@natcen.ac.uk.

Rachel Craig
Dr Jennifer Mindell
National Centre for Social Research
Dept Epidemiology and Public Health
Kings House 101-131 Kings Road
Brentwood, 1-19 Turrington Place,
Essex CM14 4LX
London WC1E 6BT
Tel: 0800 526 397
Tel: 020 7679 5646
The Health Survey for England 2011

Program Documentation

Household Questionnaire

P3127

Questionnaire

Point12
SAMPLE POINT NUMBER.
Range: 1..997

Address
ADDRESS NUMBER.
Range: 1..97

Hhold
HOUSEHOLD NUMBER.
Range: 1..9

First
INTERVIEWER: For information, you are in the questionnaire for:
Point no: (Point number)
Address no: (Address number)
Household no: (Household number)

DateOK
Today's date according to the laptop is (date). Is this the correct start date of this interview?
1 Yes
2 No

WhoHere
INTERVIEWER: COLLECT THE NAMES OF THE PEOPLE IN THIS HOUSEHOLD.

HHSize
Derived household size.
Range: 1..12

SizeConf
So, can I check, altogether there are ( (x) number from HHSize) people in your household?
1 Yes
2 No, more than (x)
3 No, less than (x)

HOUSEHOLD COMPOSITION GRID: INFORMATION COLLECTED FOR EACH HOUSEHOLD MEMBER (MAXIMUM 12)

Person
Person number in Household Grid
Range: 1..12

Name
First name from WhoHere

Sex
INTERVIEWER: CODE (name of respondent's) SEX.
1 Male
2 Female
The Health Survey for England 2011 - Household Questionnaire

DoB
What is (name of respondent's) date of birth?
Enter Date in numbers, Eg. 02/01/1972.

AgeOf
Can I check, what was (name of respondent's) age last birthday?
Range: 0…120

IF AgeOf = NONRESPONSE THEN
AgeEst
INTERVIEWER CODE: ASK IF NECESSARY, (are you / is he/she) AGED UNDER 2 YEARS, AT LEAST 2 UP TO 15 YEARS, OR 16 YEARS OR OLDER?
IF NOT KNOWN, TRY TO GET BEST ESTIMATE.
1 Under 2 years
2 2 to 15 years
3 16 to 64 years
4 65 and over

IF Aged 16 or over THEN
MarStat
Are you (is he/she) ...
ASK OR RECORD. CODE FIRST THAT APPLIES.
1 ...single, that is never married,
2 married and living with (husband/wife),
3 civil partner in a legally recognised Civil Partnership
4 married and separated from (husband/wife),
5 divorced,
6 or, widowed?
7 formerly in a legally recognised civil partnership and separated from civil partner
8 formerly in a legally recognised civil partnership and civil partnership is now legally dissolved
9 a surviving civil partner (his/her partner has since died)

IF (more than one person aged 16+ in household) AND (MarStat = single OR married and separated OR divorced OR widowed) THEN
Couple
May I just check, are you (is he/she) living with anyone in this household as a couple?
ASK OR RECORD
1 Yes
2 No
3 SPONTANEOUS ONLY - same sex couple but not in a formal registered civil partnership

IF AgeOf = 16 - 17 THEN
LegPar
Can I check, do either of (name of respondent's) parents, or someone who has legal parental responsibility for him/her, live in this household?
1 Yes
2 No

The Health Survey for England 2011 - Household Questionnaire

IF Aged 0 - 15 THEN
Par1
Which of the people in this household are (name of respondent's) parents or have legal parental responsibility for him/her on a permanent basis?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 97. Range: 1…97

IF Par1 = 1..12 THEN
Par2
Which other person in this household is (name of respondent's) parent or have legal parental responsibility for him/her on a permanent basis?
CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97. Range: 1…97

SelCh
INTERVIEWER: Is this child selected for an individual interview?
1 Yes
2 No

Nat1Par
SHOW CARD A2
From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par1]. Just tell me the number beside the answer that applies to (name of respondent) and (name of parent/legal guardian).
1 Own natural child
2 Other (eg adopted, foster, child of partner etc)

IF (Par2 IN 1..12) THEN
Nat2Par
SHOW CARD A2
From this card please tell me what is the relationship of (name of respondent) to (name of parent/legal guardian) [Par2]. Just tell me the number beside the answer that applies to (name of respondent).
1 Own natural child
2 Other (eg adopted, foster, child of partner etc)

Person to Nat2Par repeated for up to 12 members of the HH

RELATIONSHIP BETWEEN HOUSEHOLD MEMBERS COLLECTED FOR ALL
SHOW CARD A1
What is (name of respondent's) relationship to (name)? Just tell me the number on this card.
ARRAY [1..12]
1 husband/wife
2 partner/cohabitee
3 natural son/daughter
4 adopted son/daughter
5 foster child
6 stepson/stepdaughter/child of partner
7 son/daughter-in-law
8 natural parent
The Health Survey for England 2011 - Household Questionnaire

HRP
INTERVIEWER: THE HOUSEHOLD REFERENCE PERSON IS:
(Displays name of Household Reference Person)

DVHRPNum
Person number of Household Reference Person

ASK ALL
Tenure
SHOW CARD A3
Now, I'd like to get some general information about your household. In which of these ways does your household occupy this accommodation? Please give an answer from this card.

1. Own it outright
2. Buying it with the help of a mortgage or loan
3. Pay part rent and part mortgage (shared ownership)
4. Rent it
5. Live here rent free (including rent free in relative's/friend's property; excluding squatting)
6. Squatting

IF Pay part rent/part mortgage OR Rent it OR Live here rent free THEN
JobAccom
Does the accommodation go with the job of anyone in the household?

1. Yes
2. No

LandLord
Who is your landlord?

READ OUT AND CODE FIRST THAT APPLIES. INTERVIEWER: If asked, New Town Development should be included as local authority or council.

1. ...the local authority/council,
2. a housing association or co-operative or charitable trust or registered social landlord,
3. employer (organisation) of a household member,
4. another organisation,
5. relative/friend (before you lived here) of a household member,
6. employer (individual) of a household member,
7. letting agency or another individual private landlord?

Furn1
Is the accommodation provided...READ OUT...

1. furnished,
2. partly furnished (e.g. curtains and carpets only),
3. or, unfurnished?

ASK ALL
HHldr
In whose name is the accommodation owned or rented? Anyone else?
CODE ALL THAT APPLY.

(Codeframe of all household members)

1-12 Person numbers of household members
97 Not a household member

HHResp
INTERVIEWER CODE: WHO WAS THE PERSON RESPONSIBLE FOR ANSWERING THE GRIDS IN THIS QUESTIONNAIRE?

(Download frame of adult household members)

1-12 Person numbers of household members
97 Not a household member

IF More than one person coded at HHldr THEN
HiHNum
You have told me that (name) and (name)/jointly own or rent the accommodation. Which of you/who has the highest income (from earnings, benefits, pensions and any other sources)?

ENTER PERSON'S NUMBER – IF TWO PEOPLE HAVE THE SAME INCOME, ENTER 13

(Download frame of joint householders)

1-12 Person numbers of household members
97 Not a household member

IF 2 people have the same income THEN
JntEdA
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER FROM THOSE WITH THE HIGHEST INCOME.

ASK OR RECORD.

(Download frame of joint householders)

1-12 Person numbers of household members

IF Don't know or Refused Person with highest income
JntEdB
ENTER PERSON NUMBER OF THE ELDEST JOINT HOUSEHOLDER.

ASK OR RECORD.

(Download frame of joint householders)

5 Annex 27_Household questionnaire

ENDF

Annex 27_Household questionnaire
The Health Survey for England 2011 - Household Questionnaire

**ASK ALL**

**PasSm**

Does anyone smoke **inside** this (house/flat) on most days?

INTERVIEWER: INCLUDE NON-HOUSEHOLD MEMBERS WHO SMOKE IN THE HOUSE OR FLAT. EXCLUDE HOUSEHOLD MEMBERS WHO ONLY SMOKE OUTSIDE THE HOUSE OR FLAT.

1 Yes  2 No

**IF Yes THEN**

**NumSm**

How many people smoke inside this (house/flat) on most days?

Range: 1..20

**ASK ALL**

**Car**

Is there a car or van **normally** available for use by you or any members of your household?

INCLUDE: ANY PROVIDED BY EMPLOYERS IF NORMALLY AVAILABLE FOR PRIVATE USE BY RESPONDENT OR MEMBERS OF HOUSEHOLD.

1 Yes  2 No

**IF Yes THEN**

**NumCars**

How many are available?

1 One  2 Two  3 Three or more

**SrcInc**

Please look at SHOW CARD A4. There has been a lot of talk about health and income. We would like to get some idea of your household’s income. This card shows various possible sources of income. Can you please tell me which kinds of income you (and your husband/wife/partner) receive?

PROBE: FOR ALL SOURCES. CODE ALL THAT APPLY

1 Earnings from employment or self-employment  2 State retirement pension  3 Pension from former employer  4 Personal Pensions  5 Child Benefit  6 Job-Seekers Allowance  7 Pension Credit  8 Income Support  9 Working Tax Credit  10 Child Tax Credit  11 Housing Benefit  12 Other state benefits  13 Interest from savings and investments (e.g. stocks & shares)  14 Other kinds of regular allowance from outside your household (e.g. maintenance, student’s grants, rent)  15 No source of income

---

The Health Survey for England 2011 - Household Questionnaire

**AttDisab**

SHOWCARD A5

Can I just check, does your household receive any of these listed on this card?

1 Attendance Allowance  2 Disability Living Allowance – care component  3 Disability Living Allowance – mobility component  4 None of these

**NJntInc**

SHOW CARD A6

This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (your/you and your/husband/partner’s combined) income from all these sources, before any deductions for income tax, National Insurance, etc.? Just tell me the number beside the row that applies to (your/joint incomes).

ENTER BAND NUMBER. DON’T KNOW = 96, REFUSED = 97.

Range: 1..31, 96, 97

**IF 2 Adults in household who are not spouse/partner, or 3 or more adults in household THEN**

**OthInc**

Can I check, does anyone else in the household have an income from any source?

1 Yes  2 No

**Employmnt Detaiis of Househould Reference Person Collected**

**NHActv**

SHOW CARD A7

Which of these descriptions applies to what you/name (Household Reference Person) were doing last week, that is in the seven days ending (date last Sunday)?

CODE **FIRST** TO APPLY.

1 Going to school or college full-time (including on vacation)  2 In paid employment or self-employed (or temporarily away)  3 On a Government scheme for employment training  4 Doing unpaid work for a business that you own, or that a relative owns  5 Waiting to take up paid work already obtained  6 Looking for paid work or a Government training scheme  7 Intending to look for work but prevented by temporary sickness or injury (CHECK MAX 28 DAYS)  8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)  9 Retired from paid work  10 Looking after home or family  11 Doing something else (SPECIFY)
The Health Survey for England 2011 - Household Questionnaire

IF Ever been in paid employment or self-employed THEN
  HPayLast
Which year did you/name (Household Reference Person) your/his/her leave last paid job?
WRITE IN.
Numeric: 1920..2999 Decimals: 0

IF Last paid job <= 8 years ago THEN
  HPayMon
Which month in that year did you/he/she leave?

1  January
2  February
3  March
4  April
5  May
6  June
7  July
8  August
9  September
10  October
11  November
12  December
13  Can't remember

IF (HEverJob = Yes) OR (NHActiv  = In paid employment or self-employment .. Waiting to take up a job already obtained) OR (HstWork = Yes) THEN
  HJobTitl
I'd like to ask you some details about the job you were doing last week/your most recent job/the main job you had/the job you are waiting to take up. What is/was/will be the name or title of the job?
Text: Maximum 60 characters

HFtPtime
Were/Are/Will you/name (Household Reference Person) be working full-time or part-time?

1  Full-time
2  Part-time

HWtWork
What kind of work do/did/will you/name (Household Reference Person) do most of the time?
Text: Maximum 50 characters

HMatUsed
IF RELEVANT: What materials or machinery do/did/will you/name (Household Reference Person) use?

IF NONE USED, WRITE IN 'NONE'.
Text: Maximum 50 characters

HSkilNee
What skills or qualifications are/were needed for the job?
Text: Maximum 120 characters
The Health Survey for England 2011 - Household Questionnaire

HEmploye
Were/Are/Will you/name (Household Reference Person) be...READ OUT...
1 an employee
2 or self-employed?
IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.

IF HEmploye = self employed THEN
HDirctr
Can I just check, in this job are/were/will you/name (Household Reference Person) be a Director of a limited company?
1 Yes
2 No

IF Employee OR Director of a limited company THEN
HEmpStat
Are/Were/Will you/name (Household Reference Person) be a...READ OUT...
1 manager
2 foreman or supervisor
3 or other employee?

HEmployee
Including yourself/name (Household Reference Person), about how many people are/were/will be employed at the place where you/name usually work(s)/(usually worked/will work)?
1 1 or 2
2 3-9
3 10-24
4 25-499
5 500+
ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN
HSNEmple
Do/Did/Will you/name (Household Reference Person) have any employees?
1 1 or 2
2 3-9
3 10-24
4 25-499
5 500+
ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN
HSNEmple
Do/Did/Will you/name (Household Reference Person) have any employees?
1 1 or 2
2 3-9
3 10-24
4 25-499
5 500+
ELSEIF (HEmploye = SelfEmp) AND (HDirctr = No) THEN

IF Employee THEN
Ind
What does/did your/his/her employer make or do at the place where you/name (Household Reference Person) (usually work/usually worked/will work)?
Text: Maximum 100 characters

Sector
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, schools or the health service, or a non-profit organisation such as a charity?
1 Private sector
2 Public sector
3 Non-profit organisation
4 Don't know
5 Refused

INTERVIEWER: END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).
General Health
ASK ALL

OwnDoB
What is your date of birth?
IF (Name) DOES NOT KNOW HIS/HER DATE OF BIRTH, PLEASE GET AN ESTIMATE.

OwnAge
Can I just check, your age is (computed age)?
1  Yes
2  No

IF OwnDoB = Not known/Refused THEN

OwnAgeE
Can you tell me your age last birthday? IF NECESSARY: What do you estimate your age to be?
Range: 1..120

IF (OwnAgeE = Not known/Refused) AND (Estimated age from household grid >=16) THEN

AgeAEst
INTERVIEWER: ESTIMATE NEAREST AGE
18 (ie between 16-19)
25 (ie between 20-29)
35 (ie between 30-39)
45 (ie between 40-49)
55 (ie between 50-59)
65 (ie between 60-69)
75 (ie between 70-79)
85 (ie 80+)

ELSE IF (OwnAgeE = Not known/Refused) AND (Est. age from HH grid < 16) THEN

AgeCEst
INTERVIEWER: ESTIMATE NEAREST AGE:
1  1 year
3  3 years
5  5 years
7  7 years
9  9 years
11 11 years
13 13 years
15 15 years
ASK ALL

GenHelf
How is your health in general? Would you say it was ...
1 very good
2 good
3 fair
4 bad, or
5 very bad?

LongIll
Do you have any long-standing illness, disability or infirmity? By long-standing I mean anything
that has troubled you over a period of time, or that is likely to affect you over a period of time?
1 Yes
2 No

IF LongIll = Yes THEN RECORD UP TO SIX LONG-STANDING ILLNESSES
IllsTxt[i]
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY. PROBE FOR DETAIL.
IF MORE THAN ONE MENTIONED, ENTER ONE HERE ONLY.
Open Answer: up to 60 characters
Variable names for text are IllsTxt1-IllsTxt6

More[i]
(Can I check) do you have any other long-standing illness, disability or infirmity?
1 Yes
2 No

IF LongIll = Yes THEN

LimitAct
Does this illness or disability/do any of these illnesses or disabilities limit your activities in any
way? 1 Yes
2 No

ASK ALL

LastFort
Now I’d like you to think about the two weeks ending yesterday. During those two weeks did
you have to cut down on any of the things you usually do about the house or at school/work or
in your free time because of a condition you have just told me about or some other illness or
injury? 1 Yes
2 No

IF LastFort = Yes THEN

DaysCut
How many days was this in all during these 2 weeks, including Saturdays and Sundays? Range: 1..14

Estimated height and weight

ASK ALL RESPONDENTS AGED 16+

EHCh
How tall are you without shoes? You can tell me in metres or in feet and inches.
INTERVIEWER: RECORD IN METRES OR IN FEET AND INCHES. IF RESPONDENT
DOESN'T KNOW HEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE
HEIGHT USE <CTRL+R>.
1 Metres
2 Feet and inches

IF EHCh = Metres THEN

EHM
INTERVIEWER: PLEASE RECORD HEIGHT IN METRES.
Range: 0.01..2.44

ELSE IF EHCh = Feet and inches THEN

EHF
INTERVIEWER: PLEASE RECORD HEIGHT. ENTER FEET.
Range: 0..7

EHIn
INTERVIEWER: PLEASE RECORD HEIGHT. ENTER INCHES. YOU CAN ENTER
HALF INCHES, IF GIVEN, WITH A .5 DECIMAL.
Range: 0..11

ENDIF

EWCh
How much do you weigh without clothes and shoes? You can tell me in kilograms or in stones
and pounds.
INTERVIEWER: RECORD IN KILOGRAMS OR IN STONES AND POUNDS. IF RESPONDENT
doesn't know height use <CTRL+K>. IF RESPONDENT is not willing to give
height use <CTRL+R>.
1 Kilograms
2 Stones and pounds

IF EWCh = Kilograms THEN

EWK
INTERVIEWER: PLEASE RECORD WEIGHT IN KILOGRAMS.
Range: 1.0..210.0

ELSE IF EWCh = Stones and pounds THEN

EWS
INTERVIEWER: PLEASE RECORD WEIGHT. ENTER STONES.
Range: 1..32

EWL
INTERVIEWER: PLEASE RECORD WEIGHT. ENTER POUNDS.
Range: 0..13

ENDIF
**Personal Care Plans**

**IF Age16+ AND LongIl = Yes THEN**

**ConvDoc**

You mentioned earlier that you have a/some long term health condition(s). Doctors, nurses or other health workers sometimes have a special discussion with people with a long term condition, to look at the way that their health and care is managed. This is to make sure that people are given information and understand the options for their condition, are happy with the care they are receiving overall for their health, and know how they can be involved in decisions about their care.

Have you had a conversation like this with your doctor, nurse or health worker about your long term condition(s)?

1. Yes
2. No
3. Not sure

**IF ConvDoc = Yes LastYr**

Was this in the last 12 months or longer ago?

1. In last 12 months
2. Longer ago

**IF Age16+ AND LongIl = Yes THEN**

**PlanAg**

Sometimes a doctor, nurse or other health worker will agree a Personal Care Plan for someone with a long term condition, where they write down how the condition will be managed and who is involved in providing general health care or support.

In the last 12 months, have you and a health professional agreed a Personal Care Plan for your overall health and social care needs?

1. Yes, have agreed a personal care plan in the last 12 months
2. Yes, agreed a personal care plan more than 12 months ago
3. No, do not have a personal plan

**IF PlanAg = No THEN**

**OffPlan**

Have you talked about a Personal Care Plan with a health care professional, or been offered a Personal Care Plan in the last 12 months?

1. Yes
2. No

**IF OffPlan = Yes THEN**

**WhyNoPlan**

Why have you not agreed a Personal Care Plan after discussing it? Is that because you didn't want one or is there some other reason?

1. Did not want a personal care plan
2. Still discussing a plan, not yet agreed
3. Other reason - SPECIFY

**IF WhyNoPlan = Other THEN**

**NoPlOth**

INTERVIEWER: Specify other reason.

Text: Maximum 50 characters

**IF OffPlan = No THEN**

**LikePlan**

Would you like the opportunity to discuss a Personal Care Plan with a health professional?

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

**IF PlanAg = Yes THEN**

**CareImpr**

Has your Care Plan improved the health or social care services you receive?

1. Yes - improved a great deal
2. Yes - improved to some extent
3. No - not improved
4. Don't know / can't say

**ASK ALL WHO HAVE A LONG-TERM CONDITION**

**OptOff**

SHOWCARD B1

There are various options for self care support that health care professionals may offer to people with long term health conditions. This card shows some of them. Have you discussed or been offered any of the things on this card in the last 12 months (even if you decided not to take them up)?

PROBE FULLY: Which others?

**CODE ALL THAT APPLY.**

1. Being given help to find information about your condition
2. Being given help to find information about the choices you have for care from health professionals
3. Attending a training course on your condition, such as the Expert Patient's Programme, Challenging Arthritis, DAFNE for diabetes, etc.
4. Joining a support network or attending a group for people with a long-term condition
5. Having equipment fitted into your home
6. Other (PLEASE SPECIFY)
7. None of these

**IF (Other IN OptOff) THEN**

**OpOffOt**

INTERVIEWER: Please specify.

Text: Maximum 50 characters
**Chronic Pain**

**ASK ALL AGE 16+**

**AnyPain**
Are you currently troubled by pain or discomfort, either all the time or on and off?
1. Yes  
2. No

**IF AnyPain = Yes THEN**

**More3m**
Have you had this pain or discomfort for more than 3 months?
1. Yes  
2. No

**IF More3m = Yes THEN**

**SitePain**
Where is this pain or discomfort?
CODE ALL THAT APPLY
- 1 Back pain
- 2 Neck or shoulder pain
- 3 Headache, facial or dental pain
- 4 Stomach ache or abdominal pain
- 5 Pain in your arms, hands, hips, legs or feet
- 6 Chest pain
- 7 Other pain

**PainInt**
The next questions ask you to rate the intensity of your pain on a scale from 0 to 10, where 0 represents no pain and 10 represents pain as bad as it could be.

**PainNow**
How would you rate your pain right now?
REPEAT IF NECESSARY: On a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be
Range: 0..10

**WorstP**
In the last three months, how would you rate your worst pain?
REPEAT IF NECESSARY: On a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be
Range: 0..10

**UsualP**
And in the last three months, on average, how would you rate your pain? That is, your usual pain at times you were in pain.
REPEAT IF NECESSARY: On a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be
Range: 0..10

**OptDone**
SHOWCARD B2
And over the last 12 months which, if any, of the things on this card have you actually done to help manage your condition? Just read out the numbers that apply.
PROBE FULLY: Which other things (have you done to help manage your condition in the last 12 months)? CODE ALL THAT APPLY
- 1 Read and used information about your condition
- 2 Read and used information about the choices you have for care from health professionals
- 3 Attended a training course on your condition such as the Expert Patients Programme, Challenging Arthritis, DIARNE for diabetes, etc
- 4 Joined a support network or attended a group for people with a long-term condition
- 5 Had equipment fitted into your home
- 6 Other (PLEASE SPECIFY)
- 7 None of these

**IF (Other IN OptDone) THEN**

**OpDonOt**
INTERVIEWER: Please specify.
Text: Maximum 50 characters
**Impacp**
In the last 3 months, how many days did your pain keep you from doing your usual activities like work, school or housework?
1. None
2. 1
3. 2
4. 3-4
5. 5-6 days
6. 7-10 days
7. 11-14 days
8. 15-21 days
9. 22-30 days
10. 31-60 days
11. 61-75 days
12. 76-90 days

**DailyP**
In the past three months how much has the pain interfered with your daily activities? Tell me on a scale of 0-10, where 0 is "no interference' and 10 is "unable to carry on any activities".
Range: 0..10

**SocialP**
In the last three months, how much has this pain changed your ability to take part in recreational, social and family activities? Tell me on a scale of 0-10, where 0 is "no change" and 10 is "extreme change".
Range: 0..10

**WorkP**
In the last three months, how much has this pain changed your ability to work, including housework?
REPEAT IF NECESSARY: Use the same scale, where 0 is "no change" and 10 is "extreme change".
Range: 0..10

**SeenP**
SHOWCARD C1
Have you seen any of the professionals or advisors on this card about support or help to manage your pain?
CODE ALL THAT APPLY
PROBE: Which others?
1. Your GP
2. Nurse at your GP practice
3. Specialist pain services such as a doctor, nurse or physiotherapist at a hospital or clinic
4. Clinical psychologist
5. Osteopath or chiropractor
6. Acupuncturist
7. Pharmacist
8. Other (PLEASE SPECIFY)
9. None of these
Cardiovascular disease

ASK ALL AGE 16+

Chest
I am now going to ask you some questions mainly about symptoms of the chest. Have you ever had any pain or discomfort in your chest?

1. Yes
2. No

IF Chest = Yes THEN

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

1. Yes
2. No
3. Sometimes/Occasionally
4. Never walks uphill or hurries
5. (Cannot walk)

IF Uphill = Sometimes/Occasionally THEN

Most!
Does this happen on most occasions?

1. Yes
2. No

IF Uphill = Yes or Sometimes/Occasionally or Never walks uphill or hurries THEN

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

1. Yes
2. No
3. Sometimes/Occasionally
4. Never walks at an ordinary pace on the level

IF OrdPace = Sometimes/Occasionally THEN

Most2
Does this happen on most occasions?

1. Yes
2. No

IF (Uphill=Yes) OR (OrdPace=Yes) OR (Most1=Yes) OR (Most2=Yes) THEN

WalkDo
What do you do if you get it while you are walking? Do you stop, slow down or carry on?

IF RESPONDENT UNSURE, PROBE: What do you do on most occasions?

1. Stop
2. Slow down
3. Carry on

PainAway
If you stand still does the pain go away or not?

IF PAINAWAY = Pain goes away THEN

SoonAway
How soon does the pain go away? Does it go in ...

1. 10 minutes or less,
2. or more than 10 minutes?

IF SoonAway = 10 minutes or less THEN

ShowPain
Will you show me where you get this pain or discomfort?

INTERVIEWER: USE CARD K TO HELP CODE POSITION OF PAIN OR DISCOMFORT. CODE ALL THAT APPLY. PROBE: Where else?

1. Sternum (upper or middle)
2. Sternum lower
3. Left anterior chest
4. Left arm
5. Right anterior chest
6. Right arm
7. (Somewhere else)

Ask all
SevPain
Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

1. Yes
2. No

IF SevPain=Yes THEN

DocSee
Did you see a doctor because of this pain?

1. Yes
2. No

IF DocSee = Yes THEN

DocWhat
What did the doctor say it was?

CODE ALL THAT APPLY.

1. Angina
2. Heart attack
3. Did not say
4. Other
ASK ALL
ECGEver
Have you ever had an electrical recording of your heart (ECG) performed?
1 Yes
2 No

IF ECGEver = Yes THEN
WhereECG
Where did you have it?
CODE ALL THAT APPLY. PROBE: Where else?
1 Hospital (inpatient)
2 Hospital (outpatient)
3 GP Surgery
4 Other

ASK ALL
BPMeas
May I just check, have you ever had your blood pressure measured by a doctor or nurse?
1 Yes
2 No

IF BPMeas = Yes THEN
LastBP
When was the last time your blood pressure was measured by a doctor or nurse? Was it ... READ OUT ...
1 ...during the last 12 months,  2 at least a year but less than 3 years ago,
3 at least 3 years but less than 5 years ago,
4 or 5 years ago or more?

NormBP
Thinking about the last time your blood pressure was measured, were you told it was ...
1 normal (alright/fine),  2 higher than normal,
3 lower than normal,
4 or were you not told anything?

IF (NormBP = High) THEN
OnlyHi
Is this the only time your blood pressure has been higher than normal or has it been ...?
1 Only time  2 A number of times

ASK ALL
CHMeas
Have you ever had your blood cholesterol level measured by a doctor or nurse?
1 Yes
2 No
CVD6
...any other heart trouble?
1 Yes
2 No

CVD7
Have you ever had a stroke?
1 Yes
2 No

CVD8
Do you now have, or have you ever had diabetes?
1 Yes
2 No

IF CVD6 = Yes THEN
CVD0oth
What is that condition? RECORD FULLY. PROBE FOR DETAIL.
INTERVIEWER: IS THIS CONDITION LISTED UNDER Heart murmur OR Abnormal heart rhythm?
IF YES, CHANGE CODE AT EverMur OR EverIReg.

IF CVD2 = Yes THEN
DocTold2
You said that you had Angina. Were you told by a doctor that you had Angina?
1 Yes
2 No

IF DocTold2 = Yes THEN
AgeTold2
Approximately how old were you when you were first told by a doctor that you had angina? Interviewer: Type in age in years.

PastYr2
Have you had angina during the past 12 months?
1 Yes
2 No

IF CVD3 = Yes THEN
DocTold3
Were you told by a doctor that you had a Heart Attack (including myocardial infarction or coronary thrombosis)?
1 Yes
2 No

IF DocTold3 = Yes THEN
AgeTold3
Approximately how old were you when you were first told by a doctor that you had a heart attack (including myocardial infarction and coronary thrombosis)? Interviewer: Type in age in years.
PastYr7
Have you had a stroke during the past 12 months?
1 Yes
2 No

IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5 = Yes) OR (CVD6 = Yes) OR (CVD7 = Yes) THEN

Medicine
Are you currently taking any medicines, tablets or pills because of your heart condition or stroke?
1 Yes
2 No

IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5 = Yes) OR (CVD6 = Yes) THEN

Surgery
Have you ever undergone any surgery or operation because of your heart condition?
1 Yes
2 No

IF Surgery = Yes THEN

Waiting
Can I just check, are you currently on a waiting list for any such surgery or operation?
1 Yes
2 No

IF (CVD2 = Yes) OR (CVD3 = Yes) OR (CVD5 = Yes) OR (CVD6 = Yes) OR (CVD7 = Yes) THEN

Other Treatments
Are you currently receiving any other treatment, advice or tests because of your heart condition or stroke?
1 Special diet
2 Regular check-up or monitoring
3 Taking medication
4 Advice to reduce alcohol consumption
5 Advice to reduce smoking
6 Advice to reduce smoking
7 Other (RECORD AT NEXT QUESTION)
8 No other treatment
IF OthTrt = Other THEN
  WhatOTrt
  What other advice or treatment do you receive? PROBE FOR DETAIL
  Text: Maximum 50 characters
ENDIF

IF OthTrt <> No other treatment THEN
  WhoOTrt
  Who is responsible for this advice or treatment?
  CODE ALL THAT APPLY
  1 Specialist
  2 GP
  3 Practice Nurse
  4 Doctor/Nurse in hospital outpatient
  5 Doctor/Nurse in clinic (e.g. smoking clinic)
  6 Other
ENDIF

IF OthTrt = Check-up THEN
  WhenOTrt
  How often do these check-ups take place?
  1 More than once a week
  2 Weekly
  3 Fortnightly
  4 Monthly
  5 Every 3-6 months
  6 Every 6 months
  7 Every year
  8 Less than once a year
ENDIF

IF EverBP = Yes THEN
  DocBP
  You mentioned that you have had high blood pressure. Were you told by a doctor or nurse that you had high blood pressure?
  1 Yes
  2 No
ENDIF

IF (DocNurBP = Yes) AND (Sex = Female) THEN
  PregBP
  Can I just check, were you pregnant when you were told that you had high blood pressure?
  1 Yes
  2 No
ENDIF

IF PregBP = Yes THEN
  OthBP
  Have you ever had high blood pressure apart from when you were pregnant?
  1 Yes
  2 No
ENDIF

IF DocBP=Yes and OthBP <> No THEN
  AgeBP
  How old were you when you were first told by a doctor that you had high blood pressure?
  Interviewer: Type in age in years.

  MedBP
  Are you currently taking any medicines, tablets or pills for high blood pressure?
  1 Yes
  2 No

  IF MedBP = No, Don't know or refused THEN
    BPStill
    ASK OR RECORD: Do you still have high blood pressure?
    1 Yes
    2 No
  ENDIF

  Evermed
  Have you ever taken medicines, tablets, or pills for high blood pressure in the past?
  1 Yes
  2 No

  IF Evermed = Yes THEN
    StopMed
    Why did you stop taking (medicines/tablets/pills) for high blood pressure?
    PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY
    1 Doctor advised me to stop due to:
    2 ...improvement
    3 ...lack of improvement
    4 ...other problem
    5 Respondent decided to stop:
    6 ...because felt better
    7 ...for other reason
    8 Other reason
  ENDIF

  OthAdv
  SHOW CARD D2
  Are you receiving any (other) treatment or advice because of your high blood pressure?
  INCLUDE REGULAR CHECK-UPS
  1 Yes
  2 No

  IF OthAdv = Yes THEN
    StopMed
    Why did you stop taking (medicines/tablets/pills) for high blood pressure?
    PROBE: What other reason? TAKE LAST OCCASION. CODE ALL THAT APPLY
    1 Doctor advised me to stop due to:
    2 ...improvement
    3 ...lack of improvement
    4 ...other problem
    5 Respondent decided to stop:
    6 ...because felt better
    7 ...for other reason
    8 Other reason
  ENDIF

  IF OthAdv = Yes THEN
    WhatTrt
    What treatment or advice do you currently receive because of your high blood pressure?
    1 Blood pressure monitored by GP/other doctor/nurse
    2 Advice or treatment to lose weight
    3 Blood tests
    4 Change diet
    5 Stop smoking
    6 Reduce stress
    7 Other (RECORD AT NEXT QUESTION)
IF OthDi = Yes THEN
OtherDi(What)
What (other) treatment or advice are you currently receiving for diabetes?
PROBE: What else? CODE ALL THAT APPLY
1 Special diet
2 Eye screening/regular eye tests
3 Other (RECORD AT NEXT QUESTION)

IF OtherDi = Other THEN
OtherDi(WhatSpecify)
PLEASE SPECIFY.

IF Eye Screening NOT MENTIONED AT OtherDi
WhyNoET
You did not mention regular eye tests for your diabetes. Is there any reason why you are not
having your eyes tested regularly?
1 Not needed/never been told that I need eye tests
2 Been offered regular eye tests but didn’t want them
3 Been offered regular eye tests but not able to take them up
4 Other (RECORD AT NEXT QUESTION)

IF WhyNoET = Other THEN
OthNoET
INTERVIEWER: PLEASE SPECIFY

IF EverMur = Yes THEN
Murmer
You mentioned that you have had a heart murmur. Were you told by a doctor that you had a
heart murmur?
1 Yes 2 No

IF (MurDoc = Yes) AND (Sex = Female) THEN
PregMur
Can I just check, were you pregnant when you were told that you had a heart murmur?
1 Yes 2 No

IF PregMur = Yes THEN
NoPregM
Have you ever had a heart murmur apart from when you were pregnant?
1 Yes 2 No

IF WhatTri = Other THEN
WhatTSp
PLEASE SPECIFY.

IF EverDi = Yes THEN
Diabetes
You mentioned earlier that you had diabetes. Were you told by a doctor that you had diabetes?
1 Yes 2 No

IF (Diabetes = Yes) AND (Sex = Female) THEN
DiPreg
Can I just check, were you pregnant when you were told that you had diabetes?
1 Yes 2 No

IF DiPreg = Yes THEN
DiOth
Have you ever had diabetes apart from when you were pregnant?
1 Yes 2 No

IF (Diabetes = Yes) AND (DiOth <> No) THEN
DiAge
(Apart from when you were pregnant, approximately) how old were you when you were first
told by a doctor that you had diabetes? ENTER AGE IN YEARS
Range: 0..110

Insulin
Do you currently inject insulin for diabetes?
1 Yes 2 No

DiMed
Are you currently taking any medicines, tablets or pills (other than insulin injections) for diabetes?
1 Yes 2 No

OthDi
Are you currently receiving any (other) treatment or advice for diabetes? INCLUDE
REGULAR CHECK-UPS.
1 Yes 2 No
IF (CVD1=Yes) OR (CVD2=Yes) OR (CVD3=Yes) OR (CVD4=Yes) OR (CVD5=Yes) OR (CVD6=Yes) OR (CVD7=Yes) or (CVD8=Yes) THEN
DocTlk
During the two weeks ending yesterday, apart from any visit to a hospital, have you talked to a doctor on your own behalf, either in person or by telephone? INTERVIEWER: Exclude consultations made on behalf of others.
1 Yes 2 No

IF DocTlk = Yes THEN
DocOccs
How many times have you talked to a doctor in these two weeks?
RANGE: 1..24

IF DocOccs = 1 THEN
ConM
Was this consultation(s) about your [condition]?
1 Yes 2 No

IF ConM=Yes THEN
ConDM
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure 2 angina 3 heart attack 4 heart murmur 5 abnormal heart rhythm 6 other heart trouble 7 stroke 8 diabetes

IF ConM<>Yes THEN
LastDoc
Apart from any visit to a hospital, when was the last time you talked to a doctor on your own behalf about your [condition]? PROMPT IF NECESSARY
1 Less than 2 weeks ago 2 2 weeks ago but less than a month ago 3 1 month ago but less than 3 months ago 4 3 months ago but less than 6 months ago 5 6 months ago but less than 1 year ago 6 1 year or more ago 7 Never consulted a doctor

IF (Murmer = Yes) AND (NoPregM <> No) THEN
AgeMur
(Apart from when you were pregnant, approximately) how old were you when you were first told by a doctor that you had a heart murmur?
ENTER AGE IN YEARS. IF BORN WITH IT ENTER 0
Range: 0..110

MurYr
Have you had a heart murmur during the past twelve months?
1 Yes 2 No

MedMur
Are you currently taking any medicines, tablets or pills because of your heart murmur?
1 Yes 2 No

SurgMur
Have you ever undergone any surgery or operation because of your heart murmur?
1 Yes 2 No

IF SurgMur = yes then
LongMur
How long ago was this? Interviewer enter number of years ago. If more than one operation, take last occasion. Less than one year ago = 0. 
: YAge

IF (MedMur = Yes) OR (SurgMur = Yes) THEN
WaitMur
Can I just check, are you currently on a waiting list for any such surgery or operation
1 Yes 2 No

IF ConM<>Yes THEN
WaitMur
Can I just check, are you currently on a waiting list for any such surgery or operation
1 Yes 2 No

If ConM=Yes THEN
ConDM
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure 2 angina 3 heart attack 4 heart murmur 5 abnormal heart rhythm 6 other heart trouble 7 stroke 8 diabetes

IF (MedMur = Yes) OR (SurgMur = Yes) THEN
WaitMur
Can I just check, are you currently on a waiting list for any such surgery or operation
1 Yes 2 No

OthMur
Are you currently receiving any other treatment or advice because of your heart murmur?
INTERVIEWER: Include regular check-ups.
1 Yes 2 No

IF OthMur=Yes THEN
MurOth
What other treatment or advice are you currently receiving because of your heart murmur?
Text: Maximum 50 characters
IF (LastDoc <> Never consulted a doctor) AND (More than one coded Yes at CVD1 – CVD8) THEN
ConCons
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes

PNur
During the last 2 weeks ending yesterday, did you see a practice nurse at the GP surgery on your own behalf?
1 Yes
2 No

IF PNur=Yes THEN
NPNur
How many times did you see a practice nurse at the GP surgery in these two weeks? Range: 1..9
PNurConM
Was this consultation about your (name of condition)?
1 Yes
2 No

IF PNurConM = Yes THEN
PNurCons
Which condition was the consultation about? CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes

OutPatB
During the last 12 months, did you attend hospital as an outpatient, day patient or casualty?
1 Yes
2 No

IF (OutPatB = Yes) THEN
WhyOutPatB
(Was this visit/were any of these visits) because of your (condition(s))?
1 Yes
2 No

IF WhyOutPatB=Yes THEN
OpatCons
Which conditions did you visit the hospital for?
CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes

InPatB
And during the last year, have you been in hospital as an inpatient, overnight or longer?
1 Yes
2 No

IF (InPatB=Yes) THEN
YInpatB
(Was this stay/Were any of these stays) because of your (name of heart condition)?
1 Yes
2 No

IF YInpatB =Yes THEN
IpatCons
Which conditions did you visit the hospital for? CODE ALL THAT APPLY
1 high blood pressure
2 angina
3 heart attack
4 heart murmur
5 abnormal heart rhythm
6 other heart trouble
7 stroke
8 diabetes
Social care
ASK ALL AGED 65+
Intro
The next few questions are about tasks that some people may need help with and about help that you may have received in the last month. Please think only about help you need because of long-term physical or mental ill-health, disability or problems relating to old age.

For each task, I'd like you to tell me which option applies to you.

Tasks A
SHOW CARD F1
Thinking about getting in and out of bed on your own, please look at this card and tell me the option which best applies to you?
INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts.

1. I can do this without help from anyone
2. I have difficulty doing this but manage on my own
3. I can only do this with help from someone
4. I cannot do this

Tasks [Repeat for tasks B to M]
Still looking at Showcard F1, what about...
(B) washing your face and hands
(C) having a bath or a shower, including getting in and out of the bath or shower
(D) dressing or undressing, including putting on shoes and socks
(E) using the toilet
(F) eating, including cutting up food
(G) taking the right amount medicine at the right times
(H) getting around indoors
(I) getting up and down stairs
(J) getting out of the house, for example to go to the doctors or visit a friend
(K) shopping for food including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
(L) doing routine housework or laundry
(M) doing paperwork or paying bills

EXPLAIN IF NECESSARY: Do not include help that has always been received because of the way household responsibilities are divided (only for tasks K, L, M).

INTERVIEWER: Do not include help from special aids or equipment such as wheelchairs or stair lifts (only for tasks B, C, D, E, H, I, J).

For following tasks include additional instruction:
(C) having a bath or a shower: INTERVIEWER: if respondent says they can do one but not the other, ask them to think about the washing facilities they have.
(D) taking the right amount of medicine at the right times: INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

Dental Health
ASK ALL 16+

DenHlth
SHOW CARD E1
In relation to dental health, which of the things on this card applies to you?
EXPLAIN IF NECESSARY: Crowns are included as natural teeth.

1. ...no natural teeth and wear dentures
2. ...both natural teeth and denture(s)
3. ...only natural teeth
4. ...neither natural teeth nor dentures

IF DenHlth = 2 or 3 THEN
NatTeeth
Adults can have up to 32 natural teeth but over time people lose some of them. How many natural teeth have you got? Is it...

READ OUT...
EXPLAIN IF NECESSARY: Include teeth with crowns and wisdom teeth.
1. Fewer than 10 natural teeth
2. Between 10 and 19 natural teeth
3. 20 or more natural teeth?

ENDIF

DenHlth2
Would you say that your dental health (your mouth, teeth and/or dentures) is...

1. ...excellent
2. ...very good
3. ...good
4. ...fair
5. ...or poor?

DenProb
SHOW CARD E2
In the past 6 months, have you had any problems with your mouth, teeth or dentures which have caused you to have any of the things listed on this card?
CODE ALL THAT APPLY
1. Difficulty eating food
2. Difficulty speaking clearly
3. Problems with smiling, laughing and showing teeth without embarrassment
4. Problems enjoying the company of other people such as family, friends or neighbours
5. None of these
Intro
I am now going to ask you some questions about who helps you with different things. I will show you two lists of people who may have helped you.

HelpInf
SHOWCARD F2
In the last month, who has helped you with (insert list of tasks in group)?
First, please tell me about all of the people from this list who have helped you? Please only think about help received because of long term physical or mental ill-health, disability or problems relating to old age.
INTERVIEWER: Probe fully.
CODE ALL THAT APPLY:
1 Husband/Wife/Partner
2 Son (including step son, adopted son or son in law)
3 Daughter (including step daughter, adopted daughter or daughter in law)
4 Grandchild (including Great Grandchildren)
5 Brother / Sister (including step / adopted / in laws)
6 Niece / Nephew
7 Mother /father (including mother-in-law/ father-in-law)
8 Other family member
9 Friend
10 Neighbour
11 None of the above

[Repeat for tasks B to M]
What about (insert shortened task B to M listed in bold)?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/wife/another family member.
ASK IF NECESSARY: Have you received help from anyone with (insert shortened task B to M listed in bold), in the last month?
1 Yes
2 No

If help received with shopping/ housework or laundry/ paperwork THEN
CheckA
Do you receive this help with (insert tasks KLM) because of long standing physical or mental ill-health, a disability or problems relating to old age?
1 Yes for some or all
2 No, none of this help is because long standing physical or mental ill-health, disability or problems relating to old age

ENDIF

For HelpInf and HelpForm, tasks A to M regrouped into following categories:
1. (C) Having a bath or a shower
2. (A) Getting in and out of bed
3. (B) Washing your face and hands
4. (D) Dressing or undressing
5. (E) Using the toilet
6. (F) Eating, including cutting up food
7. (G) Taking medication
8. (H) Getting around indoors
9. (I) Using stairs
10. (J) Getting out of the house
11. (K) Shopping for food
12. (L) Housework or laundry
13. (M) Doing paperwork or paying bills
IF H hel = Different people help with different things THEN
Help1
I'd like you to think about the home care workers, home helps or personal assistants
who help with different things, so that I can ask you about each of them later. Thinking
of the first home care worker/home help/personal assistant, what sort of thing do
they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/bathing/personal care
4 Meals/eating
5 Getting out of the house/shopping
6 Cleaning/laundry
7 Other

IF MoreHC = Yes THEN
Help2
Thinking of the second home care worker/home help/personal assistant, what sort of
ting do they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/bathing/personal care
4 Meals/eating
5 Getting out of the house/shopping
6 Cleaning/laundry
7 Other

MoreHC
Are there any more home care workers, home helps or personal assistants who help you
with different kinds of things?
1 Yes
2 No

IF MoreHC = Yes THEN
Help3
Thinking of the third home care worker/home help/personal assistant, what sort of
ting do they help you with?
CODE MAIN TASK
1 Getting up in the morning
2 Going to bed
3 Washing/bathing/personal care
4 Meals/eating
5 Getting out of the house/shopping
6 Cleaning/laundry
7 Other
Intro
Now I am going to ask you a few questions about paying for the care you receive.

ASK IF ANY FORMAL CARERS AT HelpForm, OR INFORMAL CARERS FOR >20 HOURS
HaveDP
SHOWCARD F5
Local authorities/council/social services offer different ways of arranging payment for people’s care. This card describes some of these ways. Please look at the card and tell me whether either of these apply for the care you receive?
INTERVIEWER: Only include payments for social care. Do not include other payments for example, pension or Attendance Allowance
INTERVIEWER: IF RESPONDENT SELECTS ONLY ONE ANSWER (1 OR 2) PROBE FOR THE OTHER ONE: Does the other one also apply?
CODE ALL THAT APPLY (1 and 2 can be coded together, 3 can only be coded on its own).
1 Direct payments
2 Council manages the money
3 Neither of these

PersB
Do you have a Personal Budget, sometimes known as an Individual Budget? This is when the local authority/council/social services decides the amount or pot of money necessary to meet your social care needs. You can choose how to spend this money which can be used for a range of services, not just social care.
INTERVIEWER EXPLAIN IF NECESSARY: The money could be paid to you as a Direct Payment or the local authority/council/social services could manage the money for you.
1 Yes, have Personal Budget/Individual Budget
2 No, do not have Personal Budget/ Individual Budget

IncAss
Has the council or local authority made an assessment of what you can afford for any of your care needs? This is sometimes called an income assessment or means testing.
INTERVIEWER EXPLAIN IF NECESSARY: This might have been when the local authority/council/social services decided the amount or pot of money necessary to meet your social care needs. You can choose how to spend this money which can be used for a range of services, not just social care.
1 Yes, had income assessment
2 No

Repeat for each formal care provider at HelpForm

LAhelp
SHOWCARD F6
How was the help from your __________ arranged? Please look at this card and tell me which option applies.
1 Arranged without involvement from the local authority, council or social services
2 Local authority, council or social services arranged this help for me
3 Local authority, council or social services told me about the help but I arranged it myself or my family arranged it for me
4 Other
Route A: Questions for formal providers arranged through local authority – this set of questions is asked once to cover all providers for which the answer to LAhelp was 2 or 3.

IF LAhelp = 2 OR 3 THEN

AnyPay
Do you (your husband/partner, wife/partner if appropriate) pay or give any money for the help given by your (list of relevant formal providers)? Please include any payments made for this care, even if not made directly to the care provider.
1 Yes
2 No
3 (Don’t know)

IF AnyPay = Yes THEN

Allcost
Does this payment cover all the cost of this help or some of the cost of this help?
EXPLAIN IF NECESSARY: the payment for your (list of relevant formal providers)
1 All
2 Some

HowPay
SHOWCARD F7
How do you usually pay or give money to your (list of relevant formal providers) for helping you?
CODE ALL THAT APPLY
1 my own personal income, savings, pension or benefit (such as Attendance Allowance)
2 my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
3 from another source

ENDIF

AddPay
(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your (list of relevant formal providers) for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.
INTERVIEWER CODE:
1 Yes, the local authority/council / social services
2 Yes, a family member (with their own money)
3 Yes, other
4 No, nobody else pays

IF AddPay = Yes, the local authority/council/social services THEN

LAPay
And does the local authority, council or social services pay your (list of relevant formal providers) directly or is it through your Direct Payment or a Personal Budget?
CODE ALL THAT APPLY:
1 Local authority/social services or council pay directly
2 Paid through Direct Payments / Personal or Individual Budgets

Route B: Ask once if route A already asked or twice if route A not asked.

Priorities
1 First home care worker/home help/personal assistant NOT arranged via council providing most hours
2 Second home care worker/home help/personal assistant NOT arranged via council providing next greatest number of hours
3 Carer at HelpForm (any number of hours)
4 Carer at HelpInf (only provides >20 hours. If more than one carer at 3 or 4, then:
   - Priority given to the one with the most hours
   - Priority given to those living in the same household
   - Priority given in order of listing at Helpinf and Helpform

AnyPay
Do you (your husband/partner, wife/partner if appropriate) pay or give any money for the help given by your (relevant provider)? Please include any payments made for this care, even if not made directly to the care provider.
1 Yes
2 No
3 (Don’t know)

IF AnyPay = Yes THEN

Allcost
Does this payment cover all the cost of this help or some of the cost of this help?
EXPLAIN IF NECESSARY: the payment for your (relevant provider)
1 All
2 Some

HowPay
SHOWCARD F7
How do you usually pay or give money to your (relevant provider) for helping you?
CODE ALL THAT APPLY
1 my own personal income, savings, pension or benefit (such as Attendance Allowance)
2 my Direct Payment/ Personal or Individual Budget from the Local Authority/ council/ Social Services
3 from another source

ENDIF

AddPay
(And in addition to what you pay), as far as you are aware does anyone else or any organisation pay or give money to your (relevant provider) for the care you receive - for example the council or a family member? Do not count any benefits such as Carers Allowance or Attendance Allowance.
INTERVIEWER CODE:
1 Yes, the local authority/council / social services
2 Yes, a family member (with their own money)
3 Yes, other
4 No, nobody else pays
LnchClub
In the last month did you attend a lunch club run by the council or a voluntary body?
1 Used in the last month
2 Not used in the last month

DayCen
And in the last month did you attend a Day Centre? Please include groups or classes run by a day centre but not necessarily held at the day centre building.
1 Used in the last month
2 Not used in the last month

ASK ALL AGED 16+
Intro
The next few questions are about help or support that people provide for others.
1 Continue

ProvHlp
Have you personally provided help or support to anyone in the last month because they have long-term physical or mental ill-health, a disability or problems relating to old age? Do not include help given in a professional capacity or as part of a job, but include help or support given to your family, friends or neighbours.
INTERVIEWER: Include help for wife/husband/partner
IF ProvHlp = Yes THEN
Checkhlp
Can I just check, are you only including help or support that you give this person/these people because they have long-term physical or mental ill-health, disability or problems relating to old age, or were you thinking about help more generally?
1 Yes, thinking of help/support given because of health/old age
2 No, was thinking about help more generally
IF Checkhlp = Yes THEN
HelpNo
How many people do you provide this kind of help and support to?
Range: 0..97
IF HelpNo = >=4 THEN
Intro
Now I'd like you to think about the three people you provide the most help and support to.
1 Continue

PrNameA
Just so I can refer to them later on, I'd like to take down their first names. What are their names?
WRITE IN FIRST NAME OF FIRST PERSON CARED FOR
Text: Maximum 50 characters
If PrHHold= Different household THEN
Agehlp
How old is (name of person respondent helps)?
INTERVIEWER: If necessary ask respondent to estimate.
Range: 1..130
Gendhlp:
INTERVIEWER CODE OR ASK: Is (name of person respondent helps) male or female?
1 Male
2 Female
ENDIF
ENDIF
Repeated for each person respondent helps

IntroB
SHOWCARD F10
I’m going to ask you about the amount of time you spend helping. Please look at SHOWCARD F10, the next question is about the time you spend in person helping with tasks like this.
INTERVIEWER: Please ensure respondent has sufficient time to look at Showcard F10.

1 Continue
PrHours
SHOWCARD F11
Thinking only about the types of help I showed you on Showcard J, how many hours did you spend helping (name of person respondent helps) in the last week?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands or odd jobs without the respondent
INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK ‘So that is xx hours in the last week?’ CHANGE ANSWER IF NECESSARY
INTERVIEWER NOTE: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE 1-4 hours’

Less than 20 hours
20-34 hours
Or for 35 hours or more?

If PrHHold Different household THEN
Agehlp
How old is (name of person respondent helps)?
INTERVIEWER: If necessary ask respondent to estimate.
Range: 1..130
Gendhlp:
INTERVIEWER CODE OR ASK: Is (name of person respondent helps) male or female?
1 Male
2 Female
ENDIF
ENDIF
Repeated for each person respondent helps

IntroB
SHOWCARD F9
Thinking about (name of person respondent helps), what is their relationship to you?
They are my:
1 Husband/Wife/Partner
2 Mother/father (including mother-in-law/ father-in-law)
3 Son (including step son, adopted son or son in law)
4 Daughter (including step daughter, adopted daughter or daughter in law)
5 Grandparent
6 Grandchild (including Great Grandchildren)
7 Brother/Sister (including step / adopted / in laws)
8 Niece / Nephew
9 Other family member
10 Friend
11 Neighbour
12 Somebody I help as a professional carer
13 Somebody I help as a voluntary helper
14 Other (PLEASE SPECIFY)

IF PrRel = Other THEN
RelOth
Please specify the other relationship.
Text: Maximum 50 characters
ENDIF

IF (PrRel = Responses 1-10) AND (HelpNo >=1) THEN
PrHHold
Does (name of person respondent helps) live in the same household as you or in a different household?
1 Same household
2 Different household

If PrHHold=Same household THEN
NumHlp
Please enter person number.
(CODE HH GRID No. age and sex will be taken from household grid)

PrNameB
What are their names?
WRITE IN FIRST NAME OF SECOND PERSON CARED FOR
Text: Maximum 50 characters

PrNameC
What are their names?
WRITE IN FIRST NAME OF THIRD PERSON CARED FOR
Text: Maximum 50 characters

ENDIF

PrRel
SHOWCARD F9
Thinking about (name of person respondent helps), what is their relationship to you?
They are my:
1 Husband/Wife/Partner
2 Mother/father (including mother-in-law/ father-in-law)
3 Son (including step son, adopted son or son in law)
4 Daughter (including step daughter, adopted daughter or daughter in law)
5 Grandparent
6 Grandchild (including Great Grandchildren)
7 Brother/Sister (including step / adopted / in laws)
8 Niece / Nephew
9 Other family member
10 Friend
11 Neighbour
12 Somebody I help as a professional carer
13 Somebody I help as a voluntary helper
14 Other (PLEASE SPECIFY)

IF PrRel = Other THEN
RelOth
Please specify the other relationship.
Text: Maximum 50 characters
ENDIF

IF (PrRel = Responses 1-10) AND (HelpNo >=1) THEN
PrHHold
Does (name of person respondent helps) live in the same household as you or in a different household?
1 Same household
2 Different household

If PrHHold=Same household THEN
NumHlp
Please enter person number.
(CODE HH GRID No. age and sex will be taken from household grid)

PrNameB
What are their names?
WRITE IN FIRST NAME OF SECOND PERSON CARED FOR
Text: Maximum 50 characters

PrNameC
What are their names?
WRITE IN FIRST NAME OF THIRD PERSON CARED FOR
Text: Maximum 50 characters

ENDIF

PrRel
SHOWCARD F9
Thinking about (name of person respondent helps), what is their relationship to you?
They are my:
1 Husband/Wife/Partner
2 Mother/father (including mother-in-law/ father-in-law)
3 Son (including step son, adopted son or son in law)
4 Daughter (including step daughter, adopted daughter or daughter in law)
5 Grandparent
6 Grandchild (including Great Grandchildren)
7 Brother/Sister (including step / adopted / in laws)
8 Niece / Nephew
9 Other family member
10 Friend
11 Neighbour
12 Somebody I help as a professional carer
13 Somebody I help as a voluntary helper
14 Other (PLEASE SPECIFY)

IF PrRel = Other THEN
RelOth
Please specify the other relationship.
Text: Maximum 50 characters
ENDIF

IF (PrRel = Responses 1-10) AND (HelpNo >=1) THEN
PrHHold
Does (name of person respondent helps) live in the same household as you or in a different household?
1 Same household
2 Different household

If PrHHold=Same household THEN
NumHlp
Please enter person number.
(CODE HH GRID No. age and sex will be taken from household grid)
ASK IF PrHours => 20 hours in the last week
PrHours
SHOWCARD F13
And looking at card F13, which of the activities do you help or support (name of person respondent helps)? Please think only of help or support given because of long-term physical or mental ill-health, disability or problems relating to old age.
CODE ALL THAT APPLY
1 Getting the person in and out of bed
2 Washing their face and hands
3 Having a bath or a shower, including getting in and out of the bath or shower
4 Dressing or undressing, including putting on shoes and socks
5 Using the toilet
6 Eating, including cutting up food
7 Taking the right amount of medicine at the right times
8 Getting around indoors (please don’t include using the stairs)
9 Getting up and down stairs
10 Getting out of the house, for example to go to the doctors or to visit a friend
11 Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12 Doing routine housework or laundry
13 Doing paperwork or paying bills

Repeated for up to 3 people respondent helps

ASK IF CARE FOR MORE THAN ONE PERSON AGED 65+
PrOldHr
SHOWCARD F12
Thinking about the total time you spend providing support or help to [text fill (if also some younger)] the older people that you care for, [name of person cared for], about how many hours altogether did you spend last week helping them?
INTERVIEWER EXPLAIN IF NECESSARY: not help over the phone or by internet, or doing occasional errands/odd jobs without the respondent
INTERVIEWER: IF YOU THINK THE ANSWER MAY BE A DAILY AMOUNT, CHECK ‘So that is xx hours in the last week’, CHANGE ANSWER IF NECESSARY
INTERVIEWER NOTE: ROUND DOWN IF NECESSARY, e.g. IF 4.5 HOURS, CODE ‘1-4 hours’

1 Less than one hour per week
2 1-4 hour per week
3 5-9 hours
4 10-19 hours
5 20-34 hours
6 35-49 hours
7 50-99 hours
8 100 hours or more

Repeated for each person respondent helps
ASK OF EACH PERSON CARED FOR

Intro
The next few questions are about the effects on you of caring and about any support you may receive with your care responsibilities

1 Continue

Support
SHOWCARD F14
Do you receive any of these types of support in caring for (name of person respondent helps)? Please think only about help or support given directly to you.
Please read out the numbers that apply from this card
CODE ALL THAT APPLY
1 Help from GP or nurse
2 Access to respite care
3 Help from professional care staff
4 Help from carers' organisation or charity
5 Help from other family members
6 Advice from local authority/social services
7 Help from friends/neighbours
8 No, I don't receive any of these

Repeat for one or all people respondent helps

IF HelpNo = 1 THEN
HealthA[1]
SHOWCARD F15
In the last three months, has your own health been affected, in any of the ways listed on this card, by the help or support that you give to (name of person respondent helps)?
Please read out the numbers that apply from this card
CODE ALL THAT APPLY
1 Feeling tired
2 Feeling depressed
3 Loss of appetite
4 Disturbed sleep
5 General feeling of stress
6 Physical strain
7 Short tempered
8 Developed my own health condition
9 Made an existing condition worse
10 Other
11 No, none of these

IF HealthA[1] = 1-10 AND (IF HelpNo=1) THEN
HealthGP[1]
Have you seen your GP because your health has been affected by the support you give to your (name of person respondent helps)?
1 Yes
2 No

IF HealthA[1] = 1-10 AND (IF HelpNo=2 or more) THEN
HealthGP[2]
Have you seen your GP because your health has been affected by the support you give to the people that you care for?
1 Yes
2 No

ASK IF AGE 16-65

IF HelpNo = 1 THEN
HlthEmp[1]
SHOWCARD F16
Has your ability to take up or stay in employment been affected, in any of the ways listed on this card, by the help or support that you give to your (?)
Please read out the numbers that apply from this card
CODE ALL THAT APPLY
1 Left employment altogether
2 Took new job
3 Worked fewer hours
4 Reduced responsibility at work
5 Flexible employment agreed
6 Changed to work at home
7 Other
8 Employment not affected
Fruit and vegetable consumption

IF Age of respondent >= 5 THEN
VFInt
Now we are moving on to a different topic, and I'd like to ask you a few questions about some of the things you ate and drank yesterday. By yesterday I mean 24 hours from midnight to midnight. First I'd like to ask you some questions about the amount of fruit and vegetables you have eaten

1 Continue

VegSal
Did you eat any salad yesterday? Don’t count potato, pasta or rice salad or salad in a sandwich.

INTERVIEWER: SALADS MADE MAINLY FROM BEANS CAN EITHER BE INCLUDED HERE OR AT THE NEXT QUESTION.

1 Yes
2 No

IF VegSal = Yes THEN
VegSalQ
How many cereal bowls full of salad did you eat yesterday?

IF ASKED: ‘Think about an average-sized cereal bowl’.
Range: 0.5 - 50.0

ENDIF

VegPul
Did you eat any pulses yesterday? By pulses I mean lentils and all kinds of peas and beans, including chickpeas and baked beans. Don’t count pulses in foods like Chilli con carne.

1 Yes
2 No

IF VegPul = Yes THEN
VegPulQ
SHOWCARD G1
How many tablespoons of pulses did you eat yesterday?

IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5 - 50.0

ENDIF

VegVeg
Not counting potatoes, did you eat any vegetables yesterday? Include fresh, raw, tinned and frozen vegetables.

1 Yes
2 No

IF VegVeg = Yes THEN
VegVegQ
SHOWCARD G1
How many tablespoons of vegetables did you eat yesterday?

IF ASKED: ‘Think about a heaped or full tablespoon’.
Range: 0.5 - 50.0

ENDIF
The Health Survey for England 2011 – Individual Questionnaire

**FrtQ**
How (much/many average slices/many average handfuls) of this fruit did you eat yesterday?

- Range: 0.5 - 50.0

**FrtMor**
Did you eat any other fresh fruit yesterday?

- 1 Yes
- 2 No

Repeat for each type of fruit eaten

**FrtDry**
Did you eat any dried fruit yesterday? Don't count dried fruit in cereal, cakes, etc.

- 1 Yes
- 2 No

**FrtFroz**
Did you eat any frozen or tinned fruit yesterday? 1 Yes 2 No

**FrtDish**
Apart from anything you have already told me about, did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**VegDish**
Apart from anything you have already told me about, did you eat any other dishes made mainly from vegetables or pulses yesterday, such as vegetable lasagne or vegetable curry?

**VegUsual**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

- READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**FrtDrnk**
Not counting cordials, fruit drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

**Frt**
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**FrtUsual**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

- READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**FrtDish**
Apart from anything you have already told me about, did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**FrtDrnk**
Not counting cordials, fruit drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

**Frt**
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**FrtUsual**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

- READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**FrtDish**
Apart from anything you have already told me about, did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**FrtDrnk**
Not counting cordials, fruit drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

**Frt**
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**FrtUsual**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

- READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**FrtDish**
Apart from anything you have already told me about, did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**FrtDrnk**
Not counting cordials, fruit drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

**Frt**
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**FrtUsual**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

- READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?

**FrtDish**
Apart from anything you have already told me about, did you eat any other dishes made mainly from fruit yesterday, such as fruit salad or fruit pie? Don't count fruit in yoghurts.

- 1 Yes
- 2 No

**FrtDrnk**
Not counting cordials, fruit drinks and squashes, did you drink any fruit juice yesterday?

- 1 Yes
- 2 No

**Frt**
Did you eat any fresh fruit yesterday? Don't count fruit salads, fruit pies, etc.

- 1 Yes
- 2 No

**FrtUsual**
Compared with the amount of vegetables, salads and pulses you usually eat, would you say that yesterday you ate...

- READ OUT...

- 1 less than usual,
- 2 more than usual,
- 3 or about the same as usual?
Fruit Usual
Compared with the amount of fruit and fruit juice you usually eat and drink, would you say
that yesterday you ate and drank...

1. less than usual
2. more than usual
3. or about the same as usual?

Smoking (Aged 18+)

IF Age of Respondent = 18 to 24 THEN
BookChk
INTERVIEWER CHECK: (name of respondent) IS AGED (age of respondent).
RESPONDENT TO BE...
1. Asked Smoking/Drinking questions
2. Given SELF-COMPLETION BOOKLET FOR YOUNG ADULTS

IF Age of Respondent = 16 to 17 AND (is in joint session with Adult aged 25+ OR with
adult aged 18-24 AND BookChk=1) THEN
YAintro
INTERVIEWER: Prepare self-completion booklet for young female adults/young male
adults by entering serial numbers. Check that you have the correct person number.

YAInt2
At this point, I would now like you to answer some questions by completing all of this booklet
on your own. The questions cover smoking, drinking and attitudes to health. I will need to
ask you a few more questions from the laptop in a little while, and I will ask you to close the
booklet for a few minutes while I do this.

INTERVIEWER: Explain how to complete booklet and show example in booklet.

IF (Age of Respondent is 18 years or over) OR (BookChk = Asked) THEN
SmokEver
May I just check, have you ever smoked a cigarette, a cigar or a pipe?
1. Yes
2. No

IF SmokEver = Yes THEN
SmokeNow
Do you smoke cigarettes at all nowadays?
1. Yes
2. No

IF SmokeNow = Yes THEN
DlySmoke
About how many cigarettes a day do you usually smoke on weekdays?
INTERVIEWER: IF LESS THAN ONE A DAY, ENTER 0. IF RANGE GIVEN AND
CANT ESTIMATE, ENTER MID POINT. IF RESPONDENT SMOKES ROLL UPS
AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97.
Range: 0..97

IF DlySmoke = 97 THEN
Estim
INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY)
CONSUMPTION OF TOBACCO (ON WEEKDAYS). WILL IT BE GIVEN IN
GRAMS OR IN OUNCES?
1. Grams
2. Ounces
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**IF Estim = grams THEN**

**Grams**

Please record estimated (daily) consumption of tobacco (on weekdays) in grams.

Range: 1.07

**ELSEIF Estim = ounces THEN**

**Ounces**

Please record estimated (daily) consumption of tobacco (on weekdays) in ounces. For fractions of ounces record:
- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

ENDIF

RolWknd

Computed: estimated tobacco consumption in ounces.

Range: 1..997

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

---

**CigType**

Do you mainly smoke...

1. filter-tipped cigarettes
2. plain or untipped cigarettes,
3. or hand-rolled cigarettes?

**IF SmokeNow=Yes THEN**

SmokWher

Show card H2

In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY

1. At my home (indoors or outside, eg. in garden or on doorstep)
2. Outside (other than at home)
3. Inside other people’s homes
4. Whilst travelling by car
5. Inside other places

**IF SmokWher = 1 OR 2 THEN SmokHome**

Show card H3

Where in your home do you usually smoke?

**ELSEIF Estim = ounces THEN**

**Ounces**

Please record estimated (daily) consumption of tobacco (at weekends) in ounces. For fractions of ounces record:
- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

RolWknd

Computed: estimated tobacco consumption in ounces.

Range: 1..997

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

---

**WkndSmok**

And about how many cigarettes a day do you usually smoke at weekends?

Interviewer: if range given and can’t estimate, enter mid point.

**IF RESPONDENT SMOKE S ROLL UPS AND CANT GIVE NUMBER OF CIGARETTES, CODE 97.**

Range: 0..97

**IF WkndSmok = 97 THEN**

Estim

Interviewer: ask respondent for an estimated (daily) consumption of tobacco (at weekends) will it be given in grams or in ounces?

1. Grams
2. Ounces

**ELSEIF Estim = grams THEN**

**Grams**

Please record estimated (daily) consumption of tobacco (at weekends) in grams.

Range: 1.07

---

**ElseIf Estim = ounces THEN**

**Ounces**

Please record estimated (daily) consumption of tobacco (at weekends) in ounces. For fractions of ounces record:
- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

RolWknd

Computed: estimated tobacco consumption in ounces.

Range: 1..997

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.

---

**CigType**

Do you mainly smoke...

1. filter-tipped cigarettes
2. plain or untipped cigarettes,
3. or hand-rolled cigarettes?

**IF SmokeNow=Yes THEN**

SmokWher

Show card H2

In which of these places, if any, did you smoke in during the last 7 days ending yesterday? CODE ALL THAT APPLY

1. At my home (indoors or outside, eg. in garden or on doorstep)
2. Outside (other than at home)
3. Inside other people’s homes
4. Whilst travelling by car
5. Inside other places

**IF SmokWher = 1 OR 2 THEN SmokHome**

Show card H3

Where in your home do you usually smoke?

**ELSEIF Estim = ounces THEN**

**Ounces**

Please record estimated (daily) consumption of tobacco (at weekends) in ounces. For fractions of ounces record:
- 1/4 (a quarter) oz as .25
- 1/3 (a third) oz as .33
- 1/2 (half) oz as .5
- 2/3 (two thirds) oz as .66
- 3/4 (three quarters) oz as .75

Range: 0.01..2.40

RolWknd

Computed: estimated tobacco consumption in ounces.

Range: 1..997

For analysis purposes ounces or grams of tobacco are converted to number of cigarettes and stored in the variable CigWEnd.
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IF SmokWher = Outside, other than at home THEN
SmokOut
SHOWCARD H4
Where did you smoke outside during the last 7 days ending yesterday?
1  In the street, or out and about
2  Outside at work
3  Outside at other people’s home
4  Outside pubs or bars
5  Outside restaurants, cafes or canteens
6  Outside shops
7  Outside other places

IF SmokeNow=Yes THEN
SmokPpl
SHOWCARD H5
In the last 7 days, did you smoke near to any of the following types of people?
1  Babies aged 2 and under
2  Children aged 2-10
3  Children aged 11-15
4  Older adults over the age of 65
5  Pregnant women
6  Adults aged 16-64 with asthma or breathing problems
7  None of these

IF SmokeNow = Yes
SmNoDay
How easy or difficult would you find it to go without smoking for a whole day? Would you find it … READ OUT …
1  … very easy,
2  … fairly easy,
3  … fairly difficult,
4  … or, very difficult?

GiveUp
Would you like to give up smoking altogether?
1  Yes
2  No

IF GiveUp = YES
GvUpReas
SHOWCARD H6
What are your main reasons for wanting to give up?
1  Because of a health problem I have at present
2  Better for my health in general
3  To reduce the risk of getting smoking related illnesses
4  Because of the smoking ban in all enclosed public places, including pubs and restaurants
5  Family/friends wanted me to stop
6  Financial reasons (couldn’t afford it)
7  Worried about the effect on my children
8  Worried about the effect on other family members
9  My own motivation
10  Something else
11  Cannot remember

IF SmokeCig = Yes THEN
SmokeReg
Did you smoke cigarettes regularly, that is at least one cigarette a day, or did you smoke them only occasionally?
1  Smoked cigarettes regularly, at least 1 per day
2  Smoked them only occasionally
3  Never really smoked cigarettes, just tried them once or twice
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IF SmokeReg = Smoked cigarettes regularly THEN
  NumSmok
  About how many cigarettes did you smoke in a day?
  INTERVIEWER: IF RANGE GIVEN AND CAN'T ESTIMATE, ENTER MID POINT.
  IF RESPONDENT SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97
  Range: 0..97

IF NumSmok = 97 THEN
  Estim
  INTERVIEWER: ASK RESPONDENT FOR AN ESTIMATED (DAILY) CONSUMPTION
  OF TOBACCO (ON WEEKDAYS/ON WEEKENDS). WILL IT BE GIVEN IN GRAMS OR
  IN OUNCES?
  1 Grams
  2 Ounces

ELSEIF Estim = grams THEN
  Grams
  PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON
  WEEKDAYS/AT WEEKENDS) IN GRAMS.
  Range: 1..67

ELSEIF Estim = ounces THEN
  Ounces
  PLEASE RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (ON
  WEEKDAYS/AT WEEKENDS) IN OUNCES. FOR FRACTIONS OF OUNCES RECORD:
  1/4 (a quarter) oz as .25
  1/3 (a third) oz as .33
  1/2 (half) oz as .5
  2/3 (two thirds) oz as .66
  3/4 (three quarters) oz as .75
  0.01..2.40

RolNum
  Computed: estimated tobacco consumption in ounces.
  Range: 1..97

For analysis purposes ounces or grams of tobacco are converted into number of
cigarettes and stored in the variable NumSmoke.

IF (SmokeNow=Yes) OR (SmokeReg=Smoked cigarettes regularly) THEN
  StartSmk
  How did you start when you started to smoke cigarettes regularly?
  INTERVIEWER: IF ‘Never smoked regularly’ CODE 97.
  Range: 1..97
ENDIF

IF SmokeReg=[Regularly OR Occasionally] THEN
  EndSmk
  How long ago did you stop smoking cigarettes?
  INTERVIEWER: ENTER NUMBER OF YEARS. IF LESS THAN ONE YEAR, CODE
  0.
  Range: 0..97
ENDIF

IF (Sex = Female) AND (Age of Respondent is 18 to 49 years) THEN
  IS PREG
  Can I check, are you pregnant now?
  1 Yes
  2 No
ENDIF

IF IsPreg = Yes THEN
  SmokePrg
  Have you smoked at all since you’ve known you’ve been pregnant?
  IF YES, PROBE: All the time or just some of the time?
  1 Yes, all the time
  2 Yes, some of the time
  3 No, none

ENDIF

IF SmokePrg = [Yes, all the time OR No, not at all] THEN
  StopPrg
  Did you stop smoking specifically because of your pregnancy, or for some
  other reason?
  1 Because of pregnancy
  2 For some other reason

ENDIF

IF IsPreg = No OR (IsPreg = NONRESPONSE) OR (SmokeNow = Yes) THEN
  PREGREC
  Can I check, have you been pregnant in the last twelve months?
  1 Currently pregnant
  2 Was pregnant in last twelve months but not now
  3 Not pregnant in last twelve months
IF Sex = Male THEN
PipeNowA
Do you smoke a pipe at all nowadays?
1 Yes
2 No

FathSm
Did your father ever smoke regularly when you were a child?
1 Yes
2 No

MothSm
Did your mother ever smoke regularly when you were a child?
1 Yes
2 No

IF age = 0-12 OR (age >=18 AND Bookchk = 1)
XExpSm
Now, in most weeks, how many hours a week are (you/name of child) exposed to other people’s tobacco smoke?
INTERVIEWER: IF EXPOSED FOR SOME TIME BUT LESS THAN ONE HOUR ENTER 1, OTHERWISE RECORD TO THE NEAREST HOUR.
Range: 0..168

ChExpSm
Is (name of child) looked after for more than two hours per week by anyone who smokes while looking after (him/her), including anyone in this household?
1 Yes
2 No

IF XExpSm >=1 AND age >=18 THEN
Passive
SHOW CARD H7
Are you regularly exposed to other people’s tobacco smoke in any of these places? PROBE: Where else? CODE ALL THAT APPLY.
1 At own home
2 At work
3 In other people’s homes
4 Outdoor smoking areas of pubs/restaurants/cafes
5 In other places
6 No, none of these

Bother
Does this bother you at all?
1 Yes
2 No

IF PregRec = Was pregnant in last twelve months but not now THEN
PregSmok
Did you smoke at all during pregnancy?
INTERVIEWER: DURING TIME WHEN KNEW SHE WAS PREGNANT) IF YES, PROBE: All the time, or just some of the time?
1 Yes, all the time
2 Yes, some of the time
3 No, not at all

IF (PregSmok =Yes, some of the time OR No, not at all) THEN
PregStop
Did you stop smoking specifically because of your pregnancy, or for some other reason?
1 Because of pregnancy
2 For some other reason

IF (SmokeNow = Yes) OR (SmokeReg = smoked occasionally..regularly) THEN
SmokeTry
Have you ever tried to give up smoking because of a particular health condition you had at the time?
1 Yes
2 No

DrSmoke
Did/Has a medical person, for example a doctor or nurse ever advised you to stop smoking altogether because of your health?
1 Yes
2 No

IF DrSmoke = Yes THEN
DrSmoke1
How long ago was that?
INTERVIEWER: PROMPT AS NECESSARY.
1 Within the last twelve months
2 Over twelve months ago

CigarNow
Do you smoke cigars at all nowadays?
1 Yes
2 No

IF CigarNow = Yes THEN
CigarReg
Do you smoke cigars regularly, that is at least one cigar a month, or do you smoke them only occasionally?
1 Smoke at least one cigar a month
2 Smoke them only occasionally
Drinking (Aged 18+)

IF (Age of Respondent is 25 years or over) OR (BookChk = As ked)
Drink
I am now going to ask you a few questions about what you drink - that is if you drink. Do you ever drink alcohol nowadays, including drinks you brew or make at home?
  1 Yes
  2 No

IF Drink = No THEN
DrinkAny
Could I just check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?
  1 Very occasionally
  2 Never

IF DrinkAny = Never THEN
AlwaysTT
Have you always been a non-drinker or did you stop drinking for some reason?
  1 Always a non-drinker
  2 Used to drink but stopped

IF AlwaysTT = Used to drink but stopped THEN
WhyTT
Did you stop drinking because of a particular health condition that you had at the time?
INTERVIEWER: IF RESPONDENT SAYS PREGNANCY, CODE YES
  1 Yes
  2 No

IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN
DrinkOft
SHOW CARD I1
Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?
  1 Almost every day
  2 Five or six days a week
  3 Three or four days a week
  4 Once or twice a week
  5 Once or twice a month
  6 Once every couple of months
  7 Once or twice a year
  8 Not at all in the last 12 months

IF DrinkOft = Not at all in the last 12 months THEN
DrinkL7
Did you have an alcoholic drink in the seven days ending yesterday?
  1 Yes
  2 No

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IF DrinkL7 =Yes THEN
DrnkDay
On how many days out of the last seven did you have an alcoholic drink?
Range: 1..7

IF DrnkDay = 2 to 7 days THEN
DrnkSame
Did you drink more on one of the days/some days than others, or did you drink about the same on both/third of those days?
  1 Drank more on one/some day(s) than other(s)
  2 Same each day

WhichDay
Which day last week did you last have an alcoholic drink/have the most to drink?
  1 Sunday
  2 Monday
  3 Tuesday
  4 Wednesday
  5 Thursday
  6 Friday
  7 Saturday

DrnkType
SHOW CARD I2
Thinking about last (answer to WhichDay), what types of drink did you have that day?
CODE ALL THAT APPLY
  1 Normal strength beer/lager/cider/shandy (excluding cans and bottles of shandy)
  2 Strong beer/lager/cider
  3 Spirits or liqueurs
  4 Sherry or martini
  5 Wine
  6 Alcopops/pre-mixed alcoholic drinks
  7 Other alcoholic drinks
  8 Low alcohol drinks only

IF DrnkType = Normal strength beer/lager/cider/shandy THEN
NLHstL7
Still thinking about last (answer to WhichDay), how much normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
  1 Half pints
  2 Small cans
  3 Large cans
  4 Bottles

IF (Drink = Yes) OR (DrinkAny = very occasionally) THEN
DrinkL7
Did you have a normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) in the seven days ending yesterday?
  1 Yes
  2 No
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IF NBrL7 = Small cans THEN
NBrL7Q(2)
ASK OR CODE: How many small cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

IF NBrL7 = Large cans THEN
NBrL7Q(3)
ASK OR CODE: How many large cans of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97

IF NBrL7 = Bottles THEN
NBrL7Q(4)
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day?
Range: 1..97
NBotL7
ASK OR CODE: What make of normal strength beer, lager, stout, cider or shandy did you drink from bottles on that day? INTERVIEWER: IF RESPONDENT DRANK DIFFERENT MAKES CODE WHICH THEY DRANK MOST.
Text: Maximum 21 characters

IF DrnkType = Strong beer/lager/cider THEN
SBrL7
Still thinking about last (answer to WhichDay), how much strong beer, lager, stout or cider did you drink that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE.
1 Half pints
2 Small cans
3 Large cans
4 Bottles
IF SBrL7 = Half pints THEN
SBrL7Q(1)
ASK OR CODE: How many half pints of strong beer, lager, stout or cider did you drink on that day?
Range: 1..97
IF SBrL7 = Small cans THEN
SBrL7Q(2)
ASK OR CODE: How many small cans of strong beer, lager, stout or cider did you drink on that day?
Range: 1..97

IF DrnkType = Spirits THEN
SpirL7
Still thinking about last (answer to WhichDay), how much spirits or liqueurs (such as gin, whisky, brandy, rum, vodka, advocaat or cocktails) did you drink on that day?
CODE THE NUMBER OF SINGLE GLASSES - COUNT DOUBLES AS TWO SINGLE GLASSES.
Range: 1..97

IF DrnkType = Sherry THEN
ShryL7
Still thinking about last (answer to WhichDay), how much sherry or martini, including port, vermouth, Cinzano and Dubonnet did you drink on that day?
CODE THE NUMBER OF GLASSES.
Range: 1..97

IF DrnkType = Wine THEN
WineL7
Still thinking about last (answer to WhichDay), how much wine, including Babycham and champagne, did you drink on that day?
INTERVIEWER: please note that respondent may give answer in bottles and glasses. Please code the relevant option.
INTERVIEWER: CODE THE MEASURE THE RESPONDENT USED
1 Bottle or parts of bottle
2 Glasses
3 Both bottles or parts of bottle, and glasses
IF PopsL7 = Small cans THEN
PopsL7Q(1)
ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') did you drink on that day?
Range: 1..97

IF PopsL7 = standard sized bottles THEN
PopsL7Q(2)
ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') did you drink on that day?:
Range: 1..97

IF PopsL7 = Large bottles THEN
PopsL7Q(3)
ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') did you drink on that day?:
Range: 1..97

IF DrnkType = Other THEN
OthL7TA
Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.
Text: Maximum 30 characters

OthL7QA
How much ('name of 'other' alcoholic drink') did you drink on that day? WRITE IN HOW MUCH. REMEMBER TO SPECIFY HALF PINTS/ SINGLES/GLASSES/BOTTLES.
Text: Maximum 30 characters

OthL7B
Did you drink any other type of alcoholic drink on that day?
1    Yes 2    No

IF OthL7B = Yes THEN
OthL7TB
Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.
Text: Maximum 30 characters

IF WineL7 = 1 (Bottles or part of bottle)
WL7Bt
INTERVIEWER: code the number of 125ml glasses drunk from the bottle by the respondent. E.g. If they drank half a bottle, code 3 glasses. Press <F9> for information

CODE THE NUMBER OF GLASSES.
1   BOTTLE = 6 GLASSES
¼ BOTTLE = 3 GLASSES
½ LITRE = 8 GLASSES
1 LITRE = 16 GLASSES
3 LITRE = 48 GLASSES
¼ LITRE = 2 GLASSES
½ LITRE = 4 GLASSES
¾ LITRE = 12 GLASSES
1  LITRE = 8 GLASSES
½ LITRE = 4 GLASSES
1/3 LITRE = 2.5 GLASSES
¼ LITRE = 2 GLASSES
Range: 1..97 (ALLOW FRACTIONS)
F9 for WL7Bt
If respondent has answered in bottles or litres convert to glasses using the information provided on the screen. For example if a respondents said they shared a bottle with one other person and they shared it equally code 3 glasses.

IF WineL7 = 2 (Glasses)
WL7Gl
CODE THE NUMBER OF GLASSES (drunk as glasses).
Range: 1..97 (ALLOW FRACTIONS)

WL7Glz
Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from two or three different size glasses, please code all that apply.

INTERVIEWER: please note that if respondent was drinking in a pub or wine bar and had a small glass, this would usually be 175ml.
1 Large glass (250mL)
2 Standard glass (175 mL)
3 Small glass (125 mL)

IF DrnkType = Alcopops/pre-mixed alcoholic drink
PopsL7
Still thinking about last (answer to WhichDay), how much alcoholic soft drink ('alcopop') did you drink on that day? INTERVIEWER: CODE MEASURES THAT YOU ARE GOING TO USE
1 Small cans
2 Standard Bottles (275ml)
3 Large Bottles (700ml)

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**NBeer**

How many (half pints/ small cans/ large cans/ bottles) of NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months? Range 1..97

IF Drinknow = 1 or DrinkAny = 1

SBeer

Now I'd like to ask you about STRONG BEER OR CIDER which has 6% or more alcohol (e.g., Tennent's Extra, Special Brew, Diamond White). How often have you had a drink of strong BEER, LAGER, STOUT or CIDER during the last 12 months? STRONG = 6% AND OVER ALCOHOL BY VOLUME. USE HELP SCREEN FOR OTHER DRINKS TO BE INCLUDED HERE.

1 Almost every day
2 5 or 6 days a week
3 3 or 4 days a week
4 once or twice a week
5 once or twice a month
6 once every couple of months
7 once or twice a year
8 not at all in last 12 months

IF SBeer = 1 – 7 THEN

SBeerM

How much STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months?

1 Half pints
2 Small cans
3 Large cans
4 Bottles

Spirits

SHOWCARD 11

How often have you had a drink of SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

1 Almost every day
2 5 or 6 days a week
3 3 or 4 days a week
4 once or twice a week
5 once or twice a month
6 once every couple of months
7 once or twice a year
8 not at all in last 12 months

IF Drinknow = 1 or DrinkAny = 1 THEN

Intro

I'd like to ask you whether you have drunk different types of alcoholic drink in the last 12 months. I'd like to hear about ALL types of alcoholic drinks you have had.

If you are not sure whether a drink you have had goes into a category, please let me know. I do not need to know about non-alcoholic or low alcohol drinks. (THE HELP KEYS GIVE YOU MORE INFORMATION ABOUT WHAT SHOULD BE INCLUDED AT THE DIFFERENT DRINKS CATEGORIES).

NBeer SHOWCARD 11

I'd like to ask you first about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) during the last 12 months? (NORMAL = LESS THAN 6% ALCOHOL BY VOLUME.)

1 Almost every day
2 5 or 6 days a week
3 3 or 4 days a week
4 once or twice a week
5 once or twice a month
6 once every couple of months
7 once or twice a year
8 not at all in last 12 months

IF NBeer = 1 – 7 THEN

NBeerM

How much NORMAL STRENGTH BEER, LAGER, STOUT, CIDER or SHANDY (excluding cans and bottles of shandy) have you usually drunk on any one day during the last 12 months?

1 Half pints
2 Small cans
3 Large cans
4 Bottles

DrAmount

Compared to five years ago, would you say that on the whole you drink more, about the same or less nowadays?

1 More nowadays
2 About the same
3 Less nowadays

ENDIF

ENDIF
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**IF Drinknow = 1 or DrinkAny = 1 THEN**

**Pops**

*SHOWCARD I1*

How often have you had a drink of ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks for example Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. once or twice a week
5. once or twice a month
6. once every couple of months
7. once or twice a year
8. not at all in last 12 months

**IF Pops = 1 – 7 THEN**

**PopsLY11**

How much ALCOPOPS (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months? CODE THE MEASURE(S) YOU ARE GOING TO USE.

1. Small cans
2. Standard Bottles (275ml)
3. Large Bottles (700ml)

**IF PopsLY11 = Small cans THEN**

**PopsQ11[1]**

ASK OR CODE: How many small cans of alcoholic or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

**IF PopsLY11 = Standard Bottles THEN**

**PopsQ11[2]**

ASK OR CODE: How many standard sized bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

**IF PopsLY11 = Large Bottles THEN**

**PopsQ11[3]**

ASK OR CODE: How many large bottles of alcoholic or pre-mixed drink have you usually drunk on any one day?

Range: 1..97

**IF Spirits = 1 – 7 THEN**

**SpiritsQ**

How much SPIRITS OR LIQUEURS, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF SINGLES.

Range: 1..97

**IF Drinknow = 1 or DrinkAny = 1 THEN**

**Sherry**

*SHOWCARD I1*

How often have you had a drink of SHERRY OR MARTINI including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. once or twice a week
5. once or twice a month
6. once every couple of months
7. once or twice a year
8. not at all in last 12 months

**IF Sherry = 1 – 7 THEN**

**SherryQ**

How much SHERRY OR MARTINI, including port, vermouth, Cinzano and Dubonnet, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

Range: 1..97

**IF Wine = 1 – 7 THEN**

**Wine**

*SHOWCARD I1*

How often have you had a drink of WINE, including Babycham and champagne, during the last 12 months?

1. Almost every day
2. 5 or 6 days a week
3. 3 or 4 days a week
4. once or twice a week
5. once or twice a month
6. once every couple of months
7. once or twice a year
8. not at all in last 12 months

**IF WineQ = 1 – 7 THEN**

**WineQ**

How much WINE, including Babycham and champagne, have you usually drunk on any one day during the last 12 months? CODE THE NUMBER OF GLASSES.

Range: 1..97

**IF WineQ = 1 – 7 THEN**

**BWineQ2**

Were those...

1. Small Glasses (approx. 125ml)
2. Standard (approx. 175ml)
3. Or Large Glasses (approx. 250ml)
4. Bottles (Spontaneous Only)
5. Don't Know (Spontaneous Only)
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**Classification**

**IF RESPONDENT AGED 16+ AND NOT HOUSEHOLD REFERENCE PERSON or IF RESPONDENT IS HOUSEHOLD REFERENCE PERSON BUT DID NOT ANSWER OCCUPATION QUESTIONS IN HOUSEHOLD QUESTIONNAIRE
   (IF (Age of Respondent is >=16) AND NOT (PerNum=PHRPNo AND PHRPOcc=Yes))
   NActiv
   SHOW CARD K1
   Which of these descriptions applies to what you were doing last week, that is in the seven days ending (date seven days ago)?
   CODE FIRST TO APPLY
   1 Going to school or college full-time (including on vacation)
   2 In paid employment or self-employment (or away temporarily)
   3 On a Government scheme for employment training
   4 Doing unpaid work for a business that you own, or that a relative owns
   5 Waiting to take up paid work already obtained
   6 Looking for paid work or a Government training scheme
   7 Intending to look for work but prevented by temporary sickness or injury (CHECK 28 DAYS OR LESS)
   8 Permanently unable to work because of long-term sickness or disability (USE ONLY FOR MEN AGED 16-64 OR WOMEN AGED 16-59)
   9 Retired from paid work
   10 Looking after the home or family
   95 Doing something else (SPECIFY)

**IF NActiv=Doing something else THEN**

**NActivO**
INTERVIEWER: PLEASE SPECIFY

Text: Maximum 60 characters

**ENDIF**

**IF (NActiv=School) THEN**

StWork
Did you do any paid work in the seven days ending (date last Sunday), either as an employee or self-employed?

1 Yes
2 No

**IF ((NActiv=Intending to look for work, Retired from paid work, Looking after the home or family or Doing something else OR StWork=No) AND ((Age = 16 to 64 years AND Sex=Male) OR (Age = 16 to 59 years AND Sex=Female))) THEN**

H4WkLook
Thinking now of the four weeks ending (date last Sunday). Were you looking for any paid work or Government training scheme at any time in those four weeks?

1 Yes
2 No

**IF (EverJob=Yes) THEN**

PayLast
Which year did you leave your last paid job?

WRITE IN.
Range: 1920...2001

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The Health Survey for England 2011 – Individual Questionnaire

IF Last paid job less than or equal to 8 years ago (from PayLast) THEN

PayMon
Which month in that year did you leave?
1 January
2 February
3 March
4 April
5 May
6 June
7 July
8 August
9 September
10 October
11 November
12 December
13 Can't remember

PayAge
Computed: Age when last had a paid job.

IF (EverJob=Yes) OR (NActiv = [In paid employment or self-employment...Waiting to take up paid work already obtained]) OR (SiWork = Yes) OR (Respondent is Male and EverJobI=Yes) OR (Respondent is Female and PayAgeI>=50) THEN

JobTitle
I'd like to ask you some details about your most recent job/the main job you had the job you are trying to take up. What is (was/will be) the name or title of the job?
Text: Maximum 60 characters

FtPTime
Are you (were you/will you be) working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS PER-WORK = 30 HOURS OR LESS)
1 Full-time
2 Part-time

WtWork
What kind of work do (did/will) you do most of the time?
Text: Maximum 50 characters

MatUsed
IF RELEVANT: What materials or machinery do (did/will) you use?
IF NONE USED, WRITE IN `NONE'.
Text: Maximum 50 characters

SkillNee
What skills or qualifications are (were) needed for the job?
Text: Maximum 120 characters

Employe
Are you (were you/will you be) ...READ OUT...
1 an employee,
2 or, self-employed
INTERVIEWER: IF IN DOUBT, CHECK HOW THIS EMPLOYMENT IS TREATED FOR TAX & NI PURPOSES.
The Health Survey for England 2011 – Individual Questionnaire

Isector
Is your organisation a private sector organisation such as a company, or a public sector body such as a local or national government, school or the health service, or a non-profit organisation such as a charity?
1 Private sector
2 Public sector
3 Non-profit organisation
4 Don’t know
5 Refused

ELSEIF (NActiv) non response THEN
OEmpStat
Derived employment status.
Range: 0-8
SOC, SOCIs, SEG, SIC coded during edit stage

IF Age of Respondent is 16+ THEN
EducEnd
At what age did you finish your continuous full-time education at school or college?
1 Not yet finished
2 Never went to school
3 14 or under
4 15
5 16
6 17
7 18
8 19 or over

Qual
SHOW CARD K2
Do you have any of the qualifications listed on this card? Please look down the whole list before telling me.
1 Yes
2 No

If Qual = Yes THEN
QualA
Which of the qualifications on this card do you have? Just tell me the number written beside each one:
INTERVIEWER: RECORD ALL THAT APPLY. PROBE: Any others?
1 Degree/degree level qualification (including higher degree)
2 Teaching qualification
3 Nursing qualifications SRN, SCM, SEN, RGN, RM, RHV, Midwife
4 HNC/HND, BEC/TEC Higher, BTEC Higher/SCOTECH Higher
5 ONC/OND/BEC/TEC/BTEC not higher
6 City and Guilds Full Technological Certificate
7 City and Guilds Advanced/Final level
8 City and Guilds Craft/Ordinary level
9 A-levels/Higher School Certificate
10 AS level
11 GCSE grades A-C
12 GCSE grades D-G
13 CSE grade A/C
14 CSE grades 2-5/SCE Ordinary bands D-E
15 CSE grade 1/SCE band A-C/Standard Grade level 1-3
16 CSE Grade 1/2/SCE Ordinary bands D-E
17 CSE Grade 2/SCE Ordinary bands D-E
18 CSE Grade 3/SCE Ordinary bands D-E
19 CSE Grade 4/SCE Ordinary bands D-E
20 NVQ level 5
21 NVQ level 4
22 NVQ level 3/Advanced level GNVQ
23 NVQ level 2/Intermediate level GNVQ
24 NVQ level 1/Foundation level GNVQ
25 Recognised Trade Apprenticeship completed
26 Clerical or Commercial Qualification (e.g. typing/book-keeping/commerce)

IF NOT (Degree IN QualA) THEN
OthQual
Do you have any qualifications not listed on this card?
1 Yes
2 No

IF OthQual = Yes THEN
QualB
What qualifications are these?
INTERVIEWER: RECORD ALL OTHER QUALIFICATIONS IN FULL. PROBE: Any others?
Text: maximum 60 characters
The Health Survey for England 2011 – Individual Questionnaire

ASK ALL
NatID
How would you describe your national identity?
INTERVIEWER: RECORD ALL THAT APPLY.
1 English
2 Scottish
3 Welsh
4 Irish
5 British
6 Other (please describe)

IF National id = Other THEN
XNational id
Please describe

Origin
SHOW CARD K4
To which of the groups listed on this card do you consider you belong?
1 White – English / Welsh / Scottish / Northern Irish / British
2 White – Irish
3 White – Gypsy or Irish Traveller
4 Any other white background (please describe)

Mixed / multiple ethnic groups:
5 White and Black Caribbean
6 White and Black African
7 White and Asian
8 Any other mixed / multiple ethnic background (please describe)

Asian / Asian British:
9 Indian
10 Pakistani
11 Bangladeshi
12 Chinese
13 Any other Asian background (please describe)

Black / African / Caribbean / Black British:
14 African
15 Caribbean
16 Any other Black / African / Caribbean background (please describe)

Other ethnic group
17 Arab
18 Any other ethnic group (please describe)

IF Origin = Any other ethnic group THEN
XOrigin
Please describe

The Health Survey for England 2011 – Individual Questionnaire

Self-completion placement (Aged 8+)

IF Age of Respondent is 13 years and over and BookChk=Given THEN
SCIntro
PREPARE (Yellow/Purple/Green) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/FOR YOUNG ADULTS/FOR ADULTS) BY ENTERING SERIAL NUMBERS.
CHECK YOU HAVE CORRECT PERSON NUMBER.
ELSEIF Age of respondent is 8 to 12 years THEN
SCIntCh
Here is a little booklet which I would like to ask (name of child) to complete for (him/herself).
It asks children if they have ever tried cigarettes or alcohol, and about cycling. May I explain it to him/her?
IF ASKED, SHOW BLUE BOOKLET TO PARENT(S). IF AGREES, PREPARE BLUE BOOKLET. INTERVIEWER: EXPLAIN TO CHILD HOW TO COMPLETE AND SHOW EXAMPLE IN BOOKLET.
ENDIF
IF Age of Respondent is 13 years or over THEN
SComp2
I would now like you to answer some more questions by completing this booklet on your own. The questions cover smoking and drinking and some about your general health.
INTERVIEWER: Explain how to complete booklet and show example in booklet
If asked, show booklet to parent(s).
IF child aged 4-15 THEN
ParSDQ
INTERVIEWER: Ask parent to complete cream booklet for parents of children 4-15
The child’s parents are:
Code person number of the parent who is completing the booklet, or enter code:
95 = parent not present at time of interview
96 = booklet refused
Wait until respondent(s) have finished and then check each booklet completed
If not, ask if questions missed in error
If in error, ask respondent to complete.
ENDIF
IF Age of respondent is 8 years or over THEN
SComp3
INTERVIEWER CHECK: WAS THE (BLUE/YELLOW/PURPLE/GREEN/PINK) BOOKLET (FOR CHILDREN AGED 8-12/FOR CHILDREN AGED 13-15/FOR YOUNG FEMALE ADULTS/FOR YOUNG MALE ADULTS/FOR MALE ADULTS/FOR FEMALE ADULTS/FOR MALE ADULTS/FOR ADULTS 70+/FOR PARENTS OF CHILDREN AGED 4-15) COMPLETED?
1 Fully completed
2 Partially completed
3 Not completed

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Measurements

ASK ALL

PREAMBLE: I would now like to measure height and weight. There is interest in how people’s weight, given their height, is associated with their health.

I know you have already told me but it is really important that we get the most accurate and up to date measurements we can, using the same type of scales and measuring equipment for everybody.

INTERVIEWER: IF ASKED, EXPLAIN: We are interested in exploring the difference between people’s perceptions of their own height and weight compared with their actual height and weight.

INTERVIEWER: MAKE OUT BLUE MRC FOR EACH PERSON.

IF Age >=2 THEN

RespHts

MEASURE HEIGHT AND CODE. INCLUDE ‘DISGUISED’ REFUSALS SUCH AS ‘IT WILL TAKE TOO LONG’, ‘I HAVE TO GO OUT’ ETC. AT CODE 2: Height refused.

1 Height measured 2 Height refused 3 Height attempted, not obtained 4 Height not attempted

IF RespHts = Height measured THEN

Height

ENTER HEIGHT.

Range: 60.0..244.0

RelHite

INTERVIEWER CODE ONE ONLY

1 No problems experienced reliable height measurement obtained
2 Problems experienced - measurement likely to be:
3 Unreliable

IF RelHite = Unreliable THEN

HiNRel

INTERVIEWER: WHAT CAUSED THE HEIGHT MEASUREMENT TO BE UNRELIABLE?

1 Hairstyle or wig
2 Turban or other religious headgear
3 Respondent stood up
4 Child respondent refused stretching
5 Respondent would not stand still
6 Respondent wore shoes
95 Other, please specify

IF HiNRel = Other THEN

OHiNRel

INTERVIEWER: PLEASE SPECIFY WHAT CAUSED UNRELIABLE HEIGHT MEASUREMENT.

Text: Maximum 60 characters
MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD.  
HEIGHT: (x)cm OR (x)(x/x)(x/inches.
ELSEIF RespHts = Height refused THEN
RespHt
GIVE REASONS FOR REFUSAL.
1 Cannot see point/Height already known/Doctor has measurement
2 Too busy/Taken too long already/No time
3 Respondent too ill/hallucinating
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Refused (no other reason given)
7 Other
ELSEIF RespHts = Height attempted, not obtained OR Height not attempted THEN
NoHtBC
INTERVIEWER: CODE REASON FOR NOT OBTAINING HEIGHT.
1 Child: away from home during fieldwork period (specify in a Note)
2 Respondent is unsteady on feet
3 Respondent cannot stand upright/ too stooped
4 Respondent is unable to get out of a chair/in wheelchair
5 Respondent is unable to get out of bed
6 Respondent unable to remove shoes
7 Child: subject would not stand still
8 Ill or in pain/has disability (physical or mental)
9 Stadiometer faulty/not available/couldn’t be used
10 Child 2-13 asleep
11 Not in/not available
12 Proxy refusal
13 Other - specify
IF OTHER IN NoHtBC THEN
NoHtBCO
PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters
ELSEIF RespHts = Height refused, Height attempted, not obtained OR not attempted THEN
EHtCh
INTERVIEWER: ASK (respondent) FOR AN ESTIMATED HEIGHT. WILL IT BE GIVEN IN METRES OR IN FEET AND INCHES?
IF RESPONDENT DOESN'T KNOW HEIGHT USE <CTRL+K>.
IF RESPONDENT ISN'T WILLING TO GIVE HEIGHT USE <CTRL+R>.
1 Metres
2 Feet and inches
IF EHtCh = Metres
EHtM
PLEASE RECORD ESTIMATED HEIGHT IN METRES.  
Range: 0.01..2.44
ELSEIF EHtCh = Feet and inches
EHtFt
PLEASE RECORD ESTIMATED HEIGHT. ENTER FEET.  
Range: 0..7
EHtIn
PLEASE RECORD ESTIMATED HEIGHT. ENTER INCHES.  
Range: 0..11
**FloorC**
SCALE PLACED ON?
1 Uneven floor
2 Carpet
3 None of these

**RefWaitB**
INTERVIEWER CODE ONE ONLY.
1 No problems experienced, reliable weight measurement obtained
2 Problems experienced - measurement likely to be:
   1 Reliable
   2 Unreliable

**MBookWt**
INTERVIEWER: CHECK WEIGHTRecordED ON MEASUREMENT RECORD CARD.
WEIGHT: (x) kg OR (x) stones (x) pounds. IF WEIGHT LOOKS WRONG, GO BACK TO XWeight’ AND REWEIGH.

**RespWts**
GIVE REASONS FOR REFUSAL.
1 Cannot see point/Doctor has measurement
2 Too busy/Taken long enough already/No time
3 Respondent too ill/illness
4 Considered intrusive information
5 Respondent too anxious/nervous/shy/embarrassed
6 Child refused to be held by parent
7 Parent refused to hold child
8 Refused (no other reason given)
9 Other

**RespWts** = Weight refused THEN
NoWtBC CODE REASON FOR NOT OBTAINING WEIGHT.
1 Child: Away from home during fieldwork period (specify in a Note)
2 Respondent is unstable on feet
3 Respondent cannot stand upright
4 Respondent is unable to get out of a chair/bed/wheelchair
5 Confined to bed
6 Respondent unable to remove shoes
7 Respondent weighs more than 130 kg
8 Ill or in pain/has disability (physical or mental)
9 Scales not working/not available/couldn’t be used
10 Parent unable to hold child
11 Child 2-13 asleep
12 Not in/not available
13 Proxy refusal
95 Other - specify
The Health Survey for England 2011 – Individual Questionnaire

Nurse Appointment

IF Age of respondent < 16 AND No legal parent in household THEN
NurseA
In order for the nurse to take any of your measurements we have to have the permission of your parents or the person who has legal parental responsibility. As there is no-one in your household who I can ask, I won’t be making an appointment for you.

1  Continue

ELSE (All other respondents)
Nurse
There are two parts to this survey. You have just helped us with the first part. We hope you will also help us with the second part, which is a visit by a qualified nurse to collect some medical information and carry out some measurements. I would like to make an appointment for the nurse to come round and explain some more about what is required.

INTERVIEWER: Check whether the respondent agrees to the nurse visit.

Always mention the nurse by name (if known). Press <9> for help explaining about the nurse visit.

IF ASKED FOR DETAILS, EXPLAIN: The nurse will ask some more questions, for example, whether they are taking any medications, and take some measurements, for example, blood pressure and take a saliva sample.

1  Agreed nurse could contact
2  Refused nurse contact

IF Nurse = Agreed nurse could contact THEN
NrsAppt
INTERVIEWER: CODE WHETHER YOU HAVE MADE AN APPOINTMENT FOR THE NURSE TO VISIT (OR WHETHER THE NURSE WILL CALL TO MAKE THEIR OWN APPOINTMENT).

1  Able to make an appointment for the nurse
2  Unable to make an appointment for the nurse

ApRec
INTERVIEWER: IF YOU HAVE MADE AN APPOINTMENT, RECORD DETAILS OF THE NURSE APPOINTMENT ON THE BACK OF THE MEASUREMENT RECORD CARD.

ENTER THE NURSE’S NAME, APPOINTMENT DATE AND TIME.

EVEN IF YOU HAVE NOT MADE AN APPOINTMENT, ALWAYS WRITE DOWN THE NAME OF NURSE ON THE BACK OF THE MEASUREMENT RECORD CARD.

Computed: Given birthweight (kg)
Range: 0.00….8.70

IF BirthWt = [between 0.1kg and 2.5kg] THEN
Prmature
Was (name of child) born prematurely?
1  Yes
2  No

IF Prmature = Yes THEN
PrWeeks
How many weeks early was (name of child) born?
ENTER NUMBER OF WEEKS, ROUNDED TO NEAREST WEEK. IF LESS THAN FOUR DAYS, ENTER ‘0’.
Range: 0..20

The Health Survey for England 2011 – Individual Questionnaire

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The Health Survey for England 2011 – Individual Questionnaire

**Drinking Diary**

ASK ALL 18+ WHO HAVE DRUNK IN THE LAST 12 MONTHS (IF DrinkAny = 1 AND DrinkOft = 1-7)

As an extra part of the Health Survey for England this year, we are asking people to keep a diary for 7 days. In this diary we would like you to record any alcohol you drink each day, for every day that you keep it. The information collected from the diary is very important as it will help us to build a better picture of the population’s drinking patterns. As a thank you for completing the diary, you will receive a £5 high street voucher.

We would like you to start the diary from tomorrow and fill it in every day up to and including (diary end date). Even if the next week is an unusual week for you, we would still like you to complete it. There is a question at the end where you can record whether you thought it was a normal week or not.

Would you like to complete the diary?

1. Respondent agrees to complete the diary
2. Respondent does not agree to complete the diary

IF Diary = Agree THEN

ThnkInt

Here is the diary.

INTERVIEWER: Show the respondent that there is an example page. Show the respondents that they need to tick each day of the week; that there are different sections for each type of alcohol; and that there are questions on the back page.

ASK: Do you have any questions?

Press <1> and <Enter> to continue.

DiaryPre

Can I just confirm that you will start the diary from tomorrow, (diary start date)?

INTERVIEWER: If the respondent is unable to start tomorrow, confirm a start date with the respondent. This should be no more than 2 to 3 days after this interview.

Prepare drinking diary with respondent serial number, respondent first name, start date and end date.

Enter the start date for the diary and Press <Enter>.

DiaryAppt

On the front of the diary I have recorded the date you will start the diary and the date of the final day that you will keep it that we have just discussed.

Once you have completed the diary, please post it back to our offices. I will, leave you with a postage paid addressed envelope to do this. The voucher will be sent to you in the post soon after it has been returned.

Press <1> and <Enter> to continue.

IF Diary = Refuse THEN

NoDiary

INTERVIEWER: Record the reason why the respondent refused to complete the diary.

Text: Maximum 250 characters

ThnkInt
The Health Survey for England 2010 – Individual Questionnaire

**Consents**

ASK ALL AGED 16+

NHSCan

We would like your consent for us to send your name, address and date of birth to three National Health Service registers. These are the NHS Central Register, the NHS Cancer Registry and the Hospital Episodes Statistics Register. Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE PINK CONSENT FORM AND ALLOW THEM TIME TO READ THE INFORMATION.

1 Consent given
2 Consent not given

IF NHSCAN = Consent given THEN

NHSSig

EXPLAIN THE NEED FOR WRITTEN CONSENT:

Before I can pass your details on, I have to obtain written consent from you. ENTER THE RESPONDENT’S SERIAL NUMBER ON THE TOP OF THE CONSENT FORM.

ASK RESPONDENT TO SIGN AND DATE BOTH PARTS OF THE FORM.

GIVE THE SECOND COPY OF THE FORM TO THE RESPONDENT. CODE WHETHER SIGNED CONSENTS OBTAINED. CODE ALL THAT APPLY.

1 Hospital Episodes Statistics Register consent obtained
2 NHS Central Register and Cancer Registry consent obtained
3 All consents signed
4 No signed consents

Thank

Thank you for your help. Before we end the interview I need to collect a little more information for our records.

TPhone

Some interviews in a survey are checked to make sure that people like yourself are satisfied with the way the interview was carried out. Just in case yours is one of the interviews that is checked, it would be helpful if we could have your telephone number.

INTERVIEWER: IF GIVEN, ENTER TELEPHONE NUMBER ON FRONT OF ARF.

1 Number given
2 Number refused
3 No telephone
4 Number unknown

RelInter

If at some future date we wanted to talk to you further about your health, may we contact you to see if you are willing to help us again?

1 Yes
2 No
### GROSS INCOME FROM ALL SOURCES (before any deductions for tax, national insurance, etc.)

#### CARD A6 (1 OF 2)

<table>
<thead>
<tr>
<th>Weekly or Monthly</th>
<th>ANNUAL</th>
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<tr>
<td>Less than £10</td>
<td>Less than £520</td>
</tr>
<tr>
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<td>£40 less than £130</td>
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<table>
<thead>
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<th>More than £2,600</th>
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<tbody>
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</tr>
<tr>
<td>£12,500 or more</td>
<td>£150,000 or more</td>
</tr>
</tbody>
</table>

| £1,200 less than £1,500 |
| £1,500 less than £1,700 |
| £1,700 less than £2,000 |
| £2,000 less than £2,200 |
| £2,200 less than £2,400 |
| £2,400 less than £2,600 |

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CARD D2

1 Special diet
2 Regular check up or monitoring
3 Taking medication
4 Advice to reduce/quit smoking
5 Advice to reduce/quit alcohol consumption
6 Advice about exercise
7 Other
8 No other treatment

CARD F5

1 **(Direct Payments)** where the council gives you a payment to meet some or all of your social care needs. You can then choose how to spend the money. (This should not be confused with benefits paid directly into a bank account which may also be called direct payments.)

2 **(The local authority, council or social services manages the money)** for you to meet all or some of your social care needs, and you may be able to choose which services to use

3 Neither of these
CARD F10

1. Helping others to get in and out of bed
2. Helping others to wash their face and hands
3. Having a bath or a shower, including getting in and out of the bath or shower
4. Dressing or undressing, including putting on shoes and socks
5. Using the toilet
6. Eating, including cutting up food
7. Taking the right amount of medicine at the right times
8. Getting around indoors (please don’t include using the stairs)
9. Getting up and down stairs
10. Getting out of the house, for example to go to the doctors or to visit a friend
11. Shopping for food, including getting to the shops, choosing the items, carrying the items home and then unpacking and putting the items away
12. Doing routine housework or laundry
13. Doing paperwork or paying bills
CARD I3

250ml wine glass  175ml wine glass  125ml wine glass

Origin
<table>
<thead>
<tr>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
<th>Name of Fruit</th>
<th>Size of Fruit</th>
</tr>
</thead>
<tbody>
<tr>
<td>Apple (all types)</td>
<td>Medium</td>
<td>Mandarin orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Apricot</td>
<td>Small</td>
<td>Mango</td>
<td>Large</td>
</tr>
<tr>
<td>Avocado</td>
<td>Large</td>
<td>Melon (all types)</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana</td>
<td>Medium</td>
<td>Mineola</td>
<td>Large</td>
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<tr>
<td>Banana, apple</td>
<td>Small</td>
<td>Nectarine</td>
<td>Medium</td>
</tr>
<tr>
<td>Banana, nino</td>
<td>Small</td>
<td>Olive</td>
<td>Very small</td>
</tr>
<tr>
<td>Berry (other)</td>
<td>Very small</td>
<td>Orange</td>
<td>Medium</td>
</tr>
<tr>
<td>Blackcurrant</td>
<td>Very small</td>
<td>Passion fruit</td>
<td>Small</td>
</tr>
<tr>
<td>Blackberry</td>
<td>Very small</td>
<td>Papaya / Paw Paw</td>
<td>Large</td>
</tr>
<tr>
<td>Blueberry</td>
<td>Very small</td>
<td>Peach</td>
<td>Medium</td>
</tr>
<tr>
<td>Cactus pear</td>
<td>Medium</td>
<td>Pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Cape gooseberry</td>
<td>Very small</td>
<td>Persimmon</td>
<td>Medium</td>
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<tr>
<td>Carambola / Star fruit</td>
<td>Medium</td>
<td>Pitaya</td>
<td>Medium</td>
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<td>Very large</td>
</tr>
<tr>
<td>Cherry tomatoes</td>
<td>Very small</td>
<td>Physalis</td>
<td>Very small</td>
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<tr>
<td>Chinese gooseberry</td>
<td>Small</td>
<td>Plantain</td>
<td>Medium</td>
</tr>
<tr>
<td>Chinese lantern</td>
<td>Very small</td>
<td>Plum</td>
<td>Small</td>
</tr>
<tr>
<td>Chirimoya / Cherimoya</td>
<td>Medium</td>
<td>Pomegranate</td>
<td>Medium</td>
</tr>
<tr>
<td>Clementine</td>
<td>Medium</td>
<td>Pomelo / Pummelo</td>
<td>Large</td>
</tr>
<tr>
<td>Custard Apple</td>
<td>Medium</td>
<td>Prickly pear</td>
<td>Medium</td>
</tr>
<tr>
<td>Damson</td>
<td>Very small</td>
<td>Rambutans</td>
<td>Very small</td>
</tr>
<tr>
<td>Date (fresh)</td>
<td>Small</td>
<td>Raspberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Dragon fruit</td>
<td>Large</td>
<td>Redcurrants</td>
<td>Very small</td>
</tr>
<tr>
<td>Elderberry</td>
<td>Very small</td>
<td>Satsuma</td>
<td>Medium</td>
</tr>
<tr>
<td>Figs (fresh)</td>
<td>Small</td>
<td>Shaddock</td>
<td>Large</td>
</tr>
<tr>
<td>Gooseberry</td>
<td>Very small</td>
<td>Sharon fruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Granadilla / Passion</td>
<td>Small</td>
<td>Starfruit</td>
<td>Medium</td>
</tr>
<tr>
<td>Grapes (all types)</td>
<td>Very small</td>
<td>Strawberry</td>
<td>Very small</td>
</tr>
<tr>
<td>Grapefruit</td>
<td>Large</td>
<td>Stonefruit</td>
<td>Very small</td>
</tr>
<tr>
<td>Greengage</td>
<td>Small</td>
<td>Tamarillo / Tree</td>
<td>Small</td>
</tr>
<tr>
<td>Grenadillo</td>
<td>Very small</td>
<td>Tangerine</td>
<td>Medium</td>
</tr>
<tr>
<td>Guava</td>
<td>Medium</td>
<td>Tomato</td>
<td>Small</td>
</tr>
<tr>
<td>Horned melon / Kiwano</td>
<td>Large</td>
<td>Tomato, beef</td>
<td>Large</td>
</tr>
<tr>
<td>Kiwi</td>
<td>Small</td>
<td>Tree</td>
<td>Small</td>
</tr>
<tr>
<td>Kubo</td>
<td>Very small</td>
<td>Ugli fruit</td>
<td>Large</td>
</tr>
<tr>
<td>Kumquat</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lemon</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lime</td>
<td>Medium</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Loquat</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Lychee</td>
<td>Very small</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
How to answer these questions

- Please read each question carefully.
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this:
  - Yes ☑
  - No ☐
- Sometimes you have to write a number in the box, for example:
  - I was 10 years old
- Next to some of the boxes are arrows and instructions. They show or tell you which question to answer next. If there are no special instructions, just answer the next question:

Thank you for taking part in this survey.
Cigarette Smoking

Q1 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

No [ ] Go to question 2

Yes [ ]

How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was [ ] years old

Write in

Q2 Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

I have never smoked [ ]

I have only smoked once or twice [ ]

I used to smoke sometimes, but I never smoke a cigarette now [ ]

I sometimes smoke, but I don’t smoke every week [ ]

I smoke between one and six cigarettes a week [ ]

I smoke more than six cigarettes a week [ ]

Go to next question

Q3 Did you smoke any cigarettes last week?

Tick one box

No [ ] Go to question 4

Yes [ ]

How many cigarettes did you smoke last week?

I smoked [ ] cigarettes

Write in

EVERYONE PLEASE ANSWER

Q4 Do you find that you are often near people who are smoking in any of these places?

Tick all boxes which apply

At home [ ]

In other people’s homes [ ]

In a car [ ]

In the street [ ]

Outdoor areas of pubs or cafes or restaurants [ ]

In the park or playing fields [ ]

Other public places [ ]

In school [ ]

In other places (please write these other places on the line below)

____________________________________

Go to question 6

No, none of these [ ]
Q9 How often do you usually have an alcoholic drink or alcopop?

- Almost every day
- About twice a week
- About once a week
- About once a fortnight
- About once a month
- Only a few times a year
- I never drink alcohol now

Q10 When did you last have an alcoholic drink or alcopop?

- Today
- Yesterday
- Some other time during the last week
- 1 week, but less than 2 weeks ago
- 2 weeks, but less than 4 weeks ago
- 1 month, but less than 6 months ago
- 6 months ago or more

Q5 Does this bother you?

- Yes  [ ]
- No [ ]

Q6 Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don’t count drinks labelled low alcohol.

- Yes  [ ]
- No [ ]

Q7 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD etc)?

- Yes  [ ]
- No [ ]

Q8 How old were you the first time you had a proper alcoholic drink or alcopop?

- I was [ ] years old

Q9 How often do you usually have an alcoholic drink or alcopop?

- Almost every day  [ ]
- About twice a week [ ]
- About once a week [ ]
- About once a fortnight [ ]
- About once a month [ ]
- Only a few times a year [ ]
- I never drink alcohol now [ ]

Q10 When did you last have an alcoholic drink or alcopop?

- Today [ ]
- Yesterday [ ]
- Some other time during the last week [ ]
- 1 week, but less than 2 weeks ago [ ]
- 2 weeks, but less than 4 weeks ago [ ]
- 1 month, but less than 6 months ago [ ]
- 6 months ago or more [ ]

Q5 Does this bother you?

- Yes  [ ]
- No [ ]
Describing your health today

Under each heading, please tick the ONE box that best describes your health TODAY

Q13 Mobility (walking about)

I have had **no** problems walking about today
I have had **some** problems walking about today
I have had a **lot** of problems walking about today

Q14 Looking after myself

I had **no** problems washing or dressing myself today
I had **some** problems washing or dressing myself today
I had a **lot** of problems washing or dressing myself today

Q15 Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)

I had **no** problems doing my usual activities today
I had **some** problems doing my usual activities today
I had a **lot** of problems doing my usual activities today

Q16 Having pain or discomfort

I had **no** pain or discomfort today
I had **some** pain or discomfort today
I had a **lot** of pain or discomfort today

Q17 Feeling worried, sad or unhappy

I am **not** worried, sad or unhappy today
I am a **bit** worried, sad or unhappy today
I am very worried, sad or unhappy today
Thank you for answering these questions. Please give the booklet back to the interviewer.

Q18. How good is your health TODAY

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the best health you can imagine.
- 0 means the worst health you can imagine.
- Please mark an X on the line that shows how good or bad your health is TODAY.

How to answer these questions

- Please read each question carefully.
- Most of the questions can be answered by putting a tick in the box next to the answer that applies to you like this:
  - Yes ✅
  - No ❌
- Sometimes you have to write a number in the box, for example:
  - I was **10** years old
- Next to some of the boxes are arrows and instructions:
  - If there are no special instructions, just answer the next question.
  - Go to question 4

Thank you for taking part in this survey.
**EVERYONE PLEASE ANSWER**

**Q6** Do you find that you are often near people who are smoking in any of these places? 

*Please tick all the places where you are often near people who are smoking*  

Tick all boxes which apply

- At home  
- In other people’s homes  
- In a car  
- In the street  
- Outdoor areas of pubs or cafes or restaurants  
- In the park or playing fields  
- Other public places  
- In school  
- In other places (please write these other places on the line below)

Go to question 8

**Q7** Does this bother you?

Tick one box

- Yes  
- No  

Go to next question

---

**Q1** Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

- Yes  
- No

Go to next question

**Q2** Now read all the following sentences very carefully and tick the box next to the one which best describes you.

Tick one box

- I have never smoked  
- I have only smoked once or twice  
- I used to smoke sometimes, but I never smoke a cigarette now  
- I sometimes smoke, but I don’t smoke every week  
- I smoke between one and six cigarettes a week  
- I smoke more than six cigarettes a week

Go to question 6

**Q3** How old were you when you tried smoking a cigarette, even if it was only a puff or two?

I was ___ years old  

Go to next question

**Q4** Did you smoke any cigarettes last week?

Tick one box

- Yes  
- No

Go to next question

**Q5** How many cigarettes did you smoke last week?

I smoked ___ cigarettes  

Go to next question

---

**Q8** How many cigarettes did you smoke last week?

I smoked ___ cigarettes  

Go to next question

---

**Q7** Does this bother you?

Tick one box

- Yes  
- No

Go to next question
Drinking

Q8 Have you ever had a proper alcoholic drink - a whole drink, not just a sip? Please don’t count drinks labelled low alcohol.
Tick one box

Yes Go to question 10
No Go to next question

Q9 Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)?
Tick one box

Yes Go to next question
No Go to question 19 on page 8

Q10 How old were you the first time you had a proper alcoholic drink or an alcopop?

I was years old Go to next question

Q11 How often do you usually have an alcoholic drink or alcopop?

Tick one box

Almost every day
About twice a week
About once a week
About once a fortnight
About once a month
Only a few times a year
I never drink alcohol now

Q12 When did you last have an alcoholic drink or alcopop?

Tick one box

Today Go to next question
Yesterday Go to question 19 on page 8
Some other time during the last week
1 week, but less than 2 weeks ago
2 weeks, but less than 4 weeks ago
1 month, but less than 6 months ago
6 months ago or more

Q13 Which, if any, of the drinks shown below, have you drunk in the last 7 days? Please (✓) either yes or no for each kind of drink.

For each kind of drink, write in the box how much you drank in the last 7 days.

Beer, lager, cider or shandy (exclude bottles or cans of shandy)

How much did you drink in the last 7 days?

Write in:

Pints (if half a pint, write in ½)
Large cans or bottles
Small cans or bottles
Q14 Spirits or liqueurs, such as gin, vodka, whisky, rum, brandy or cocktails

Have you drunk this in the last 7 days?

Tick one box

No  [ ]  Go to question 15

Yes  [ ]

How much did you drink in the last 7 days?

Write in:

230-231  Glasses (count doubles as two glasses)

Q15 Sherry or martini (including port, vermouth, cinzano, dubonnet)

Have you drunk this in the last 7 days?

Tick one box

No  [ ]  Go to question 16

Yes  [ ]

How much did you drink in the last 7 days?

Write in:

232-233  Glasses (count doubles as two glasses)

Q16 Wine (including babycham and champagne)

Have you drunk this in the last 7 days?

Tick one box

No  [ ]  Go to question 17

Yes  [ ]

How much did you drink in the last 7 days?

Write in:

234-235  Glasses

Q17 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)

Have you drunk this in the last 7 days?

Tick one box

No  [ ]  Go to question 18

Yes  [ ]

How much did you drink in the last 7 days?

Write in:

246  247-248  Large cans or bottles

AND/OR  249-250  Small cans or bottles

Q18 Other kinds of alcoholic drink?

Have you drunk this in the last 7 days?

Tick one box

No  [ ]  Go to question 19

Yes  [ ]  Complete details below

Write in name of drink

How much did you drink in the last 7 days?

Write in:

251  252-253  Glasses (count doubles as two glasses)

Spare 254-256
Describing your health today

Under each heading, please tick the ONE box that best describes your health TODAY

Q21 Mobility (walking about)

Tick one box

1. I have had no problems walking about today
2. I have had some problems walking about today
3. I have had a lot of problems walking about today

Q22 Looking after myself

Tick one box

1. I had no problems washing or dressing myself today
2. I had some problems washing or dressing myself today
3. I had a lot of problems washing or dressing myself today

Q23 Doing usual activities (for example, going to school, hobbies, sports, playing, doing things with family or friends)

Tick one box

1. I had no problems doing my usual activities today
2. I had some problems doing my usual activities today
3. I had a lot of problems doing my usual activities today

Q24 Having pain or discomfort

Tick one box

1. I had no pain or discomfort today
2. I had some pain or discomfort today
3. I had a lot of pain or discomfort today

Q25 Feeling worried, sad or unhappy

Tick one box

1. I am not worried, sad or unhappy today
2. I am a bit worried, sad or unhappy today
3. I am very worried, sad or unhappy today

Q19

Given your age and height, would you say that you are:

Tick one box

1. About the right weight
2. Too heavy
3. Too light
4. Not sure

Q20

At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?

Tick one box

1. Trying to lose weight
2. Trying to gain weight
3. Not trying to change weight
26. How good is your health TODAY

- We would like to know how good or bad your health is TODAY.
- This line is numbered from 0 to 100.
- 100 means the **best** health you can imagine.
- 0 means the **worst** health you can imagine.
- Please mark an X on the line that shows how good or bad your health is TODAY.

Q27 Which of these would you say you are?

- English
- Scottish
- Welsh
- Irish
- British
- Or something else? (please write in on the line below)

Q28 What is your religion?

- No religion
- Christian - Catholic
- Christian - all other denominations including Church of England, Protestant
- Buddhist
- Hindu
- Jewish
- Muslim
- Sikh
- Any other religion (please write in on the line below)
Thank you for answering these questions. Please give the booklet back to the interviewer.
Strengths and Difficulties Questionnaire

We’d like you to tell us something about your child’s behaviour over the last 6 months.

For each item, please tick the box for Not true, Somewhat true, or Certainly true to show how true the item is of your child.

(TICK ONE BOX ON EACH LINE)

Not True

Somewhat true

Certainly true

1. Considerate of other people’s feelings

2. Restless, overactive, cannot stay still for long

3. Often complains of headaches, stomach-aches or sickness

4. Shares readily with other children (treats, toys, pencils etc.)

5. Often has temper tantrums or hot tempers

6. Rather solitary, tends to play alone

7. Generally obedient, usually does what adults request

8. Many worries, often seems worried

9. Helpful if someone is hurt, upset or feeling ill

10. Constantly fidgeting or squirming

11. Has at least one good friend

12. Often fights with other children or bullies them

13. Often unhappy, down-hearted or tearful

14. Generally liked by other children

15. Easily distracted, concentration wanders

16. Nervous or clingy in new situations, easily loses confidence

17. Kind to younger children

18. Often lies or cheats

19. Picked on or bullied by other children

20. Often volunteers to help others (parents, teachers, other children)

First name of child: 

First name of parent completing booklet: 

Date: 

Spare Card 

Interviewer number: 

Spare Card 

Survey month: 

Point Address HHLD CKL Child No 1-4 5-6 7 8-9 

First name of parent: 

Person no of parent: 

Spare Card 

Citizen Card

Health Survey for England 2011

Booklet for parents of 4-15 year olds

In Confidence

How to fill in this questionnaire

The questions in this booklet are answered by putting a tick in the box below the answer that applies to you.

Example:

Do you feel that you lead a …

Very healthy life

Fairly healthy life

Not very healthy life

An unhealthy life

(TICK ONE BOX ON EACH LINE)
121. Thinks things out before acting
122. Steals from home, school or elsewhere
123. Gets on better with adults than with other children
124. Many fears, easily scared
125. Sees tasks through to the end, good attention span

26. Overall, do you think that your child has difficulties in one or more of the following areas: emotions, concentration, behaviour or being able to get on with other people?

- No
- Yes – minor difficulties
- Yes – definite difficulties
- Yes – severe difficulties

Go to Q31

If you have answered "Yes", please answer the following questions about these difficulties:

27. How long have these difficulties been present?
- Less than a month
- 1-5 months
- 6-12 months
- Over a year

28. Do the difficulties upset or distress your child?
- Not at all
- Only a little
- Quite a lot
- A great deal

29. Do the difficulties interfere with your child's everyday life in the following areas?

- HOME LIFE
- FRIENDSHIPS
- CLASSROOM
- LEARNING
- LEISURE
- ACTIVITIES

- Not at all
- Only a little
- Quite a lot
- A great deal

30. Do the difficulties put a burden on you or the family as a whole?

- Not at all
- Only a little
- Quite a lot
- A great deal

Your child's weight

Given your child's age and height, would you say that your child is...

- About the right weight
- Too heavy
- Too light
- Not sure

Tick one box

Thank you for answering these questions.
Please give the booklet back to the interviewer.
## Health Survey for England 2011

**Booklet for Young Adults**

In Confidence

### How to fill in this questionnaire

**A.** Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

**Example:**

<table>
<thead>
<tr>
<th>Very healthy life</th>
<th>Fairly healthy life</th>
<th>Not very healthy life</th>
<th>An unhealthy life</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Yes</td>
<td>No</td>
<td></td>
</tr>
</tbody>
</table>

Do you feel that you lead a ...  

**B.** Sometimes you are asked to write in a number or the answer in your own words. Please enter numbers as figures rather than words.

**Example:**

Write in no. 6  

**C.** On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

**Example:**

Tick one box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q4</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to Q5</td>
</tr>
</tbody>
</table>

### SMOKING

**Q1.** Have you ever smoked a cigarette, a cigar or a pipe?  
Tick ONE box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to next question</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to Q12 on page 4</td>
</tr>
</tbody>
</table>

**Q2.** Have you ever smoked a cigarette?  
Tick ONE box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to next question</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to Q12 on page 4</td>
</tr>
</tbody>
</table>

**Q3.** How old were you when you first tried smoking a cigarette, even if it was only a puff or two?  
Write in how old you were then

**Q4.** Do you smoke cigarettes at all nowadays?  
Tick ONE box

<table>
<thead>
<tr>
<th>Yes</th>
<th>Go to Q7 on page 3</th>
</tr>
</thead>
<tbody>
<tr>
<td>No</td>
<td>Go to next question</td>
</tr>
<tr>
<td>Q5</td>
<td>Why did you decide to give up smoking?</td>
</tr>
<tr>
<td>----</td>
<td>--------------------------------------</td>
</tr>
<tr>
<td>26-43</td>
<td>Advice from a GP/health professional</td>
</tr>
<tr>
<td>02</td>
<td>Advert for a nicotine replacement product</td>
</tr>
<tr>
<td>03</td>
<td>Government TV, radio or press advert</td>
</tr>
<tr>
<td>04</td>
<td>Hearing about a new stop smoking treatment</td>
</tr>
<tr>
<td>05</td>
<td>Financial reasons (couldn’t afford it)</td>
</tr>
<tr>
<td>06</td>
<td>Because of the smoking ban in all enclosed public places, including pubs and restaurants</td>
</tr>
<tr>
<td>07</td>
<td>I knew someone else who was stopping</td>
</tr>
<tr>
<td>08</td>
<td>Seeing a health warning on a cigarette packet</td>
</tr>
<tr>
<td>09</td>
<td>Family or friends wanted me to stop</td>
</tr>
<tr>
<td>10</td>
<td>Being contacted by my local NHS Stop Smoking Services</td>
</tr>
<tr>
<td>11</td>
<td>Health problems I had at the time</td>
</tr>
<tr>
<td>12</td>
<td>Worried about future health problems</td>
</tr>
<tr>
<td>13</td>
<td>Pregnancy</td>
</tr>
<tr>
<td>14</td>
<td>Worried about the effect on my children</td>
</tr>
<tr>
<td>15</td>
<td>Worried about the effect on other family members</td>
</tr>
<tr>
<td>16</td>
<td>My own motivation</td>
</tr>
<tr>
<td>17</td>
<td>Something else</td>
</tr>
<tr>
<td>18</td>
<td>Cannot remember</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q6</th>
<th>Did you smoke cigarettes regularly or occasionally?</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Regularly, that is at least one cigarette a day</td>
<td>Go to Q12 on page 4</td>
</tr>
<tr>
<td>2</td>
<td>Occasionally</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>I never really smoked cigarettes, just tried them once or twice</td>
<td></td>
</tr>
</tbody>
</table>

---

**CURRENT SMOKERS**

<table>
<thead>
<tr>
<th>Q7</th>
<th>About how many cigarettes a day do you usually smoke on weekdays?</th>
<th>Write in number smoked a day</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Q8</th>
<th>And about how many cigarettes a day do you usually smoke at weekends?</th>
<th>Write in number smoked a day</th>
</tr>
</thead>
</table>

<table>
<thead>
<tr>
<th>Q9</th>
<th>Do you mainly smoke ...</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>filter-tipped cigarettes,</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>plain or untipped cigarettes,</td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>or hand-rolled cigarettes?</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q10</th>
<th>Would you like to give up smoking altogether?</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Yes</td>
<td>Go to next question</td>
</tr>
<tr>
<td>2</td>
<td>No</td>
<td>Go to Q12 on page 4</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q11</th>
<th>What are your main reasons for wanting to give up?</th>
<th>Tick ALL that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>01</td>
<td>Because of a health problem I have at present</td>
<td></td>
</tr>
<tr>
<td>02</td>
<td>Better for my health in general</td>
<td></td>
</tr>
<tr>
<td>03</td>
<td>Less risk of getting smoking related illnesses</td>
<td></td>
</tr>
<tr>
<td>04</td>
<td>Family/friends wanted me to stop</td>
<td></td>
</tr>
<tr>
<td>05</td>
<td>Financial reasons (can’t afford it)</td>
<td></td>
</tr>
<tr>
<td>06</td>
<td>Worried about the effect on my children</td>
<td></td>
</tr>
<tr>
<td>07</td>
<td>Because of the ban on smoking in all public places</td>
<td></td>
</tr>
<tr>
<td>08</td>
<td>Other</td>
<td></td>
</tr>
</tbody>
</table>
EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

Tick ONE box

Yes ☐

No ☐

Don't know ☐

Q13 Did your mother ever smoke regularly when you were a child?

Tick ONE box

Yes ☐

No ☐

Don't know ☐

Q14 In most weeks, how many hours a week are you exposed to other people’s tobacco smoke?

Number of hours a week

Write in ☐

Q15 a) Are you regularly exposed to other people’s tobacco smoke in any of these places?

Please tick all the places where you are often exposed to other people’s smoke

Tick ALL that apply

Go to Q15 b on page 5

At home ☐

At work ☐

In other people’s homes ☐

Outdoor smoking areas of pubs/restaurants/cafes ☐

In other places ☐

No, none of these ☐

Q15 b) Does this bother you?

Tick ONE box

Yes ☐

No ☐

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box

Yes ☐

No ☐

Go to Q19

Go to next question

Q17 Just to check, does that mean you never have an alcoholic drink nowadays, or do you have an alcoholic drink very occasionally, perhaps for medicinal purposes or on special occasions like Christmas and New Year?

Tick ONE box

Very occasionally ☐

Never ☐

Go to Q19

Go to next question

Q18 Have you always been a non-drinker or did you stop drinking for some reason?

Tick ONE box

Always a non-drinker ☐

Go to Q36 on page 12

Used to drink but stopped ☐

Q19 How old were you the first time you ever had a proper alcoholic drink?

Write in how old you were then ☐
Q20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick ONE box

Almost every day☐
Five or six days a week☐
Three or four days a week☐
Once or twice a week☐
Once or twice a month☐
Once or every couple of months☐
Not all in the last 12 months☐

Go to Q21

Q21  Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

Yes☐
No☐

Go to Q21

Q22  On how many days out of the last seven did you have an alcoholic drink?

Tick ONE box

One☐
Two☐
Three☐
Four☐
Five☐
Six☐
Seven☐

Go to Q22

Q23  Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day. For the ones you drank, write in how much you drank on that day. EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

WRITE IN HOW MUCH DRUNK ON THAT DAY

TICK ALL DRINKS DRUNK ON THAT DAY

WRITE IN HOW MUCH DRUNK ON THAT DAY

Glasses (count doubles as 2 singles) Pints Large cans or bottles Small cans or bottles

| Normal-strength beer, lager, stout, cider or shandy (less than 6% alcohol) | Exclude bottles/cans of shandy. | ☐ | ☐ | ☐ |
| Strong beer, lager, stout or cider (6% alcohol or more, such as Tennent’s Super, Special Brew, Diamond White) | ☐ | ☐ | ☐ |
| Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka or cocktails | ☐ | ☐ | ☐ |
| Sherry or martini (including port, vermouth, Ouzo, Dubonnet) | ☐ | ☐ | ☐ |
| Wine (including babycham and champagne) | ☐ | ☐ | ☐ |
| Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WD40 or Smirnoff Ice | ☐ | ☐ | ☐ |
| Other kinds of alcoholic drink | ☐ | ☐ | ☐ |

WRITE IN NAME OF DRINK

1.

2.

Spare
Please now think about whether you have drunk different types of alcoholic drink in the last 12 months. Please think about all types of alcoholic drinks you have had. Each type of alcoholic drink will be asked about separately.

EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

Q24  Thinking about normal strength beer, lager, stout, cider or shandy which has less than 6% alcohol. How often have you had a drink of normal strength beer, lager, stout, cider or shandy (excluding cans and bottles of shandy) during the last 12 months?

Tick ONE box

Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once every couple of months
Once or twice a month
Not all in the last 12 months

Go to next question

Q25  How much normal strength beer, lager, stout, cider or shandy have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

Pints
Large cans or bottles
Small cans or bottles

Q26  Now thinking about strong beer, lager, stout or cider which has 6% or more alcohol (e.g. Tennents Super, Special Brew, Diamond White). How often have you had a drink of strong beer, lager, stout or cider during the last 12 months?

Tick ONE box

Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once every couple of months
Once or twice a month
Once or twice a year
Not all in the last 12 months

Go to next question

Q27  How much strong beer, lager, stout or cider have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

Pints
Large cans or bottles
Small cans or bottles

Q28  How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?

Tick ONE box

Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not all in the last 12 months

Go to next question

Q28  How often have you had a drink of spirits or liqueurs, such as gin, whisky, brandy, rum, vodka, advocaat or cocktails during the last 12 months?
Q29  How much spirits or liqueurs such as gin, whisky, brandy, rum, vodka, advocaat or cocktails have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

Glasses (count doubles as 2 singles)

Q30  How often have you had a drink of sherry or martini including port, vermouth, Cinzano and Dubonnet, during the last 12 months?

Tick ONE box

Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not all in the last 12 months

Go to next question

Q31  How much sherry or martini including port, vermouth, Cinzano and Dubonnet have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

Small glasses (count doubles as 2 singles)

Q32  How often have you had a drink of wine, including Babycham and champagne, during the last 12 months?

Tick ONE box

Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not all in the last 12 months

Go to next question

Q33  How much wine, including Babycham and champagne, have you usually drunk on any one day during the last 12 months?

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

Large glasses (250ml)
Standard glasses (175ml)
Small glasses (125ml)
Bottles (750ml)

Q34  How often have you had a drink of alcopops (i.e. alcoholic lemonade, alcoholic cola or other alcoholic fruit-or-herb-flavoured drinks e.g. Smirnoff Ice, Bacardi Breezer, WKD, Metz etc), during the last 12 months?

Tick ONE box

Almost every day
Five or six days a week
Three or four days a week
Once or twice a week
Once or twice a month
Once every couple of months
Once or twice a year
Not all in the last 12 months

Go to next question
**Q35** How many **alcopops** (i.e. alcoholic lemonade, alcoholic colas or other alcoholic fruit-or-herb-flavoured drinks) have you usually drunk on any one day during the last 12 months?

| WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY |
|-------------------------------|----------|
| WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY |

**EVERYONE PLEASE ANSWER**

**Q36** Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Write in

**Q37** Here are some statements that other people have made. Please **tick one box** to show how much you agree or disagree with each one.

<table>
<thead>
<tr>
<th>Disagree strongly</th>
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<th>Neither agree nor disagree</th>
<th>Agree slightly</th>
<th>Agree strongly</th>
</tr>
</thead>
<tbody>
<tr>
<td>I feel good about myself</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>I get a lot of pleasure from taking risks</td>
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<td>I learn from my mistakes</td>
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</table>

**Q38** Here are some things that other people have said they would like to have over the course of their lives. Could you tell me how important each of them is to you personally?

Please **tick one box** on the scale from 1-7, where 1 is not at all important and 7 is very important

<table>
<thead>
<tr>
<th>Not at all important</th>
<th>Very important</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 2 3 4 5 6 7</td>
<td></td>
</tr>
<tr>
<td>To have money, wealth and possessions</td>
<td></td>
</tr>
<tr>
<td>To have an image that others find appealing</td>
<td></td>
</tr>
</tbody>
</table>

**Q39** Here are some more statements that we would like you to look at. Please **tick one box** to show how much you agree or disagree with each of them.

<table>
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<tr>
<th>Disagree strongly</th>
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<th>Neither agree nor disagree</th>
<th>Agree slightly</th>
<th>Agree strongly</th>
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<tr>
<td>I am in control of my own health</td>
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<td></td>
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</tr>
<tr>
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<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I intend to lead a healthy lifestyle over the next 12 months</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Q40** For you, would leading a healthy lifestyle be….

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th>Extremely difficult</th>
<th>1 2 3 4 5 6</th>
<th>Extremely easy</th>
</tr>
</thead>
<tbody>
<tr>
<td>To have money, wealth and possessions</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>To have an image that others find appealing</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
Q41  How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?  
Tick ONE box

No control

Complete control

1 2 3 4 5 6 7

Q42  For you, would leading a healthy lifestyle be....  
Tick ONE box

Enjoyable

Not enjoyable

1 2 3 4 5 6 7

Q43  Which of these best describes your view:  
If I don’t lead a healthy lifestyle, my health could be at risk...

Tick ONE box

In the next 12 months

In the next few years

In the next 10-20 years

Much later in my life

Not at all

Q44  Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?  

Tick ONE box

I am much MORE likely to get seriously ill than other people of my age

I am a little more likely

No more or less likely

I am a little less likely

I am much LESS likely to get seriously ill than other people of my age

I already have a serious illness

Q45  Mobility

Tick one box

I have no problems walking about

I have some problems walking about

I am confined to bed

Q46  Self-Care

Tick one box

I have no problems with self-care

I have some problems washing or dressing myself

I am unable to wash or dress myself

Q47  Usual activities

Tick one box

I have no problems with performing my usual activities (e.g. work, study, housework, family or leisure activities)

I have some problems with performing my usual activities

I am unable to perform my usual activities

Q48  Pain/Discomfort

Tick one box

I have no pain or discomfort

I have moderate pain or discomfort

I have extreme pain or discomfort

Q49  Anxiety/Depression

Tick one box

I am not anxious or depressed

I am moderately anxious or depressed

I am extremely anxious or depressed
Q50

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

406-408
Q50 Best imaginable health state

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

409-425
Worst imaginable health state

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.

426-439
GENERAL WELLBEING

Q51. Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>Statement</th>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS)
© NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved
Q52 Are you currently in paid employment?

Yes □ Go to next question

No □ Go to Q57 on page 19

Q53 How much do you agree or disagree with the statement that ‘I feel able to cope with the demands of my job’?

Tick ONE box

Strongly agree □

Agree □

Neither agree nor disagree □

Disagree □

Strongly disagree □

Q54 Do you have a choice in deciding HOW you go about your work?

Tick ONE box

Never □

Occasionally □

Some of the time □

Much of the time □

Most of the time □

All of the time □

Q55 Do you get help and support from your line manager?

Tick ONE box

Often □

Sometimes □

Seldom □

Never/ almost never □

Does not apply/ have no manager □

Q56 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- 0 means that such a change will definitely NOT take place.

- 100 means that such a change will definitely take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

Q57 Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight □

Gay or Lesbian □

Bisexual □

Other □

Prefer not to say □
What is your religion?

Q58  Tick ONE box

No religion

Christian - Catholic

Christian – all other denominations including Church of England, Protestant

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion (please write in on the line below)

____________________________________

Q59  In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.

Do you have a mobile telephone number we can contact you on?

Tick ONE box

No

Yes

What is your mobile telephone number?

Q60  Do you have an e-mail address we can contact you on?

Tick ONE box

No

Yes

What is your e-mail address? Please print clearly.

Thank you for answering these questions.

Please give the booklet back to the interviewer.
Health Survey for England 2011
Booklet for Adults
In Confidence

How to fill in this questionnaire
Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

Example:

Do you feel that you lead a …

Very healthy life
Fairly healthy life
Not very healthy life
An unhealthy life

Q1 Taking all things together, on a scale of 0 to 10, how happy would you say you are? Here 0 means you are very unhappy and 10 means you are very happy.

Q2 Here are some statements that other people have made. Please tick one box to show how much you agree or disagree with each of them.

<table>
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<tr>
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Q3 Here are some things that other people have said they would like to have over the course of their lives. Could you tell me how important each of them is to you personally?

Please tick one box on the scale from 1-7, where 1 is not at all important and 7 is very important

<table>
<thead>
<tr>
<th>Thing</th>
<th>Not at all important</th>
<th>Very important</th>
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<tr>
<td>To have money, wealth and possessions</td>
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### Q4
Here are some more statements that we would like you to look at. Please tick one box to show how much you agree or disagree with each of them.

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<tr>
<th>Statement</th>
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<td></td>
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</tbody>
</table>

### Q5
For you, would leading a healthy lifestyle be.....

Tick ONE box

<table>
<thead>
<tr>
<th>Not enjoyable</th>
<th>Enjoyable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Q6
How much control do you believe you have over whether or not you lead a healthy lifestyle over the following year?

Tick ONE box

<table>
<thead>
<tr>
<th>No control</th>
<th>Complete control</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Q7
For you, would leading a healthy lifestyle be.....

Tick ONE box

<table>
<thead>
<tr>
<th>Not enjoyable</th>
<th>Enjoyable</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
</tr>
</tbody>
</table>

### Q8
Which of these best describes your view: If I don’t lead a healthy lifestyle, my health could be at risk....

Tick ONE box

- In the next 12 months
- In the next few years
- In the next 10-20 years
- Much later in my life
- Not at all

### Q9
Compared with other people of your age, how likely do you think it is that you will get seriously ill at some point over the next few years?

Tick ONE box

- I am much MORE likely to get seriously ill than other people of my age
- I am a little more likely
- No more or less likely
- I am a little less likely
- I am much LESS likely to get seriously ill than other people of my age
- I already have a serious illness
GENERAL HEALTH TODAY

Now we would like to know how your health is today.
Please answer ALL the questions. By ticking one box for each question below, please indicate which statements best describe your own health state today.

**Q10 Mobility**
Tick ONE box

- I have no problems walking about
- I have some problems walking about
- I am confined to bed

**Q11 Self-Care**
Tick ONE box

- I have no problems with self-care
- I have some problems washing or dressing myself
- I am unable to wash or dress myself

**Q12 Usual activities**
Tick ONE box

- I have no problems with performing my usual activities (eg. work, study, housework, family or leisure activities)
- I have some problems with performing my usual activities
- I am unable to perform my usual activities

**Q13 Pain/Discomfort**
Tick ONE box

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

**Q14 Anxiety/Depression**
Tick ONE box

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

---

**Q15**

To help people say how good or bad a health state is, we have drawn a scale (rather like a thermometer) on which the best state you can imagine is marked 100 and the worst state you can imagine is marked 0.

We would like you to indicate on this scale how good or bad your own health state is today, in your opinion. Please do this by drawing a line from the box below to which ever point on the scale indicates how good or bad your health state is today.
GENERAL WELLBEING

Q16 Below are some statements about feelings and thoughts. Please circle the number that best describes your experience of each over the last 2 weeks.

<table>
<thead>
<tr>
<th>None of the time</th>
<th>Rarely</th>
<th>Some of the time</th>
<th>Often</th>
<th>All of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>I've been feeling optimistic about the future</td>
<td>1 2 3 4 5</td>
<td>4 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling useful</td>
<td>1 2 3 4 5</td>
<td>2 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling relaxed</td>
<td>1 2 3 4 5</td>
<td>3 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling interested in other people</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've had energy to spare</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been dealing with problems well</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been thinking clearly</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling good about myself</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling close to other people</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling confident</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been able to make up my own mind about things</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling loved</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been interested in new things</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>I've been feeling cheerful</td>
<td>1 2 3 4 5</td>
<td>1 5</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Warwick-Edinburgh Mental Well-Being Scale (WEMWBS) © NHS Health Scotland, University of Warwick and University of Edinburgh, 2006, all rights reserved

Q17 Are you currently in paid employment?
Tick ONE box

- Yes [ ] Go to Q18
- No [ ] Go to Q22

Q18 How much do you agree or disagree with the statement that 'I feel able to cope with the demands of my job?'
Tick ONE box

- Strongly agree [ ]
- Agree [ ]
- Neither agree nor disagree [ ]
- Disagree [ ]
- Strongly disagree [ ]

Q19 Do you have a choice in deciding HOW you go about your work?
Tick ONE box

- Never [ ]
- Occasionally [ ]
- Some of the time [ ]
- Much of the time [ ]
- Most of the time [ ]
- All of the time [ ]
Q20 Do you get help and support from your line manager?

Tick ONE box

Often

Sometimes

Seldom

Never/ almost never

Does not apply/ have no manager

Q21 How likely is it that you will lose your job and become unemployed within the next twelve months?

Please estimate the probability of such a change on a scale from 0 to 100.

- 0 means that such a change will definitely not take place.

- 100 means that such a change definitely will take place.

Circle one box

0 10 20 30 40 50 60 70 80 90 100

INFORMATION ABOUT YOURSELF

Q22 Which of the following options best describes how you think of yourself?

Tick ONE box

Heterosexual or Straight

Gay or Lesbian

Bisexual

Other

Prefer not to say

Q23 What is your religion?

Tick ONE box

No religion

Christian - Catholic

Christian - all other denominations including Church of England, Protestant

Buddhist

Hindu

Jewish

Muslim

Sikh

Any other religion

(please write in on the line below)

Q24 Do you have a mobile telephone number we can contact you on?

Tick ONE box

No

Yes

Go to question 25

What is your mobile telephone number?

In the future we may want to contact you by mobile telephone number or e-mail to see if you are willing to help us again. Your mobile telephone number and e-mail address would only be used for research purposes and would not be passed on to anyone outside NatCen.
Q25  Do you have an e-mail address we can contact you on?  
Tick ONE box

No  → Go to question 26  

Yes  

What is your e-mail address? Please print clearly.

Q26  What is your age?  
18-64  
65 or over  → Go to Q27

Q27  Do you suffer from problems with your bladder?  
This could be things like accidentally having wet pants, leaking urine, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids or appliances to manage bladder problems or incontinence. Please include problems with your bladder caused by any medicines that you take.

Tick ONE box  

Yes  

No  

Prefer not to say

Q28  Do you suffer from problems with controlling your bowels?  
This could be things like accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids or appliances to manage bowel problems or incontinence. Please include problems with your bowel caused by any medicines that you take.

Tick ONE box  

Yes  

No  

Prefer not to say

Thank you for answering these questions.  
Please give the booklet back to the interviewer.
HEALTH SURVEY FOR ENGLAND 2011

Hospital Episode Statistics
(Adults 16+)

- Thank you for the information that you have provided about your health.
- With your permission, we would like to find out more about your health and treatment from NHS records.
- The Hospital Episode Statistics register collects information on in-patient care delivered by NHS hospitals in England since 1989, such as the length of stay, reason for visit, type of illness, type of operation, maternity care and waiting time.
- We would like to ask for your consent for us to link information about your health and treatment from this database.
- This information will be confidential and used for research purposes only. The link to this information can only be used by researchers who have gained ethical approval for analysing this database.
- Names and addresses will never be included in these results and no individual can be identified from the research.

NHS Central Register and Cancer Register
(Adults 16+)

- The NHS Central Register lists all the people in the country and their National Health Service (NHS) number.
- We would like to ask for your consent for us to send your name, address and date of birth to the National Health Service Central Register. A marker will be put against your name to show that you took part in the Health Survey.
- If a person who took part in the Health Survey gets cancer, or dies, the type of cancer or cause of death will be linked with their answers to the survey. By linking this information the research is more useful as we can look at how people's lifestyle can have an impact on their future health.
- This information will be confidential and used for research purposes only.
- By signing this form you are only giving permission for the linking of this information to routine administrative data and nothing else. We will not be able to obtain any other details from your medical records.

Your consent:
I authorise the NHS Information Centre to disclose to the National Centre for Social Research a link to information about my health and treatment held on the Hospital Episode Statistics database.

I understand that the link to this information can only be used by researchers who have gained ethical approval for analysing this database. This consent will remain valid until revoked by me in writing.

Your consent:
I consent to the National Centre for Social Research /UCL Joint Health Surveys Unit passing my name, address and date of birth to the National Health Service Central Register.

I understand that information held by the NHS Central Register may be used to follow up my health status. I understand that these details will be used for research purposes only.

Please initial box

________________________  ________________  ___________________________
Respondent name             Date     Respondent Signature

________________________  ________________  ___________________________
Interviewer name          Date  Interviewer Signature

You can cancel either permission at any time in the future by writing to us at the following address:
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Rachel Craig
The Health Survey for England 2011 - Nurse Questionnaire

Program Documentation

Nurse Questionnaire

P3127

Household grid

Person
Person number of person who was interviewed
Range: 01..12

Name
Name of person who was interviewed

Sex
Sex of person who was interviewed
1 Male
2 Female

Age
Age of person who was interviewed
Range: 0..120

OC
Interview outcome of person who was interviewed
1 Agreed Nurse Visit
2 Refused Nurse Visit
3 No outcome yet

DDiary
Whether a drinking diary was placed during the interview
1 Yes
2 No

IF AGE <= 15 THEN
P1
Person number of child’s Parent 1.
Range: 01..12

P1Name
Name of child’s Parent 1.
Text:

NoPs1
Parent type of Parent 1.
1 Parent
2 Legal parental responsibility

ELSEIF OC = 1 THEN
Info
You are in the Nurse Schedule for:
Person Number:
Name:
Age:
Sex:
Can you interview this person?
1 Yes, I will do the interview now
2 No, I will not be able to do this interview

ELSEIF OC = 2 THEN
RefInfo
NURSE: (Name of respondent) IS RECORDED AS HAVING REFUSED A NURSE VISIT. HAS (his/her) CHANGED (his/her) MIND?
NURSE: THERE IS NO INFORMATION YET FROM THE INTERVIEWER WHETHER (Name of respondent) HAS AGREED TO A NURSE VISIT. IF YOU ARE SURE THAT (his/her) HAS COMPLETED AN INTERVIEW AND HAS AGREED TO SEE YOU, CODE 1 FOR “Yes” HERE. ELSE CODE 2 FOR “No”

ENDIF

ALL WITH A NURSE VISIT (Info = Yes OR RefInfo = Yes, agrees nurse visit)
NurDate
NURSE: ENTER THE DATE OF THIS INTERVIEW.

NDoBD
Can I just check your date of birth?
The Health Survey for England 2011 - Nurse Questionnaire

NURSE: ENTER DAY, MONTH AND YEAR OF (NAME OF RESPONDENT’S) DATE OF BIRTH
SEPERATELY

ENTER THE DAY HERE.

NDoBM
NURSE: ENTER THE CODE FOR THE MONTH OF (NAME OF RESPONDENT’S) DATE OF BIRTH.
NDoBY
NURSE: ENTER THE YEAR OF (NAME OF RESPONDENT’S) DATE OF BIRTH.

ConfAge
Derived: Age of respondent based on Nurse entered date of birth and date at time of household interview.
Range: 0..120

DispAge
CHECK WITH RESPONDENT: So your age is (computed age)?
1 Yes 2 No

IF Age of Respondent is 0 to 15 years THEN

CParInt
NURSE: A CHILD CAN ONLY BE INTERVIEWED WITH THE PERMISSION OF, AND IN THE
PRESENCE OF, THEIR PARENT OR A PERSON WHO HAS (PERMANENT) LEGAL PARENTAL
RESPONSIBILITY, (PARENT). NO MEASUREMENTS SHOULD BE CARRIED OUT WITHOUT
THE AGREEMENT OF BOTH THE PARENT AND THE CHILD.
Press <1> and <Enter> to continue.

CParNo
NURSE CHECK: WHICH PARENT (OR "PARENT") IS GIVING PERMISSION FOR
MEASUREMENTS TO BE TAKEN AND ANSWERING QUESTIONS FOR THIS CHILD?
1 (Name of Parent 1)
2 (Name of Parent 2)

ENDIF

IF (Age of respondent is 16 to 49 years) AND (Sex = Female) THEN

PregNTJ
Can I check, are you pregnant at the moment?
1 Yes 2 No

ENDIF

Statins
Are you taking statins (drugs to lower cholesterol) bought over the counter from a pharmacist,
without prescription from a doctor? NURSE: HERE ARE SOME EXAMPLES OF COMMON STATINS, WHICH MAY BE BOUGHT
OVER THE COUNTER:
Atorvastatin (Lipitor)
Fluvastatin (Lescol, Lescol XL)
Pravastatin (Lipostat)
Rosuvastatin (Crestor) and Simvastatin (Zocor)
1 Yes 2 No

Collect details of up to 22 prescribed medicines
FOR i:= 1 TO 22 DO
IF MedCNJD = Yes THEN

MedIntro
Could I take down the names of the medicines, including pills, syrups, ointments, puffers or
injections, prescribed for you by a doctor or nurse? NURSE: INCLUDING THE CONTRACEPTIVE PILL.
1 Continue

MedBIC[]
Have you taken/used (name of medicine) in the last 7 days?
1 Yes 2 No

MedBIA[]
1 (Name of Parent 1)
2 (Name of Parent 2)

ENDIF

IF age>=16 AND MedCNJD = No OR MedBic = 2 THEN

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The Health Survey for England 2011 - Nurse Questionnaire

IF Statins = Yes THEN
  Statina
  Have you taken/used statins in the last 7 days?
  1   Yes
  2   No
ENDIF
ENDIF

DrCod1
NURSE: TO DO THE DRUG CODING NOW, PRESS <CTRL ENTER>, SELECT DRUGS 1: (RESPONDENT NAME) WITH THE HIGHLIGHT BAR AND PRESS <ENTER>.
ELSE, PRESS 1 AND <Enter> TO CONTINUE.
1   Continue

Repeat for up to 22 drugs coded
FOR j:= 1 TO (Number of drugs recorded) DO
  DrC1
  NURSE: ENTER CODE FOR (name of drug) ENTER 999999 IF UNABLE TO CODE
  Text: Maximum 6 characters
  IF (Age of Respondent is over 15 years) AND (Drug code begins 02) THEN
    YTake1
    Do you take (name of drug) because of a heart problem, high blood pressure or for some other reason? NURSE: IF THE RESPONDENT IS SITTING QUIETLY WAITING TO HAVE THEIR BLOOD PRESSURE MEASURED, PLEASE WAIT AND COMPLETE REST OF DRUG CODING BLOCK AFTER THE THREE RECORDINGS HAVE BEEN TAKEN.
    1   Heart problem
    2   High blood pressure
    3   Other reason
    IF YTake1 = Other THEN
      TakeOth1
      NURSE: GIVE FULL DETAILS OF REASON(S) FOR TAKING (name of drug):
      NURSE: IF THE RESPONDENT IS SITTING QUIETLY WAITING TO HAVE THEIR BLOOD PRESSURE MEASUREMENT, PLEASE WAIT AND COMPLETE REST OF DRUG CODING BLOCK AFTER THE THREE RECORDINGS HAVE BEEN TAKEN.
      Text: Maximum 255 characters
    ENDIF
  ENDIF
ENDDO
ENDIF

IF Sex=Female and Age=18-49 THEN
  Folic
  At present, are you taking any folate acid supplements such as Solgar folic acid, Pregnacare tablets, Sanatogen Pronatal, or Healthy Start, to supplement your diet or improve your health?
  1   Yes
  2   No
  IF PreNTJ = Yes AND Folic = Yes
    FolPreg
    Did you start taking folic acid supplements before becoming pregnant?
    1   Yes
    2   No
    ENDIF
  ENDIF
ENDIF

IF PreNTJ = No AND Folic = Yes
  FolPregHR
  People can take folic acid for various health reasons. Are you taking folic acid supplements because you hope to become pregnant?
  1   Yes
  2   No
ENDIF

IF PreNTJ = No AND Age=>15
  BPToday
  May I just check, have you take any medication for your blood pressure today?
  1   Yes
  2   No
ENDIF

IF BPToday = Yes
  BPHour
  When did you last take medication for your blood pressure? Was it...READ OUT...
  1   Less than 30 minutes ago
  2   More than 30 minutes ago but less than an hour ago
  3   More than an hour ago
ENDIF

IF MedCNJD = Yes and drug coding not yet completed THEN
  Drug coding block
The Health Survey for England 2011 - Nurse Questionnaire

Nicotine replacement products

ASK IF RESPONDENT AGED 16 AND OVER

Smoke
Can I ask, do you smoke cigarettes, cigars or a pipe at all these days?
CODE ALL THAT APPLY. IF RESPONDENT USED TO SMOKE BUT DOES NOT ANY MORE, CODE NO.
1   Yes, cigarettes  
2   Yes, cigars  
3   Yes, pipe  
4   No

IF (Smoke = Yes, cigarettes) OR (Smoke = Yes, cigars) OR (Smoke = Yes, pipe) THEN

LastSmok
How long is it since you last smoked a (cigarette, (and/or a) cigar, (and/or a) pipe)?
1   Within the last 30 minutes  
2   Within the last 31-60 minutes  
3   Over an hour ago, but within the last 2 hours  
4   Over two hours ago, but within the last 24 hours  
5   More than 24 hours ago

ENDIF

IF (Smoke = No) THEN

SmokEvrN
May I just check, have you ever regularly smoked a cigarette, a cigar or a pipe, that is at least one a day?
1   Yes  
2   No

ENDIF

UseNic
We are also interested in whether people use any of the nicotine replacement products that are now available, such as nicotine chewing gum, patches or inhalers. Have you used any of these types of products in the last seven days?

NURSE: PLEASE NOTE THIS DOES NOT INCLUDE THE NEW MEDICATION PRESCRIBED TO AID SMOKING CESSATION.

1   Yes  
2   No

IF UseNic=Yes THEN

UseGum
First, in the last seven days have you used any nicotine chewing gum?
1   Yes  
2   No

IF UseNic=Yes THEN

UseGum
First, in the last seven days have you used any nicotine chewing gum?
1   Yes  
2   No

IF UseGum=Yes THEN

GumMG
What strength is the nicotine chewing gum you are using - is it 2mg or 4mg?
NURSE: IF BOTH - WHICH MOST RECENTLY? IF CAN'T SAY - ASK TO SEE PACKET. CODE ONE ONLY.
1   2mg  
2   4mg

ENDIF

UsePat
In the last seven days have you used nicotine patches that you stick on your skin?
1   Yes  
2   No

IF UsePat=Yes THEN

BNicPats
Can you tell me which brand and strength of nicotine patches you use?
NURSE: IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET. CODE ONE ONLY, DO NOT PROMPT.
1   Nicorette: 5mg  
2   Nicorette: 10mg
3   Nicorette: 15mg  
4   Nicoretell TTS: 10 (7mg)
5   Nicoretell TTS: 30 (14mg)
6   Nicoretell TTS: 30 (21mg)
7   Nicotinell: 7mg
8   Nicotinell: 14mg
9   Nicotinell: 21mg
95   Other (SPECIFY AT NEXT QUESTION) 96   Can't say (and no packet available)

IF NicPats=Other THEN

OthNic
NURSE: TYPE IN NAME AND STRENGTH OF NICOTINE PATCHES Text: Maximum 140 characters
DO NOT PROMPT.

1   Nicorette: 5mg  
2   Nicorette: 10mg
3   Nicorette: 15mg  
4   Nicoretell TTS: 10 (7mg)
5   Nicoretell TTS: 30 (14mg)
6   Nicoretell TTS: 30 (21mg)
7   Nicotinell: 7mg
8   Nicotinell: 14mg
9   Nicotinell: 21mg
95   Other (SPECIFY AT NEXT QUESTION) 96   Can't say (and no packet available)

ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
1   Yes  
2   No

ENDIF
The Health Survey for England 2011 - Nurse Questionnaire

Blood pressure

IF Age of Respondent 0 to 4 years THEN
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER '1' TO CONTINUE.
1 Continue
ENDIF

IF (PregNTJ = Yes) OR (UPreg = Pregnant) THEN
PregMes
RESPONDENT IS PREGNANT. NO MEASUREMENTS TO BE DONE.
1 Continue
ENDIF

ALL AGED 5+ (EXCEPT PREGNANT WOMEN)
BPMod
NURSE: NOW FOLLOWS THE BLOOD PRESSURE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.

IF Age of Respondent is over 15 years THEN
BPIntro
(As I mentioned earlier) We would like to measure your blood pressure. The analysis of blood pressure readings will tell us a lot about the health of the population.
1 Continue
ELSE (Respondent aged 5-15)
BPBlurb
READ OUT TO PARENT/PARENTS:(As I mentioned earlier) we would like to measure (name of child's) blood pressure. If you wish, I will write the results on (his/her) Measurement Record Card. I will not, however, be able to tell you what the results mean. This has to be calculated using (his/her) age, sex and height. Also blood pressure can vary from day to day and throughout the day, so one high reading would not necessarily mean that your child has a high blood pressure. However if you would like us to, we will send your results to your GP who is better placed to interpret them. In the unlikely event that your child should be found to have a high blood pressure for (his/her) age and height, we shall advise (his/her) GP (with your permission) that (his/her) blood pressure should be measured again.
1 Continue
ENDIF

BPConst
NURSE: DOES THE RESPONDENT AGREE TO BLOOD PRESSURE MEASUREMENT?
1 Yes, agrees
2 No, refuses
3 Unable to measure BP for reason other than refusal

OMRONNo
NURSE: RECORD BLOOD PRESSURE EQUIPMENT SERIAL NUMBER: Range: 001..999
The Health Survey for England 2011 - Nurse Questionnaire

**CutSize**
NURSE: SELECT CUFF AND ATTACH TO THE RESPONDENT'S RIGHT ARM. ASK THE RESPONDENT TO SIT STILL FOR FIVE MINUTES.

READ OUT: "I am going to leave you to sit quietly now for 5 minutes. During that time you must not read and your legs must remain uncrossed. After the 5 minutes I will carry out 3 recordings with a minute between them. While I am doing these recordings I will not speak to you, and you must not speak to me. Once I have completed the recordings I will tell you what they are."

RECORD CUFF SIZE CHOSEN.
1 Child (15-22 cm) 2 Adult (22-32 cm) 3 Large adult (32-42 cm)

**AirTemp**
NURSE: RECORD THE AMBIENT AIR TEMPERATURE. ENTER THE TEMPERATURE IN CENTIGRADES TO ONE DECIMAL PLACE.
Range: 00.0..40.0

**BPReady**
NURSE: ONCE RESPONDENT HAS SAT STILL FOR 5 MINUTES YOU ARE READY TO TAKE THE MEASUREMENTS. ENSURE THE READY TO MEASURE SYMBOL IS LIT BEFORE PRESSING THE START BUTTON TO THE START MEASUREMENTS.
1 Continue

Map to Dias repeated for up to 3 blood pressure measurements.

FOR I := 1 TO 3 DO

**Sys[i]**
NURSE: TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) systolic READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
IF YOU ARE NOT GOING TO GET ANY BP READINGS AT ALL ENTER "996". Range: 001..999

**Dias[i]**
ENTER (FIRST/SECOND/THIRD) diastolic READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

**Pulse[i]**
ENTER (FIRST/SECOND/THIRD) Pulse READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

ENDDO

IF NO FULL MEASUREMENT OBTAINED THEN:

**YNoBP**
ENTER REASON FOR NOT RECORDING ANY FULL BP READINGS
1 Blood pressure measurement attempted but not obtained
2 Blood pressure measurement not attempted
3 Blood pressure measurement refused

ENDIF

The Health Survey for England 2011 - Nurse Questionnaire

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:

**NRefBP**
NURSE: RECORD WHY ONLY TWO READINGS OBTAINED/ONLY ONE READING OBTAINED/READING NOT OBTAINED/READING NOT ATTEMPTED/READING REFUSED/UNABLE TO TAKE READING. CODE ALL THAT APPLY.
0 Problems with PC
1 Respondent upset/anxious/nervous
2 Error reading
3 (IF AGED UNDER 16: Too shy)
4 (IF AGED UNDER 16: Child would not sit still long enough)
5 Problems with cuff fitting/painful
6 Problems with equipment (not error reading)
95 Other reason(s) (SPECIFY AT NEXT QUESTION)

IF NRefBP = Other THEN

**ORefBP**
ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:
Text: Maximum 140 characters
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN:

**DRefBPc**
NURSE: RECORD ANY PROBLEMS TAKING READINGS. CODE ALL THAT APPLY.
1 No problems taking blood pressure
2 Reading taken on left arm because right arm not suitable
3 Respondent was upset/anxious/nervous
4 Problems with cuff fitting/painful
5 Problems with equipment (not error reading)
6 Error reading
95 Other problems (SPECIFY AT NEXT QUESTION)

IF DRefBPc=Other THEN

**ORefBPc**
NURSE: RECORD FULL DETAILS OF OTHER PROBLEM(S) TAKING READINGS.
Text: Maximum 140 characters
ENDIF

**BPOffer**
NURSE: OFFER BLOOD PRESSURE RESULTS TO RESPONDENT.

<table>
<thead>
<tr>
<th>Systolic</th>
<th>Diastolic</th>
<th>Pulse</th>
</tr>
</thead>
<tbody>
<tr>
<td>(First Systolic reading)</td>
<td>(First Diastolic reading)</td>
<td>(First Pulse reading)</td>
</tr>
<tr>
<td>(Second Systolic reading)</td>
<td>(Second Diastolic reading)</td>
<td>(Second Pulse reading)</td>
</tr>
<tr>
<td>(Third Systolic reading)</td>
<td>(Third Diastolic reading)</td>
<td>(Third Pulse reading)</td>
</tr>
</tbody>
</table>

ENTER THESE ON (RESPONDENT'S NAME) MEASUREMENT RECORD CARD (COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

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The Health Survey for England 2011 - Nurse Questionnaire

IF Systolic reading >179 OR Diastolic reading >114 THEN
TICK THE CONSIDERABLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one off finding or not.
NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIMHER TO CONTACT GP WITHIN NEXT 7-10 DAYS.
PLEASE REPORT THIS READING TO THE SURVEY DOCTOR WHEN YOU GET HOME.
ENDIF

IF Systolic reading 160-179 OR Diastolic reading 100-114 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 170-179 OR Diastolic reading 105-114 (Men aged 50+) THEN
TICK THE RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one off finding or not.
ENDIF

IF Systolic reading 140-159 OR Diastolic reading 85-99 (Men aged 16-49 OR Women aged 16+) OR IF Systolic reading 160-169 OR Diastolic reading 96-104 (Men aged 50+) THEN
TICK THE MILDLY RAISED BOX AND READ OUT TO RESPONDENT: Your blood pressure is a bit high today. Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure. You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one off finding or not.
ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN
GPRegB
Are you registered with a GP?
- 1 Yes
- 2 No

IF GPRegB = Yes THEN
GPSend
May we send your blood pressure readings to your GP?
- 1 Yes
- 2 No
Waist and hip circumference
ASK ALL Respondents aged 11+ AND PregNT=No THEN

WHMod
NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

1 Continue

WHIntro
I would now like to measure your waist and hips. The waist relative to hip measurement is very useful for assessing the distribution of weight over the body. NURSE CODE:

1 Respondent agrees to have waist/hip ratio measured
2 Respondent refuses to have waist/hip ratio measured
3 Unable to measure waist/hip ratio for reason other than refusal

IF WHIntro=Agree THEN

Repeat for up to three waist-hip measurements. Third measurement taken only if difference between first two measurements is greater than 3cm.

FOR Loop:= 1 TO 3 DO

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Waist <> 999.9) AND (Measure[2].Waist <> 999.9) AND (ABS(Measure[1].Waist - Measure[2].Waist) > 3)) THEN

Waist
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER THE (FIRST/SECOND/THIRD) WAIST MEASUREMENT IN CENTIMETRES (REMEMBER TO INCLUDE THE DECIMAL POINT). IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 45.0..1000.0
ENDIF

IF (Loop IN [1..2]) OR ((Loop = 3) AND (Measure[1].Hip <> 999.9) AND (Measure[2].Hip <> 999.9) AND (ABS(Measure[1].Hip - Measure[2].Hip) > 3)) THEN

Hip
NURSE: MEASURE THE WAIST AND HIP CIRCUMFERENCES TO THE NEAREST MM.
ENTER (FIRST/SECOND/THIRD) MEASUREMENT OF HIP CIRCUMFERENCE IN CENTIMETRES (Remember to include the decimal point).
IF MEASUREMENT NOT OBTAINED, ENTER '999.9'.
Range: 75.0..1000.0
ENDIF
ENDDO

IF (Waist1 = 999.9) OR (Waist2 = 999.9) OR (Hip1 = 999.9) OR (Hip2 = 999.9) THEN

YNoWH
ENTER REASON FOR NOT GETTING BOTH MEASUREMENTS
1 Both measurements refused
2 Attempted but not obtained
3 Measurement not attempted
ENDIF

ENDIF

IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN

WJRel
NURSE: RECORD ANY PROBLEMS WITH WAIST MEASUREMENT (INCLUDE HERE RESTRICTIONS FROM TYPE OF CLOTHING WORN SUCH AS SARIS OR RELIGIOUS/CULTURAL ITEMS WORN ON THE BODY):
1 No problems experienced, reliable waist measurement
2 Problems experienced - waist measurement likely to be reliable
3 Problems experienced - waist measurement likely to be slightly unreliable
4 Problems experienced - waist measurement likely to be unreliable

IF WJRel = Problems experienced THEN

ProbWJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE WAIST MEASUREMENT.
1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected
ENDIF

ENDIF

IF AT LEAST ONE HIP MEASUREMENT OBTAINED (IF (Hip1 <> 999.9 AND Hip1 <> EMPTY) OR (Hip2 <> 999.9 AND Hip2 <> EMPTY)) THEN

HJRel
RECORD ANY PROBLEMS WITH HIP MEASUREMENT (INCLUDE HERE RESTRICTIONS FROM TYPE OF CLOTHING WORN SUCH AS SARIS OR RELIGIOUS/CULTURAL ITEMS WORN ON THE BODY):
1 No problems experienced, reliable hip measurement
2 Problems experienced - hip measurement likely to be reliable
3 Problems experienced - hip measurement likely to be slightly unreliable
4 Problems experienced - hip measurement likely to be unreliable

IF HJRel = Problems experienced THEN

ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR DECREASE THE HIP MEASUREMENT.
1 Increases measurement (e.g. bulky clothing)
2 Decreases measurement (e.g. very tight clothing)
3 Measurement not affected
ENDIF

ENDIF
IF HJRef = Problems experienced THEN
ProbHJ
RECORD WHETHER PROBLEMS EXPERIENCED ARE LIKELY TO INCREASE OR
DECREASE THE HIP MEASUREMENT.
1 Increases measurement (e.g. bulky clothing) 2 Decreases measurement (e.g. very tight clothing) 3 Measurement not affected
ENDIF
ENDIF
IF ONE OR TWO WAIST/HP MEASUREMENTS OBTAINED THEN
WHRes
NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE
APPLICABLE. ON TO RESPONDENT’S MEASUREMENT RECORD CARD.
Waist: (Waist measurements 1 and 2) Hip: (Hip measurements 1 and 2)
Press <1> and <Enter> to continue.
ENDIF
ENDIF
IF Respondent aged 4 and over THEN
SalInt1
NURSE: NOW FOLLOWSTHE SALIVA SAMPLE.
1 Continue
SalIntr1
NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.
READ OUT: I would like to take a sample of saliva (spit). This simply involves (keeping a
absorbent swab in your mouth for a few minutes (aged 16+) / using a straw to dribble saliva
into a tube (aged 4-15)). The sample will be analysed for cotinine, which is related to the
intake of tobacco smoke and is of particular interest to see if non-smokers may have raised
levels as a result of ‘passive’ smoking.
(IF aged 16+) IF NECESSARY: OFFER RESPONDENT STRAW METHOD IF THEY ARE
NOT COMFORTABLE WITH USING THE ABSORBENT SWAB.
NURSE CODE:
1 Respondent agrees to give saliva sample 2 Respondent refuses to give saliva sample
3 Unable to obtain saliva sample for reason other than refusal
IF SalIntr1=Agree AND Age=16+ THEN
SalWrit
NURSE: - ASK THE RESPONDENT TO READ AND COMPLETE THE ‘SALIVA SAMPLE’ SECTION
OF THE BLUE CONSENT BOOKLET.
- CIRCLE CODE 03 ON FRONT OF THE CONSENT BOOKLET.
- TURN TO THE LAB DISPATCH NOTE AND AT SMOKING STATUS CIRCLE (1/2)
Press <1> and <Enter> to continue.
ENDIF
IF SalIntr1=Agree AND Age=4-15 THEN
SalWritC
NURSE: ASK THE PARENT TO READ AND COMPLETE THE ‘SALIVA SAMPLE’
SECTION OF THE CONSENT BOOKLET. SHOW RESPONDENT THE SALIVA SAMPLE
INFORMATION ON THE CHILD INFORMATION SHEET AND CONSENT BOOKLET.
CIRCLE CODE 03 ON FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.
ENDIF
IF SalIntr1=Refuse
SalCode
NURSE: Circle code 04 on front of the Consent Booklet
Press <1> and <Enter> to continue.
ENDIF
IF SalInt1=Agree AND Age=16+ THEN
SalInst
NURSE: ASK (RESPONDENT NAME) TO (KEEP THE ABSORBENT SWAB IN (HIS/HER)
MOUTH FOR A FEW MINUTES / DRIBBLE THROUGH STRAW INTO THE TUBE).
WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON THE RED LABEL USING A
BIRO.
Serial number: (shown on screen) Date of birth: (shown on screen)
Press <1> and <Enter> to continue.
ENDIF
The Health Survey for England 2011 - Nurse Questionnaire

SalObt1
NURSE CHECK:
1. Saliva sample obtained
2. Saliva sample refused
3. Saliva sample not attempted
4. Attempted but not obtained

IF SalObt1=obtained
SalHow
NURSE: CODE THE METHOD USED TO OBTAIN THE SALIVA SAMPLE.
1. Dribbled into tube
2. Absorbent swab
ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalIntr1=Unable)
SalNObt
NURSE: RECORD WHY SALIVA SAMPLE NOT OBTAINED.
CODE ALL THAT APPLY.
1. Respondent not able to produce any saliva
95. Other (specify at next question)

IF SalNObt = Other THEN
OthNObt
NURSE: GIVE FULL DETAILS OF REASON(S) WHY SALIVA SAMPLE NOT OBTAINED.
Text: Maximum 140 characters
ENDIF
ENDF

The Health Survey for England 2011 - Nurse Questionnaire

Blood sample
ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)
BlIntro
NURSE: NOW FOLLOWS THE BLOOD SAMPLE MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.
1. Continue
ClotB
The next part of my visit is a blood sample. Before I can take blood, I need to ask you a couple of questions and I will then explain what is involved.
May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin? (NURSE: ASPIRIN THERAPY IS NOT A CONTRAINDICATION FOR BLOOD SAMPLE)
1. Yes
2. No

IF ClotB = No THEN
Fit
May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?
1. Yes
2. No
ENDIF

IF Fit = No THEN
BSWill
NURSE: EXPLAIN PURPOSE AND PROCEDURE FOR TAKING BLOOD.
Would you be willing to have a blood sample taken?
1. Yes
2. No
3. Respondent unable to give blood sample for reason other than refusal (PLEASE SPECIFY)

IF BSWill = No THEN
RefBSC
NURSE: RECORD WHY BLOOD SAMPLE REFUSED. CODE ALL THAT APPLY.
1. Previous difficulties with venepuncture
2. Dislike/fear of needles
3. Respondent recently had blood test/health check
4. Refused because of current illness
5. Worried about HIV or AIDS
95. Other (SPECIFY AT NEXT QUESTION)

IF RefBSC = Other THEN
OthRefBSC
NURSE: GIVE FULL DETAILS OF OTHER REASON(S) FOR REFUSING BLOOD SAMPLE.
Text: Maximum 135 characters
ENDIF
ELSEIF BSWill = Yes THEN
BSCons
NURSE: EXPLAIN NEED FOR WRITTEN CONSENT: Before I can take any blood, I have to obtain written consent from you.
PRESS <1> AND <ENTER> TO CONTINUE.
1   Continue
ENDIF
ENDIF

IF BSWill = Yes THEN
BSCons
NURSE: ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER ONE IN THE 'BLOOD SAMPLE' SECTION OF THE BLUE CONSENT BOOKLET.
-CIRCLE CONSENT CODE 06 ON THE FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.

GPSam
NURSE CHECK: 1   Respondent registered with GP
2   Respondent not registered with GP

IF GPRegB = Yes OR GPSam = GP THEN
SendSam
May we send the results of your blood sample analysis to your GP?
1   Yes
2   No

IF SendSam = Yes THEN
BSSign
NURSE: ASK THE RESPONDENT TO READ AND COMPLETE POINT NUMBER TWO IN THE 'BLOOD SAMPLE' SECTION OF THE BLUE CONSENT BOOKLET.
-CHECK NAME BY WHICH GP KNOWS RESPONDENT.
-CHECK GP NAME, ADDRESS AND PHONE NO. ARE RECORDED ON FRONT OF THE CONSENT BOOKLET.
-CIRCLE CONSENT CODE 07 ON FRONT OF THE CONSENT BOOKLET.
Press <1> and <Enter> to continue.
ELSEIF SendSam = No THEN
SenSam
Why do you not want your blood sample results sent to your GP?
1   Hardly/never sees GP
2   GP recently took blood sample
3   Does not want to bother GP
95 Other (SPECIFY AT NEXT QUESTION)

IF SenSam = Yes THEN
TakeSam
NURSE: CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
-TAKE BLOOD SAMPLES: FILL 1 PLAIN (RED) TUBE, 1 EDTA (PURPLE) TUBE.
-WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE RED LABEL USING A BIRO. (ONE LABEL PER TUBE.)
Serial number: (displays serial number)
Date of birth: (displays date of birth)
-CHECK THE DATE OF BIRTH AGAIN WITH THE RESPONDENT.
-STICK THE RED LABEL OVER THE LABEL WHICH IS ALREADY ON THE TUBE.
PRESS <1> AND <Enter> TO CONTINUE.

SampF1
CODE IF PLAIN RED TUBE WAS FILLED (INCLUDE PARTIALLY FILLED TUBE):
1   Yes
2   No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBE):
1   Yes
2   No

IF SampF1 = Yes OR SampF2 = Yes THEN
SampTak:= Yes
ELSEIF SampTak:= No
ENDIF
**The Health Survey for England 2011 - Nurse Questionnaire**

**SampTak**
Computed: Blood sample outcome.
1. Blood sample obtained
2. No blood sample obtained

**SampArm**
NURSE: CODE FROM WHICH ARM THE BLOOD WAS TAKEN:
1. Right
2. Left
3. Both

**SamDifC**
NURSE: RECORD ANY PROBLEMS IN TAKING BLOOD SAMPLE. CODE ALL THAT APPLY:
1. No problem
2. Incomplete sample
3. Collapsing/poor veins
4. Second attempt necessary
5. Some blood obtained, but respondent felt faint/fainted
6. Unable to use tourniquet
99. Other (SPECIFY AT NEXT QUESTION)

**SnDrSam**
Would you like to be sent the results of your blood sample analysis?
1. Yes
2. No

**Code11**
NURSE: CIRCLE CONSENT CODE 11 ON FRONT OF THE CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.

**Code122**
NURSE: CIRCLE CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.

**NoBSM**
NURSE: CODE REASON(S) NO BLOOD OBTAINED. CODE ALL THAT APPLY:
1. No suitable or no palpable vein/collapsed veins
2. Respondent was too anxious/nervous
3. Respondent felt faint/fainted
4. Other (SPECIFY AT NEXT QUESTION)

**VpSys**
NURSE: Which system did you use to take blood?
1. Vacutainer needle
2. Butterfly needle

**VpHand**
NURSE: Was the respondent left handed or right handed?
1. Left handed
2. Right handed

**VpArm**
NURSE: Which arm did you use to take blood?
1. Right arm
2. Left arm
3. Both

**VpSkin**
NURSE: Code the skin condition of the arm used.
1. Skin intact
2. Skin not intact

**VpAlco**
NURSE: Did you use an alcohol wipe?
1. Yes
2. No

**VpPress**
NURSE: Code who applied pressure to the puncture site.
1. Sample taken on first attempt
2. Sample taken on second attempt
3. Both attempts failed
4. First attempt failed, did not make second attempt

---

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The Health Survey for England 2011 - Nurse Questionnaire

1 Nurse
2 Respondent
3 Partner or spouse

VpSens
NURSE: Was the respondent sensitive to the tape or plaster?
1 Sensitive to tape/plaster
2 Not sensitive to tape/plaster
3 (Did not check)

VpProb
NURSE: Was there any abnormality noted after 5 minutes?
(Please remember to recheck the site after completion of the blood sample module)
CODE ALL THAT APPLY
1 Sensory deficit
2 Haematoma
3 Swelling
95 Other (describe at next question)
96 None

IF VpProb = Other THEN
VpOther
NURSE: Record the details of the other abnormality fully.
Text: Maximum 140 characters
ENDIF

IF VpProb = Sensory deficit, Haematoma, Swelling or Other THEN
VpDetail
NURSE: You have coded that an abnormality was noted after 5 minutes.
Please record the action you took when you noticed this abnormality on the office despatch note. There is a space provided on the inside front cover of the adult consent booklet for you to write up these details fully.
PRESS <1> AND <ENTER> TO CONTINUE.
ENDIF

VpCheck
NURSE: Did you recheck the puncture site after completion of the blood sample module?
1 Yes, site was re-checked
2 No, site was not re-checked

Drinking diary placement
ASK ALL AGED 16-17 AND ALL AGED 18-24 WHERE BookChk=1 THEN.

DDMod
NURSE: NOW FOLLOWS THE DRINKING DIARY PLACEMENT WITH YOUNG ADULTS MODULE.
PRESS <1> AND <ENTER> TO CONTINUE.
1 Continue

Diary
As an extra part of the Health Survey for England this year, we are asking people to fill in a diary for 7 days. In this diary we would like you to record any alcohol you have drunk over the last 7 days. The information collected from the diary is very important as it will help us to build a better picture of the populations drinking patterns. Anything you write in the diary is confidential. As a thank you for completing the diary, you will receive a £5 high street voucher.
1 Respondent agrees to complete the diary
2 Respondent refuses to complete the diary

IF Diary = 1 THEN
DDPrep
NURSE: PREPARE THE DRINKING DIARY BY ENTERING THE RESPONDENT’S FIRST NAME, SERIAL NUMBER AND THE DATE. CHECK THAT YOU HAVE THE CORRECT PERSON NUMBER.
Name: (displays first name)
Serial number: (displays serial number)
Date and day: (displays date and day)
PRESS <1> AND <ENTER> TO CONTINUE.
1 Continue

DDIntro
You will need to complete the diary on your own. The diary asks you to write down any alcohol you have drunk over the last 7 days, that is from (day inserted), (date inserted). You will need to record anything you have drunk for each day of the week.
Please fill it in even if you have not drunk any alcohol in the last week. If you have not drunk anything in the last week, or on any day in the last week, tick the ‘No’ box at the top of each page. Complete it as best as you can and try to be as accurate as possible.
When you have completed it, put it in this envelope and hand it back to me. I will then post it back to our offices and they will send you a £5 high street voucher as a thank you for completing it.
PRESS <1> AND <ENTER> TO CONTINUE.
1 Continue

DDPlace
NURSE: GIVE THE RESPONDENT THE DIARY AND GIVE THEM TIME TO HAVE A LOOK THROUGH IT.
EXPLAIN EACH OF THE DIFFERENT SECTIONS, KEY THINGS TO POINT OUT INCLUDE:
-THE DAY OF THE WEEK ACROSS THE TOP OF THE PAGE
-THE DIFFERENT SECTIONS FOR EACH DIFFERENT TYPE OF ALCOHOL
-EXPLAIN THE DIFFERENCE BETWEEN NORMAL STRENGTH AND STRONG BEER/LAGER/CIDER
-DIFFERENT MEASURES DEPENDING IF THEY DRANK DRAUGHT BEER ETC IN PINTS, OR CANS OR BOTTLES
The Health Survey for England 2011 - Nurse Questionnaire

Drinking diary collection module

ASK all respondents who had a drinking diary placed by the interviewer.

DiaryChk
The interviewer told me that they placed a drinking diary with you. Can I just check, have you completed the diary and sent it back in the post?

1. Diary sent back (completed or otherwise)
2. Diary is completed but yet to be sent back
3. Respondent is currently completing the diary and will send back later
4. Respondent has not completed the diary

IF DiaryChk=1
DiaryThnk
Thank you for completing the diary and posting it back. If you haven’t already, you will receive your £5 thank you voucher in the post soon.

Press <1> and <Enter>.

ENDIF

IF DiaryChk=2
DiaryTake
Thank you for completing the diary. If you would prefer, rather than posting the diary back, I can take it with me now and send it back for you. You will receive the £5 thank you voucher for completing the diary in the post soon.

NURSE: IF RESPONDENT WOULD PREFER TO SEND THE DIARY BACK, CHECK WHETHER THEY NEED A REPLY PAID ENVELOPE.

Press <1> and <Enter>.

ENDIF

IF DiaryChk=3
DiaryProg
Thank you for completing the diary. As the interviewer mentioned, once you have completed the diary, please post it back to us and when we get it back in the office you will be sent a £5 thank you voucher.

NURSE: CHECK WHETHER RESPONDENT NEEDS A REPLY PAID ENVELOPE.

Press <1> and <Enter>.

ENDIF

ENDIF
The Health Survey for England 2011 - Nurse Questionnaire

IF DiaryChk=4 THEN
DiaryComp
NURSE: CODE THE REASON WHY THE RESPONDENT HAS NOT COMPLETED THE DIARY.
1. Respondent does not wish to complete a diary anymore
2. Respondent did not have time
3. Respondent forgot about it
4. Respondent confused about how to fill the diary in

IF DiaryComp=2-4 THEN
DiaryWeek
NURSE: ENTER THE DATE THE RESPONDENT WILL START TO KEEP THE DIARY.

IF THE RESPONDENT HAS LOST THEIR ORIGINAL DIARY, PLEASE ISSUE THEM WITH A REPLACEMENT.
1. Respondent agrees to complete diary
2. Respondent does not wish to complete diary

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The Health Survey for England 2011
CONSENT BOOKLET

Please use capital letters and write in ink:

Survey month: _____________________

House / Flat number (or name): ____________________________________________________
Postcode: __________________________

1. Nurse number: ____________________ 2. Date schedule completed: ____________________

3. Full name (of person interviewed): ________________________________________________
   Name by which GP knows person (if different): ______________________________________

4. Sex: Male 1  Female 2

5. Date of birth: _____________________

6. Full name of parent/guardian (if person under 18): __________________________________

7. GP NAME AND ADDRESS (Please complete fully):
   Dr: ____________________________________________
   Practice Name: ___________________________________
   Address: _________________________________________
   Tel: _____________________________________________
   Town: ___________________________________________
   County: _________________________________________
   Postcode: _________________________________________

8. GP ADDRESS OUTCOME:
   GP address provided: 1
   GP address not found: 2
   No GP: 3

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM
   YES NO
   a) Blood pressure to GP: 01 02
   b) Saliva sample to be collected: 03 04
   c) Sample of blood to be taken: 05 06
   d) Blood sample results to GP: 07 08
   e) Blood sample for storage: 09 10
   f) Blood sample results to respondent: 11 12

HEALTH SURVEY FOR ENGLAND 2011
DISPATCH NOTE FOR BLOOD AND SALIVA SAMPLES
(OFFICE COPY)

1. AGE GROUP:
   16+ 1
   Plain EDTA Saliva 2

2. BLOOD/SALIVA TAKEN:
   Day: [ ] Month: [ ] Year: [ ]

3. BLOOD/SALIVA DESPATCH:
   Day: [ ] Month: [ ] Year: [ ]

Veneupuncture

Please complete:

1. Did you experience any problems in taking the blood sample? If yes, please record these below and state what action you took.
<table>
<thead>
<tr>
<th>Form</th>
<th>Consent Details</th>
</tr>
</thead>
</table>
| **BLOOD PRESSURE TO GP CONSENT** | 1. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of my blood pressure results.  
I am aware that the results of my blood pressure measurement may be used by my GP to help monitor my health and that my GP may wish to include the results in any future report about me. |
| **SALIVA SAMPLE CONSENT** | 1. I consent to a qualified nurse/midwife collecting a sample of my saliva on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.  
I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The purpose and procedure have been explained to me by the nurse/midwife and I have had an opportunity to discuss this with him/her. |
| **BLOOD SAMPLE CONSENT** | 1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of the National Centre for Social Research/UCL Joint Health Surveys Unit.  
I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand what the sample will be tested for. The nurse has explained the procedures, and I have had an opportunity to discuss these with him/her.  
2. I consent to the National Centre for Social Research/UCL Joint Health Surveys Unit informing my General Practitioner (GP) of the blood sample analysis results.  
3. I consent to any remaining blood being stored for future analysis. I have read the ‘Information for Participants’ leaflet about the second stage of the survey and understand the processes involved for storing the blood and how the sample may be used in the future. I also understand my right to withdraw consent for storing the blood sample. |

Print name (respondent): ____________________________  
Signed (respondent): ____________________________  
Date: ____________________________  

Print name (nurse): ____________________________  
Signed (nurse): ____________________________  
Date: ____________________________  

You can cancel this permission at any time in the future by writing to us at the following address:  
National Centre for Social Research, 35 Northampton Square, London EC1V 0AX.  
Telephone: 0800 526 397 and ask for Rachel Craig.
Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

<table>
<thead>
<tr>
<th>Section</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. SERIAL NUMBER:</td>
<td></td>
</tr>
<tr>
<td>2. SEX: Male</td>
<td>1</td>
</tr>
<tr>
<td>Female</td>
<td>2</td>
</tr>
<tr>
<td>3. AGE GROUP:</td>
<td>16+</td>
</tr>
<tr>
<td>4. DATE OF BIRTH:</td>
<td>Day</td>
</tr>
<tr>
<td>5. SMOKING STATUS:</td>
<td>Current smoker</td>
</tr>
<tr>
<td>Non smoker/NA</td>
<td>2</td>
</tr>
<tr>
<td>6. TICK TUBES OBTAINED</td>
<td>Plain EDTA</td>
</tr>
<tr>
<td>7. DATE BLOODS/SALIVA TAKEN:</td>
<td>Day</td>
</tr>
<tr>
<td>8. STORAGE CONSENT:</td>
<td>Given</td>
</tr>
<tr>
<td>Not given/not applicable</td>
<td>2</td>
</tr>
<tr>
<td>9. NURSE NUMBER:</td>
<td></td>
</tr>
</tbody>
</table>

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

<table>
<thead>
<tr>
<th>TUBES ENCLOSED:</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>Plain Red</td>
<td>Total cholesterol</td>
</tr>
<tr>
<td>EDTA Purple</td>
<td>Glycated haemoglobin</td>
</tr>
<tr>
<td>Saliva</td>
<td>HDL cholesterol</td>
</tr>
<tr>
<td>Store if item 8 does NOT = 2</td>
<td></td>
</tr>
</tbody>
</table>

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Health Survey for England
2011

In confidence
Drinking diary

Please use black or blue ink

Thank you

Start date (e.g., 10 May 2011) Day (e.g., Tuesday)

End date Day
Size guide

250ml wine glass 175ml wine glass 125ml wine glass

Why fill in a diary?

The information about alcohol consumption that we collect in the Health Survey for England interview is very useful, but it only looks in detail at one day out of the last seven. It will be very valuable to collect information about a longer period.

By asking you, and others, to record any alcohol you drink over a seven day period we will be able to look at the patterns of drinking across the nation over a week. For example, we will be able to look at weekday drinking habits compared with the weekend, and look at the weekly drinking among different age groups.

For these reasons we would like you to keep the diary for a week and record any alcohol you drink, even if the amount you drink or the types of alcohol that week are different from your usual pattern. There is space in the diary for you to tell us this. We are interested to know what you drink, however little or however much.

Your participation in this stage of the survey is entirely voluntary and any information that you write in the diary is completely confidential. If you would like any further information about the general effects of alcohol on health and lifestyle please visit www.drinkaware.co.uk.

You will receive a £5 high street voucher for completing the diary. If you have any questions about how to fill it in or how to return it once you have completed it please contact us on 0800 526 397.

How to fill in the diary

• Check that you tick the day of the week for each day you fill in.
• Sections 2-7 on each page asks about different types of alcohol. Please read each section carefully as some sections ask for more details than others. For instance we ask you to record the brand/brewer of any beer that you drink (because it is necessary to know the strength of beer), but ask for less detail about spirits.
• Beer can be recorded as pints OR as small or large cans or bottles.
• Wine can be recorded as glasses OR you can record a bottle of wine or parts of a bottle.
• Estimate the sizes of the drinks recorded as best you can. For example, if you had a drink topped up estimate how much of a bottle or how many glasses you drank in total.
• Section 8 asks you to record where you drank alcohol on that day. This may refer to an actual place (such as a pub / bar) or an event (such as a music concert). If you drank alcohol at a party or another type of celebration, please record where this was – for instance a party may be at someone’s house, or at a pub.
• Section 9 asks you to record what times during the day you drank alcohol. Please tick all that apply.
1. Have you drunk any alcohol today?

Yes ☑ No ☐ Go to Day 2

2. Beer, lager, stout, cider or shandy

Have you drunk any today? Yes ☐ No ☑ Go to section 3

How much and which types did you drink?

Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brands/brewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1/2</td>
<td>Stella Artois</td>
</tr>
</tbody>
</table>

Strong beer, lager, stout, or cider (8% alcohol or more)

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brands/brewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>Carlsberg Special Brow</td>
</tr>
</tbody>
</table>

3. Wine (including champagne and Babysham)

Have you drunk any today? Yes ☑ No ☐ Go to section 4

Which types and how much did you drink?

Write in brand

<table>
<thead>
<tr>
<th>White wine</th>
<th>Red wine</th>
<th>Rose wine</th>
<th>Sparkling wine/champagne</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td></td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

4. Spirits, liqueurs or cocktails

Have you drunk any today? Yes ☑ No ☐ Go to section 5

How much did you drink?

A glass is equal to one standard measure. Count doubles as two single measures or two glasses. Count each measure in a cocktail as a separate measure.

5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

Have you drunk any today? Yes ☑ No ☐ Go to section 6

How much did you drink?

Count doubles as two single glasses.

6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WMD or Smirnoff Ice

Have you drunk any today? Yes ☑ No ☐ Go to section 7

How much did you drink?

7. Other kinds of alcoholic drink

Have you drunk any today? Yes ☑ No ☐ Go to section 8

Which types and how much did you drink?

You can write in half-pints or parts of pints, e.g. “1 1/4”. Count doubles as two single glasses.

8. Where did you drink today?

9. What times of day did you drink?

10. Is there anything else you would like to tell us about today’s drinking?

Please write in:

Turn over for Day 1
### 1. Have you drunk any alcohol today?

- [ ] Yes
- [ ] No

**Go to Day 2**

### 2. Beer, lager, stout, cider or shandy

- Have you drunk any today? [ ] Yes [ ] No
  - **Go to section 3**

#### How much and which types did you drink?

<table>
<thead>
<tr>
<th>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Write in brands/brewers</td>
</tr>
<tr>
<td>Pints (include half pints as ½)</td>
</tr>
<tr>
<td>Large cans or bottles</td>
</tr>
<tr>
<td>Small cans or bottles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strong beer, lager, stout, or cider (6% alcohol or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number Write in brands/brewers</td>
</tr>
<tr>
<td>Pints (include half pints as ½)</td>
</tr>
<tr>
<td>Large cans or bottles</td>
</tr>
<tr>
<td>Small cans or bottles</td>
</tr>
</tbody>
</table>

### 3. Wine (including champagne and Babycham)

- Have you drunk any today? [ ] Yes [ ] No
  - **Go to section 4**

#### Which types and how much did you drink?

| White wine |
| Red wine |
| Rose wine |
| Sparkling wine/champagne |

### 4. Spirits, liqueurs or cocktails

- Have you drunk any today? [ ] Yes [ ] No
  - **Go to section 5**

#### How much did you drink?

<table>
<thead>
<tr>
<th>Glases/ Measures</th>
</tr>
</thead>
</table>

**Turn over for Day 2**
### Day 2

<table>
<thead>
<tr>
<th>Please tick</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
</table>

#### 1. Have you drunk any alcohol today?
- Yes ☐
- No ☐

Go to Day 3

#### 2. Beer, lager, stout, cider or shandy
Have you drunk any today? ☐

Go to section 3

How much and which types did you drink?

**Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brands/brewers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Strong beer, lager, stout, or cider (6% alcohol or more)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brands/brewers</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 3. Wine (including champagne and BabyCham)
Have you drunk any today? ☐

Go to section 4

Which types and how much did you drink?

Write in number (e.g. 1):  

- **White wine**
- **Red wine**
- **Rose wine**
- **Sparkling wine/champagne**

#### 4. Spirits, liqueurs or cocktails
Have you drunk any today? ☐

Go to section 5

How much did you drink?

A glass is equal to one pub measure. Count double as two single measures or two glasses.

<table>
<thead>
<tr>
<th>Glasses/measures</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
</tr>
</tbody>
</table>

#### 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet
Have you drunk any today? ☐

No ☐

Go to section 6

How much did you drink?

Count doubles as two single glasses.

#### 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice
Have you drunk any today? ☐

No ☐

Go to section 7

How much did you drink?

#### 7. Other kinds of alcoholic drink
Have you drunk any today? ☐

No ☐

Go to section 8

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. “½”.

Count doubles as two single glasses.

Glasses | Pints | Large cans or bottles | Small cans or bottles |
<table>
<thead>
<tr>
<th></th>
<th></th>
<th></th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 8. Where did you drink today?
Tick all that apply

- At home ☐
- At another person’s home ☐
- In a pub or bar ☐
- In a social club ☐
- At a nightclub/disco ☐
- In a restaurant ☐
- At an outdoor public space, e.g. a park or the beach ☐
- A bar at a public place, e.g. sporting event, concert or bowling alley ☐
- Another place (please write in) ☐

#### 9. What times of day did you drink?
Tick all that apply

- Before 12 noon ☐
- 12 noon to 3pm ☐
- 3pm to 6pm ☐
- 6pm to 9pm ☐
- 9pm to midnight ☐
- After midnight ☐

#### 10. Is there anything else you would like to tell us about today’s drinking?

Please write in

Turn over for Day 3
Day 3

**1. Have you drunk any alcohol today?**

Yes [ ] No [ ] Go to Day 4

**2. Beer, lager, stout, cider or shandy**

Have you drunk any today? [ ] Yes [ ] No [ ] Go to section 3

How much and which types did you drink?

**Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brands/brewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pints (include half pints as 1/2)</td>
<td></td>
</tr>
<tr>
<td>Large cans or bottles</td>
<td></td>
</tr>
<tr>
<td>Small cans or bottles</td>
<td></td>
</tr>
</tbody>
</table>

**Strong beer, lager, stout, or cider (6% alcohol or more)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brands/brewers</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pints (include half pints as 1/2)</td>
<td></td>
</tr>
<tr>
<td>Large cans or bottles</td>
<td></td>
</tr>
<tr>
<td>Small cans or bottles</td>
<td></td>
</tr>
</tbody>
</table>

**3. Wine (including champagne and BabyCham)**

Have you drunk any today? [ ] Yes [ ] No [ ] Go to section 4

Which types and how much did you drink?

Write in number:

- White wine
- Red wine
- Rose wine
- Sparkling wine/champagne

**4. Spirits, liqueurs or cocktails**

Have you drunk any today? [ ] Yes [ ] No [ ] Go to section 5

How much did you drink?

A glass is equal to one pub measure.

Count doubles as two single measures or two glasses.

Count each measure in a cocktail as a separate measure.

**5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cigars, Dubonnet**

Have you drunk any today? [ ] Yes [ ] No [ ] Go to section 6

How much did you drink?

Count doubles as two single measures.

**6. Alcoholic soft drink/alcopop**

pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

Have you drunk any today? [ ] Yes [ ] No [ ] Go to section 7

How much did you drink?

**7. Other kinds of alcoholic drink**

Have you drunk any today? [ ] Yes [ ] No [ ] Go to section 8

Which types and how much did you drink?

You can write in half pints or parts of a bottle, e.g. “1 1/2”. Count doubles as two single glasses.

**8. Where did you drink today?**

**9. What times of day did you drink?**

**10. Is there anything else you would like to tell us about today’s drinking?**

Please write in

Turn over for Day 4
## Day 4

### 1. Have you drunk any alcohol today?

- **Yes**
- **No**

Go to Day 5

### 2. Beer, lager, stout, cider or shandy

- **Yes**
- **No**

Go to section 3

**How much did you drink?**

**Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brand/brewer</th>
<th>Pints (include half pints as %)</th>
<th>Lagers cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
</table>

**Strong beer, lager, stout, or cider (6% alcohol or more)**

<table>
<thead>
<tr>
<th>Number</th>
<th>Write in brand/brewer</th>
<th>Pints (include half pints as %)</th>
<th>Lagers cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
</table>

### 3. Wine (including champagne and Babycham)

- **Yes**
- **No**

Go to section 4

**Which types and how much did you drink?**

Write in number.

<table>
<thead>
<tr>
<th>White wine</th>
<th>Red wine</th>
<th>Rose wine</th>
<th>Sparkling wine/champagne</th>
</tr>
</thead>
</table>

### 4. Spirits, liqueurs or cocktails

- **Yes**
- **No**

Go to section 5

**How much did you drink?**

A glass is equal to a half measure.

- Count doubles as two single measures or two glasses.
- Count each measure in a cocktail as a separate measure.

### 5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

- **Yes**
- **No**

Go to section 6

**How much did you drink?**

**Small glasses**

### 6. Alcoholic soft drink/alcopop pre-mixed alcoholic drinks such as Bacardi Breezer, 7UP or Smirnoff Ice

- **Yes**
- **No**

Go to section 7

**How much did you drink?**

**Small cans or bottles**

### 7. Other kinds of alcoholic drink

- **Yes**
- **No**

Go to section 8

**Which types and how much did you drink?**

You can write in all pints or parts of a bottle, e.g. 1 1/2.

**Count doubles as two single glasses.**

### 8. Where did you drink today?

Tick all that apply

- At home
- At another person's home
- In a pub or bar
- In a social club
- At a night club/disco
- In a restaurant
- At an outdoor public space, e.g. a park or the beach
- A bar at a public place, e.g. sporting event, concert or bowling alley
- Another place (Please write in)

### 9. What times of day did you drink?

Tick all that apply

- Before 12 noon
- 12 noon to 3 pm
- 3 pm to 6 pm
- 6 pm to 9 pm
- 9 pm to midnight
- After midnight

### 10. Is there anything else you would like to tell us about today's drinking?

Please write in
### Day 5

<table>
<thead>
<tr>
<th>Please tick</th>
<th>Monday</th>
<th>Tuesday</th>
<th>Wednesday</th>
<th>Thursday</th>
<th>Friday</th>
<th>Saturday</th>
<th>Sunday</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Have you drunk any alcohol today?</td>
<td>Yes</td>
<td>No</td>
<td>Go to Day 6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### 2. Beer, lager, stout, cider or shandy

- Have you drunk any today? Yes | No | Go to section 3
- How much and which types did you drink?

<table>
<thead>
<tr>
<th>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>Pints (include half pints as 1)</td>
</tr>
<tr>
<td>Large cans or bottles</td>
</tr>
<tr>
<td>Small cans or bottles</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Strong beer, lager, stout, or cider (6% alcohol or more)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number</td>
</tr>
<tr>
<td>Pints (include half pints as 1)</td>
</tr>
<tr>
<td>Large cans or bottles</td>
</tr>
<tr>
<td>Small cans or bottles</td>
</tr>
</tbody>
</table>

#### 3. Wine (including champagne and Babycham)

- Have you drunk any today? Yes | No | Go to section 4
- Which types and how much did you drink?
  - Write in number
  - White wine
  - Red wine
  - Rose wine
  - Sparkling wine/champagne

#### 4. Spirits, liqueurs or cocktails

- Have you drunk any today? Yes | No | Go to section 5
- How much did you drink?
  - Glass/measures

5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet

<table>
<thead>
<tr>
<th>Have you drunk any today?</th>
<th>Yes</th>
<th>No</th>
<th>Go to section 6</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did you drink?</td>
<td></td>
<td></td>
<td>Count doubles as two single glasses.</td>
</tr>
</tbody>
</table>

6. Alcohol or soft drink/alcopop e.g. pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice

<table>
<thead>
<tr>
<th>Have you drunk any today?</th>
<th>Yes</th>
<th>No</th>
<th>Go to section 7</th>
</tr>
</thead>
<tbody>
<tr>
<td>How much did you drink?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

7. Other kinds of alcoholic drink

<table>
<thead>
<tr>
<th>Have you drunk any today?</th>
<th>Yes</th>
<th>No</th>
<th>Go to section 8</th>
</tr>
</thead>
<tbody>
<tr>
<td>Which types and how much did you drink?</td>
<td>Count doubles as two single glasses.</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- You can write in half pints or parts of a bottle, e.g. “1/2”.

<table>
<thead>
<tr>
<th>Glasses</th>
<th>Pints</th>
<th>Large cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
</table>

8. Where did you drink today?

<table>
<thead>
<tr>
<th>Pick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>At home</td>
</tr>
<tr>
<td>At another person’s home</td>
</tr>
<tr>
<td>In a pub or bar</td>
</tr>
<tr>
<td>In a social club</td>
</tr>
<tr>
<td>At a nightclub/disco</td>
</tr>
<tr>
<td>In a restaurant</td>
</tr>
<tr>
<td>At an outdoor public space, e.g. a park or the beach</td>
</tr>
</tbody>
</table>

| A bar at a public place, e.g. sporting event, concert or bowling alley |
| Another place (please write in) |

9. What times of day did you drink?

<table>
<thead>
<tr>
<th>Pick all that apply</th>
</tr>
</thead>
<tbody>
<tr>
<td>Before 12 noon</td>
</tr>
<tr>
<td>12 noon to 3pm</td>
</tr>
<tr>
<td>3pm to 6pm</td>
</tr>
<tr>
<td>6pm to 9pm</td>
</tr>
<tr>
<td>9pm to midnight</td>
</tr>
<tr>
<td>After midnight</td>
</tr>
</tbody>
</table>

10. Is there anything else you would like to tell us about today’s drinking?

- Please write in

---

**Turn over for Day 6**
Day 6

Please tick

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

1. Have you drunk any alcohol today?
   Yes ☐ No ☐ Go to Day 7

2. Beer, lager, stout, cider or shandy
   Have you drunk any today? Yes ☐ No ☐ Go to section 3
   How much and which types did you drink?
   Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)
   Number Write in brands/brewers
   Pints (include half pints as 1/5)
   Large cans or bottles
   Small cans or bottles
   Strong beer, lager, stout, or cider (6% alcohol or more)
   Number Write in brands/brewers
   Pints (include half pints as 1/5)
   Large cans or bottles
   Small cans or bottles

3. Wine (including champagne and Babycham)
   Have you drunk any today? Yes ☐ No ☐ Go to section 4
   Which types and how much did you drink?
   Write in number:
   White wine
   Red wine
   Rose wine
   Sparkling wine/champagne

4. Spirits, liqueurs or cocktails
   Have you drunk any today? Yes ☐ No ☐ Go to section 5
   How much did you drink?
   A glass is equal to one pub measure.
   Count doubles as two single measures or two glasses.
   Count each measure in a cocktail as a separate measure.
   Glass/es/measure

5. Fortified wines e.g. Sherry, Martini, port, Vermouth, Cinzano, Dubonnet
   Have you drunk any today? Yes ☐ No ☐ Go to section 6
   How much did you drink?
   Count doubles as two singles.

6. Alcoholic soft drinks/alcopops pre-mixed alcoholic drink such as Bacardi Breezer, WKO or Smirnoff Ice
   Have you drunk any today? Yes ☐ No ☐ Go to section 7
   How much did you drink?
   Count doubles as two single glasses.

7. Other kinds of alcoholic drink
   Have you drunk any today? Yes ☐ No ☐ Go to section 8
   Which types and how much did you drink?
   You can write in half pints or parts of a bottle, e.g. "1/2".
   Count doubles as two single glasses.

8. Where did you drink today?

9. What times of day did you drink?

10. Is there anything else you would like to tell us about today's drinking?

   Please write in
### Day 7

**Please tick**

- [ ] Monday
- [ ] Tuesday
- [ ] Wednesday
- [ ] Thursday
- [ ] Friday
- [ ] Saturday
- [ ] Sunday

1. **Have you drunk any alcohol today?**
   - [ ] Yes
   - [ ] No
   - Go to the back page

2. **Beer, lager, stout, cider or shandy**
   - Have you drunk any today?  Yes  No  Go to section 3
   - How much and which types did you drink?
   - **Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)**
     - Number
     - Write in brands/brewers
     - Pints (include half pints as 1/2): 
     - Large cans or bottles: 
     - Small cans or bottles: 
   - **Strong beer, lager, stout, or cider (5% alcohol or more)**
     - Number
     - Write in brands/brewers
     - Pints (include half pints as 1/2): 
     - Large cans or bottles: 
     - Small cans or bottles: 

3. **Wine (including champagne and Babycham)**
   - Have you drunk any today?  Yes  No  Go to section 4
   - Which types and how much did you drink?
     - White wine: 
     - Red wine: 
     - Rose wine: 
     - Sparkling wine/champagne: 

4. **Spirits, liqueurs or cocktails**
   - Have you drunk any today?  Yes  No  Go to section 5
   - How much did you drink?
     - Glass/measures

5. **Fortified wines** e.g. Sherry, Martini, port, Vermouth, Gin, Dubonnet
   - Have you drunk any today?  Yes  No  Go to section 6
   - How much did you drink?
     - Small glass as

6. **Alcoholic soft drink/alcopop** pre-mixed alcoholic drink such as Bacardi Breeze, WD or Smirnoff Ice
   - Have you drunk any today?  Yes  No  Go to section 7
   - How much did you drink?
     - Small can or bottle: 
     - Large can or bottle: 

7. **Other kinds of alcoholic drink**
   - Have you drunk any today?  Yes  No  Go to section 8
   - Which types and how much did you drink?
     - You can write in half pints or parts of a bottle, e.g. “1/2”. Count doubles as two single glasses.
     - Glasses: 
     - Pints: 
     - Large can or bottle: 
     - Small can or bottle: 

8. **Where did you drink today?**

9. **What times of day did you drink?**
   - Tick all that apply
   - At home: 
   - At another person’s home: 
   - In a pub or bar: 
   - In a social club: 
   - At a nightclub/disco: 
   - In a restaurant: 
   - At an outdoor public space, e.g. a park or the beach: 
   - At a bar/public place, e.g. sporting event, concert or bowling alley: 
   - Another place (please write in): 

10. **Is there anything else you would like to tell us about today’s drinking?**
    - Please write in

**Go to Back page**
**Thinking about the whole week...**

Compared with what you usually drink, would you say that this week you drank...

- About the same as usual
- Less than usual
- More than usual

If you drank less or more than usual, why was this?

---

**How many days in the last month have you had an alcoholic drink of any kind?**

Please write in number

---

THANK YOUVERY MUCH FOR COMPLETING THE DIARY
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Appendix B

Measurement protocols

Height and weight measurement
Recording ambient air temperature
Blood pressure measurement
Measurement of waist and hip circumferences
Blood sample collection
Saliva sample collection
Measurement Protocols

1 HEIGHT AND WEIGHT MEASUREMENT

1.1 Eligibility

You should be able to measure the height and weight of most of the respondents. However, in some cases it may not be possible or appropriate to do so. Do not force a respondent to be measured if it is clear that the measurement will be far from reliable but whenever you think a reasonable measurement can be taken, do so. Examples of people who should not be measured are:

- Chairbound respondents.
- If after discussion with a respondent it becomes clear that they are too unsteady on their feet for these measurements.
- If the respondent finds it painful to stand or stand straight, do not attempt to measure height.
- If an elderly respondent is too stooped to obtain a reliable measurement.
- Pregnant women are not eligible for weight as this is clearly affected by their condition.
- Children under the age of 2 years do not have a height measurement taken.
- For small children, there is an option to weigh them held by an adult. In this case, you weigh the adult on his/her own first and then the adult and the child. You should enter both weights and the computer will calculate the child’s weight.

1.2 Site

It is strongly preferable to measure height and weight on a floor which is level and not carpeted. If the entire household is carpeted, choose a floor with the thinnest and hardest carpet (usually the kitchen or bathroom).

1.3 Height Measurements

The equipment

Portable stadiometer - a collapsible device with a sliding head plate, a base plate and three connecting rods marked with a measuring scale.

Frankfort plane card.

The protocol – adults (aged 16 and over)

1. Ask the respondent to remove their shoes in order to obtain a measurement that is as accurate as possible.

2. Assemble the stadiometer and raise the headplate to allow sufficient room for the respondent to stand underneath it. Double check that you have assembled the stadiometer correctly.

3. The respondent should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The respondent’s back should be as straight as possible, preferably against the rod but NOT leaning on it. They should have their arms hanging loosely by their sides. They should be facing forwards.

4. Move the respondent’s head so that the Frankfort Plane is in a horizontal position (i.e. parallel to the floor). The Frankfort Plane is an imaginary line passing through the external ear canal and across the top of the lower bone of the eye socket, immediately under the eye (see diagram). This position is important if an accurate reading is to be obtained. An additional check is to ensure that the measuring arm rests on the crown of the head, i.e. the top back half. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.

5. Instruct the respondent to keep their eyes focused on a point straight ahead, to breath deeply and to stretch to their fullest height. If after stretching up the respondent’s head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer headplate is resting on the respondent’s head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Ask the respondent to step forwards. If the measurement has been done correctly the respondent will be able to step off the stadiometer without ducking their head. Make sure that the head plate does not move when the respondent does this.

7. Look at the bottom edge of the head plate cuff. There is a green arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent’s height in centimetres and millimetres that is in the form 123.4, at the question Height.

8. Height must be recorded in centimetres and millimetres, e.g. 176.5 cms. If a measurement falls between two millimetres, it should be recorded to the nearest even millimetre. E.g., if respondent’s height is between 176.4 and 176.5 cms, you should round it down to 176.4. Likewise, if a respondent’s height is between 176.5 and 176.6 cms, you should round it up to 176.6 cms.

9. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.
The protocol – children (aged 2-15)

The protocol for measuring children differs slightly to that for adults. You must get the cooperation of an adult household member. You will need their assistance in order to carry out the protocol, and children are much more likely to be co-operative themselves if another household member is involved in the measurement. If possible measure children last so that they can see what is going on before they are measured themselves.

Children’s bodies are much more elastic than those of adults. Unlike adults they will need your help in order to stretch to their fullest height. This is done by stretching them. This is essential in order to get an accurate measurement. It causes no pain and simply helps support the child while they stretch to their tallest height.

It is important that you practice these measurement techniques on any young children among your family or friends. The more practice you get before going into the field the better your technique will be.

1. Explain to the parent and child what you will be doing, and ensure that both are happy with the procedure.
2. In addition to removing their shoes, children should remove their socks as well to ensure that they do not slip on the base of the stadiometer, and so that you can easily check their feet are flat on the base plate, not on tip toes.
3. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.
4. The child should stand with their feet flat on the centre of the base plate, feet together and heels against the rod. The child’s back should be as straight as possible, preferably against the rod, and their arms hanging loosely by their sides. They should be facing forwards.
5. Place the measuring arm just above the child’s head.
6. Move the child’s head so that the Frankfort Plane is in a horizontal position (see diagram). This position is as important when measuring children as it is when measuring adults if the measurements are to be accurate. To make sure that the Frankfort Plane is horizontal, you can use the Frankfort Plane Card to line up the bottom of the eye socket with the flap of skin on the ear. The Frankfort Plane is horizontal when the card is parallel to the stadiometer arm.
7. Cup the child’s head in your hands, placing the heels of your palms either side of the chin, with your thumbs just in front of the ears, and your fingers going round towards the back of the neck. (See diagram).
8. Firmly but gently, apply upward pressure lifting the child’s head upwards towards the stadiometer headplate and thus stretching the child to their maximum height. Avoid jerky movements, perform the procedure smoothly and take care not to tilt the head at an angle: you must keep it in the Frankfort plane. Explain what you are doing and tell the child that you want them to stand up straight and tall but not to move their head or stand on their tip toes.

Frankfort Plane card
2. Turn the display on by using the appropriate method for the scales. The readout should display 888.8 (1888 for the Seca 870) momentarily. If this is not displayed check the batteries, if this is not the case you will need to report the problem to the National Centre at Brentwood. While the scales read 888.8 do not attempt to weigh anyone.

3. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, loose change and keys.

4. If necessary, turn the scales on again. Wait for a display of 0.0 before the respondent stands on the scales.

5. Ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Arms should be hanging loosely at their sides and head facing forward. Ensure that they keep looking ahead - it may be tempting for the respondent to look down at their weight reading. Ask them not to do this and assure them that you will tell them their weight afterwards if they want to know.

6. The posture of the respondent is important. If they stand to one side, look down, or do not otherwise have their weight evenly spread, it can affect the reading.

7. The scales will take a short while to stabilise. If the respondent moves excessively it may take some time for the scales to stabilise. If necessary ask the respondent to hold their breath briefly.

8. The scales have been calibrated in kilograms and 100 gram units (0.1 kg). Record the reading into the computer at the question “Height.” At the question “MBookHt” you will be asked to check that you have entered the child’s height onto their Measurement Record Card. At that point the computer will display the measured weight in both kilos and in stones and pounds.

9. Ask the household member who is helping you to lower the headplate down gently onto the child’s head. Make sure that the plate touches the skull and that it is not pressing down too hard.

10. Still holding the child’s head, relieve traction and allow the child to stand relaxed. If the measurement has been done properly the child should be able to step off the stadiometer without bucking their head. Make sure that the child does not knock the head plate as they step off.

11. Read the height value in metric units to the nearest millimetre and enter the reading into the computer at the question “Height.” At the question “MBookHt” you will be asked to check that you have entered the child’s height onto their Measurement Record Card. At that point the computer will display the recorded height in both centimetres and in feet and inches.

12. Push the head plate high enough to avoid any member of the household hitting their head against it when getting ready to be measured.

Additional points – all respondents

1. If the respondent cannot stand upright with their back against the stadiometer and have their heels against the rod (e.g. those with protruding bottoms) then give priority to standing upright.

2. If the respondent has a hair style which stands well above the top of their head, or is wearing a religious head dress, with their permission, bring the headplate down until it touches the hair/head dress. You should never ask someone to remove a religious head dress. With some hairstyles you can compress the hair to touch the head. If you cannot lower the headplate to touch the head and think that this will lead to an unreliable measure, record this on CAPI. If it is a possible that can be altered e.g. a bun, if possible ask the respondent to change/undo it.

3. If the respondent is tall, it can be difficult to line up the Frankfort Plane in the way described. When you think that the plane is horizontal, take one step back to check from a short distance that this is the case. You may need to tip the stadiometer to read the height of tall respondents.

4. If the respondent has long hair then they may need to tuck it behind their ear in order for the head to be positioned properly. Always ask the respondent to tuck their hair behind their ears.

1.4 Weight measurements

The equipment

We use SECA 877 Class III scales.

The reading is only in metric units, but as for height, the computer provides a conversion. If the respondent would like to know their weight in stones and pounds you will be able to tell them when the computer has done the calculation. You also have a conversion chart on the back of the coding booklet.

The protocol

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.

2. The maximum weight registering accurately on the scales is 200kg. If you think the respondent exceeds this limit code them as “Weight not attempted” at RespWts. The computer will display a question asking them for an estimate. Do not attempt to weigh them.

WARNING

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and then enforces the appropriate routing. If you have a respondent aged under 16 who is obviously pregnant, code as “Weight not attempted” at RespWts and “Other - specify” at NoWaitM.

Additional Points

Pregnant women do not have their weight measured. For women respondents aged 16-49, the computer displays a question asking them whether they are pregnant and then enforces the appropriate routing. If you have a respondent aged under 16 who is obviously pregnant, code as “Weight not attempted” at RespWts and “Other - specify” at NoWaitM.

Weighing Children

1. You must get the co-operation of an adult household member. This will help the child to relax and be more likely to be cooperative themselves if an adult known to them is involved in the procedure.

2. Children wearing nappies should be wearing a dry disposable. If the nappy is wet, please ask the parent to change it for a dry one and explain that the wetness of the nappy will affect the weight measurement.

3. In most cases it will be possible to measure children’s weight following the protocol set out for adults. However, if accurate readings are to be obtained, it is very important that
2 RECORDING AMBIENT ROOM TEMPERATURE

2.1 Introduction

Many of the physical measures taken fluctuate considerably due to air temperature. To be able to standardise the results that are obtained air temperature must be recorded. CAPI will tell you when to record the air temperature.

2.2 Equipment

You will need:
- A digital thermometer
- A probe

2.3 Using the thermometer

1. This instrument is very sensitive to minor changes in air temperature and thus it is important that ambient air temperature be recorded at the appropriate times, as prompted by CAPI.
2. It can take a few minutes to settle down to a final reading if it is experiencing a large change in temperature.
3. When "LO BAT" is shown on the display the battery needs replacing, take no further readings.
4. To preserve battery power, the thermometer may switch itself off after 7 minutes.
5. The battery in the thermometer is a long-life battery and should last at least one year. However should it run low please purchase a new battery. Take the old one with you to ensure it is the same type. Claim in the usual way.
6. To remove an old battery and insert a new one, unscrew the screw on the back of the thermometer, insert the new battery and replace the cover.

2.4 Procedure

1. Set up the thermometer, usually on a surface near the Omron (blood pressure equipment), by plugging the probe into the socket at the top of the instrument. Do not let the probe touch anything and ensure that it is not near a radiator or in the sun. It is recommended that the probe hang over the edge of a table.
2. When prompted by CAPI to take a reading, turn on the thermometer by pressing the completely white circle.
3. Wait for the reading to stabilise and take a reading.
4. Record the air temperature in CAPI to one decimal place e.g. 21.4. Do not round this to a whole number.

To preserve battery life please ensure that after taking the reading the thermometer is switched off by pressing the white ring.
3 BLOOD PRESSURE MEASUREMENT (Aged 16+)

3.1 Introduction

Blood pressure is the exertion that the blood applies to the arterial walls as it is pumped through the circulatory system by the heart. Having a high blood pressure is an important risk factor for cardiovascular disease and stroke. The exact cause(s) of high blood pressure is not completely known however some factors known to affect blood pressure are smoking, family history, physical fitness and diet. It is important that we examine blood pressure using a standard method to see the distribution of blood pressure measurements across the population. This is vital for monitoring change over time.

3.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:

- Aged 15 years and below
- Pregnant

If a pregnant woman wishes to have her blood pressure measured, you may do so, but do not record the readings in CAPI.

3.3 Consent

In addition to the verbal consent required to conduct all NatCen procedures (refer to section 2.1), written consent is required for the results to be sent to the respondent’s GP. The appropriate form must be signed and dated by the respondent.

3.4 Equipment

You will need:

- An Omron HEM 907 blood pressure monitor
- Child’s small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter

Please note you will not get all of the cuff sizes in some of the studies, this is dependent on the sample involved in the individual surveys.

3.5 Using the Omron HEM 907

Figure 7 shows the monitor of the Omron

Figure 1 The Omron HEM 907 monitor

Switch the monitor on by pressing the ON/OFF button. Wait for the READY TO MEASURE symbol to light, indicating the monitor is ready to start the measurement (approximately 2 seconds).

Check that the MODE selector is set to AVG (average) and P-SET Volume (pressure setting) is set to auto.

Press the start button to begin the measurement. The cuff will start to inflate and take the first measurement. When the first measurement is complete, the LCD screen will show the systolic pressure, diastolic pressure and pulse rate. It will continue to do this at one minute intervals.

Press the ON/OFF button to turn it off.
If at any stage while you are taking the measurement you need to stop the monitor, press STOP and start the procedure again, as described in section 11.6.

### Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.

When the battery symbol in the BATTERY display starts to flash there are 20–30 measurements left, you need to charge the battery soon. When a light battery symbol appears in the BATTERY display the battery needs to be put on charge immediately.

### Recharge the battery:

Connect to the mains. A battery symbol will appear in the CHARGING display when the battery is charging. When ready to use the symbol will disappear. A dark battery symbol in the BATTERY display indicates that the battery is charged and the machine is usable. The battery can be charged in approximately 12 hours.

The Omron 907 is NOT designed to work off the mains adaptor, it should be run off the battery power pack. The mains adaptor should ONLY be used to charge the battery pack.

#### Technical faults/error readings

Refer to table 4 when error readings appear on the LCD screen.

<table>
<thead>
<tr>
<th>Error No.</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Er1, Er2</td>
<td>Check that the tube connecting the cuff to the monitor is properly inserted and is not bent.</td>
</tr>
<tr>
<td></td>
<td>Check that the cuff is properly wrapped around the arm.</td>
</tr>
<tr>
<td></td>
<td>Repeat the measure.</td>
</tr>
<tr>
<td>Er3</td>
<td>Check that the tube connecting the cuff to the monitor is not bent.</td>
</tr>
<tr>
<td></td>
<td>Repeat the measure.</td>
</tr>
<tr>
<td>Er4</td>
<td>Ask the respondent to sit as still as possible.</td>
</tr>
<tr>
<td></td>
<td>Repeat the measure.</td>
</tr>
<tr>
<td></td>
<td>If it persists, it may be because the respondent has very high blood pressure.</td>
</tr>
<tr>
<td></td>
<td>Reset the P-SET Volume to 260 and repeat the measure.</td>
</tr>
<tr>
<td>Er5, Er6</td>
<td>Check that the cuff is properly wrapped around the arm.</td>
</tr>
<tr>
<td></td>
<td>Repeat the measure.</td>
</tr>
<tr>
<td>Er7, Er8</td>
<td>Ask the respondent to sit as still as possible.</td>
</tr>
<tr>
<td></td>
<td>Repeat the measure.</td>
</tr>
<tr>
<td></td>
<td>If it persists, it may be because the respondent’s pulse is irregular, record that it wasn’t possible and explain that this sometimes happens.</td>
</tr>
<tr>
<td>Er9</td>
<td>Technical fault – Contact Brentwood and report that fault.</td>
</tr>
</tbody>
</table>

### 3.6 Preparing the respondent

During the initial interview, the respondent would have been informed not to eat, smoke, drink alcohol or participate in vigorous exercise 30 minutes before the nurse visit, as this can cause blood pressure to be higher than normal. Before the procedure ask to see if they have carried out any of these activities and note their response in CAPI.

Select the right arm unless this is impossible. Ask the respondent to remove outer garment (e.g. jumper, cardigan, jacket) and expose their upper right arm by rolling up their sleeve. If the sleeve constricts the arm, restricting the circulation of blood, ask the respondent if they would mind taking their arm out of the sleeve for the measurement.

### 3.7 Selecting the correct cuff

#### Adults

Do not measure the upper arm circumference to determine which cuff size to use. Instead, choose the correct cuff size based on the acceptable range which is marked on the inside of the cuff. You will note that there is some overlap between the cuffs. If the respondent falls within this overlap range then use the standard cuff where possible.

#### Technical faults/error readings

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<td>If it persists, it may be because the respondent’s pulse is irregular, record that it wasn’t possible and explain that this sometimes happens.</td>
</tr>
<tr>
<td>Er9</td>
<td>Technical fault – Contact Brentwood and report that fault.</td>
</tr>
</tbody>
</table>

### 3.8 Procedure

1. Check that the monitor is working.
2. Use the right arm, unless this is impossible. If the left arm is used, record this in CAPI.
3. Get the respondent to sit in a comfortable chair with a suitable support so that the right arm is resting at a level to bring the antecubital fossa (elbow) to approximately heart level. They should be seated in a comfortable position with legs uncrossed and feet flat on the floor.
4. Wrap the correct sized cuff round the upper right arm and check that the index line falls within the range lines. Do not put the cuff on too tightly as bruising may occur on inflation. Ideally it should be possible to insert two fingers between the cuff and the arm.
5. Locate the brachial pulse just medial to the biceps tendon and position the arrow on the cuff over the brachial artery. The lower edge should be about 1-2 cm above the cubital fossa (elbow crease).
6. Explain to the respondent that you need them to sit quietly for five minutes and that during that time they cannot eat, drink or smoke.
7. During this ‘quiet time’ follow the procedure for taking ambient air temperature (section 2) and just before taking the blood pressure reading, make a note of the air temperature (this is not applicable for all surveys, refer to the project specific instructions).
8. After five minutes explain that you are starting the measurement, also explain that the cuff will inflate three times and each time they will feel some pressure on their arm. Ask them to relax, be seated in the position detailed in step 3 and not to speak until the measurement has been completed, as it may affect their reading.
9. Press start on the Omron HEM 907 to start the measurement. When the first measurement is complete it will be displayed on the LCD screen. Record this.
10. The unit will produce readings at one minute intervals thereafter, record the next two so you have three sets of readings in total. To check the readings press the ‘Deflation’ button. It is important that the three readings are recorded as the first reading is usually higher, and thus less accurate, than the other two readings as the respondent may be feeling nervous.
Table 2 Definition of blood pressure ratings

<table>
<thead>
<tr>
<th>Rating</th>
<th>Systolic</th>
<th>Diastolic</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal</td>
<td>&lt;140</td>
<td>&lt;90</td>
</tr>
<tr>
<td>Mildly raised</td>
<td>140 - 159</td>
<td>90 - 99</td>
</tr>
<tr>
<td>Raised</td>
<td>160 - 179</td>
<td>100 - 114</td>
</tr>
<tr>
<td>Considerably raised</td>
<td>180 or more</td>
<td>115 or more</td>
</tr>
</tbody>
</table>

Points to make to a respondent about their blood pressure (given on screen):

Normal:
"Your blood pressure is normal."

Mildly raised:
"Your blood pressure is a bit high today."
"Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."
"You are advised to visit your GP within 2 months to have a further blood pressure reading to see whether this is a one-off finding or not."

Raised:
"Your blood pressure is a bit high today."
"Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."
"You are advised to visit your GP within 2 weeks to have a further blood pressure reading to see whether this is a one-off finding or not."

Considerably raised:
"Your blood pressure is high today."
"Blood pressure can vary from day to day and throughout the day so that one high reading does not necessarily mean that you suffer from high blood pressure."
"You are strongly advised to visit your GP within 5 days to have a further blood pressure reading to see whether this is a one-off finding or not."

(For all of the above points, you can also advise the respondent to see their practice nurse, if this is who they would typically see in relation to their blood pressure.)

Note: if the respondent is elderly and has considerably raised blood pressure, amend your advice so that they are advised to contact their GP within the next week or so about this reading. This is because in many cases the GP will be well aware of their high blood pressure and will not want to worry the respondent unduly. It is however important that they do contact their GP about the reading within 7 to 10 days. In the meantime, contact the Survey
3.10 Action to be taken by the nurse after the visit
If you need to contact the Survey Doctor, unless there is a hypertensive crisis, do not do this from the respondent’s home - you may cause unnecessary distress.

Table 6 summarises what action to take based on the readings you have obtained for a respondent. For this purpose you should only take into account the last two of the three readings you take, as the first reading is prone to error.

Table 3 Nurse action due to blood pressure readings

<table>
<thead>
<tr>
<th>BLOOD PRESSURE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/mildly raised/raised BP</td>
</tr>
<tr>
<td>No further action necessary</td>
</tr>
<tr>
<td>Systolic less than 180 mmHg and Diastolic less than 115 mmHg</td>
</tr>
<tr>
<td>If you feel that the circumstances demand further action, inform the Survey Doctor who will then inform the respondent’s GP immediately if she deems it necessary.</td>
</tr>
<tr>
<td>Considerably raised BP</td>
</tr>
<tr>
<td>Contact the Survey Doctor at the earliest opportunity and she will inform the respondent’s GP if written consent has been given, or the respondent if not.</td>
</tr>
<tr>
<td>Systolic at or greater than 180 mmHg or Diastolic at or greater than 115 mmHg</td>
</tr>
<tr>
<td>Contact the Survey Doctor at the earliest opportunity and she will inform the respondent’s GP if written consent has been given, or the respondent if not.</td>
</tr>
</tbody>
</table>

* You must still contact the Survey Doctor even if respondents tell you that their GP knows about their raised BP.

** A hypertensive crisis is an extremely rare complication of high blood pressure. Its signs and symptoms include diastolic bp > 135 mmHg, headache, confusion, sleepiness, stupor, visual loss, seizures, coma, cardiac failure, oliguria, nausea & vomiting.

The Survey Doctor will look at all high or unusual readings when they reach the office. If the reading is high, then the Survey Doctor will contact the respondent directly. The Survey Doctor will also routinely check fast and slow pulse rates so no further action is necessary regarding these.

Contact details for your Survey Doctor can be found in the project instructions. The Survey Doctor is generally available from 8.00-22.00. Calls outside these hours are either unnecessary or an emergency, in which case, the survey doctor is unlikely to be in a position to do anything practical and you should be using your professional judgement whether to call an ambulance or seek other urgent advice.

4 WAIST AND HIP CIRCUMFERENCES

4.1 Introduction
There has been increasing interest in the distribution of body fat as an important indicator of increased risk of cardiovascular disease. The waist and hip circumferences are measures of the distribution of body fat (both subcutaneous and intra-abdominal). Analyses suggest that waist circumference and waist-hip ratio are predictors of health risk like the body mass index (weight relative to height).

4.2 Exclusion criteria
Respondents are excluded from the waist and hip circumference measurement if they:

- Are pregnant
- Are in a wheelchair
- Have a colostomy / ileostomy

4.3 Equipment
You will need:

- An insertion tape calibrated in millimetres

4.4 Using the insertion tape
The tape is passed around the circumference and the end of the tape is inserted through the metal buckle at the other end of the tape. To check the tape is horizontal you have to position the tape on the right flank and look round the participant’s back from his/her left flank to check that it is level. This will be easier if you are kneeling or sitting on a chair to the side of the respondent. When taking the reading, be sure not to lift the tape, hold it flat against the body otherwise you will get an inaccurate measurement.

4.5 Preparing the respondent
The respondent needs to be wearing light clothing. Explain to the respondent the importance of this measurement and that clothing can substantially affect the reading. If possible the respondent needs to remove:

- All outer layers of clothing, such as jackets, heavy or baggy jumpers, cardigans and waistcoats
- Shoes with heels
- Tight garments intended to alter the shape of the body, such as corsets, lycra body suits and support tights/underwear
- Belts
Pocket should be emptied and if possible ask the respondent to empty their bladder before taking the measurement. If a urine sample is to be collected, this would be a good time to ask the respondent to provide it.

Explain to the respondent that the waist and hip measurements taken on the Health Survey are taken at different points to where the respondent might think their waist and hips are. Therefore measurements may differ to those taken for clothing purposes.

Some respondents may be wearing religious or other symbols which they cannot remove and which may affect the measurement. Do not embarrass or offend the respondent by asking them to remove such items. Record in CAPl if the measurement is likely to be affected by this.

4.6 Procedure

Steps 1-3 apply to both waist measurement and hip measurement.

1. Ensure that the respondent is standing erect in a relaxed manner and breathing normally. Weight should be evenly balanced on both feet and the feet should be about 25-30cm (1 foot) apart. The arms should be hanging loosely at their sides. This position will provide the most accurate measurement of both the waist and the hip, and will allow for them to be measured easily.

2. If possible, kneel or sit on a chair to the side of the respondent.

3. With assistance from the respondent pass the tape around the respondent's body, or if they are able to, get them to pass the tape around themselves and check that it is not twisted. Insert the plain end of the tape through the metal ring at the other end of the tape.

Measuring waist circumference

4. The respondent's waist is located midway between the iliac crest and the costal margin (lower rib). To locate the levels of the costal margin and the iliac crest, ask the respondent if you can touch them, and use the fingers of your right hand held straight and pointing in front of the participant to slide upward over the iliac crest.

5. Position the tape at the respondent's waist, ensuring that it is horizontal.

6. Ask the respondent to breathe out gently and to look straight ahead. This is to prevent the respondent from contracting their muscles or holding their breath.

7. Take the measurement at the end of a normal expiration by holding the buckle flat against the body and flattening the end of the tape to read the measurement from the outer edge of the buckle.

8. Record the measurement in CAPl in centimetres and millimetres. Always record to a one decimal place. If the result falls between two millimetres, record to the nearest even millimetre.

9. Repeat steps 1-8 to record a second measurement. If the second reading differs significantly from the first, CAPl will report an error message. At this point check that you have entered the results into CAPl correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPl, the computer will know which two results to use.

Measuring hip circumference

10. The respondent's hip circumference is the widest circumference over the buttocks and below the iliac crest.

11. Position the tape in this area ensuring that the respondent is looking straight ahead and not contracting their gluteal muscles. Ensure the tape is horizontal.

12. Measure the circumference at several positions over the respondent's buttocks, by holding the buckle flat against the body and flattening the end of the tape to read the measurement from the outer edge of the buckle.

13. Record the widest circumference in CAPl. Always record to one decimal place. Report in centimetres and millimetres. If the result falls between two millimetres, record to the nearest even millimetre.

14. Repeat steps 1-3 and 10-13 to record a second measurement. If the second reading differs substantially from the first, CAPl will report an error message. At this point check that you have entered the results into CAPl correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPl, the computer will know which two results to use.

15. If the respondent wishes, record the waist and hip measurement on their measurement record card.

4.7 Additional points

- If you have problems palpating the rib, ask the respondent to breathe in very deeply. Locate the rib and as the respondent breathes out, follow the rib as it moves down with your finger.

- The tape should be tight enough so that it doesn't slip but not tight enough to indent clothing.

- If the respondent is large, ask him/her to pass the tape around rather than 'hug' them. Remember to check that the tape is correctly placed to take the measurement and horizontal all the way around.

- Some respondents will be wearing clothing where the waistband of the trousers/skirt sits on the waist. Do not attempt to move the clothing or take the measurement at a different position. Measure the waist circumference over the waistband and make a note of this in CAPl. If the waistband is not horizontal all the way around the body i.e. it may be lower at the front, always ensure that the tape is horizontal which may mean that it passes over the waist band in some places and not in others. If there are belt loops, thread the tape through the loops so that they don't add to the measurement.

- We only want to record problems that will affect the measurement by more than would be expected when measuring over tight clothing. As a rough guide only record a problem if you feel it affected the measurements by more than 0.5cm. We particularly want to know if waist and hip are affected differently.
5 BLOOD SAMPLING (NON FASTING)

5.1 Introduction
Blood samples are taken from respondents as they provide information on various analytes, giving a detailed description of the health of an individual. They are integral to the research NatCen undertakes as they give a comprehensive representation of the health of the population that cannot be obtained from any other source.

The analytes for HSE 2010 are listed below in Table 8, with information about what they measure.

Table 4 Blood analytes

<table>
<thead>
<tr>
<th>ANALYTE</th>
<th>WHAT IT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Total and HDL cholesterol</td>
<td>Total cholesterol increases the risk of atherosclerosis (‘furring’ of the arteries). Raised levels are associated with higher risks of heart attacks, while HDL cholesterol has a protective role.</td>
</tr>
<tr>
<td>Glycosylated Haemoglobin</td>
<td>Glycosylated haemoglobin is a measure of the respondent’s longer term glycaemic status. High levels are indicative of poor control of, or undiagnosed diabetes.</td>
</tr>
<tr>
<td>Vitamin D</td>
<td>Vitamin D is formed by the action of ultra violet light on the skin. This is the most important source as few foods contain significant amounts of vitamin D, e.g. eggs, oily fish and meat. Vitamin D undergoes changes in both the liver and the kidneys before working as a hormone in controlling the amount of calcium absorbed by the intestine. It is also essential for the absorption of phosphorous and for normal bone mineralization and structure. Vitamin D is also involved in the process of cell division in many other body tissues.</td>
</tr>
</tbody>
</table>

The blood will not be tested for any viruses, such as HIV.

5.2 Exclusion criteria
All respondents are eligible to give blood with the following exceptions:

- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C (see section 5.8.6).
- People with clotting or bleeding disorder
  By clotting or bleeding disorders we mean conditions such as haemophilia and low platelets, i.e. thrombocytopenia. There are many different types of bleeding/clotting disorders but they are all quite rare. The reason these respondents are excluded from blood sampling is that:
  a) the integrity of their veins is extremely precious
  b) we do not wish to cause prolonged blood loss

For the purposes of blood sampling, those who have had, for example, a past history of thrombophilias, a deep venous thrombosis, a stroke caused by a clot, a myocardial infarction or an embolus are NOT considered to have clotting disorders.

- Those aged 16 and over who have had a fit (e.g. epileptic fit or convolution) in the last 5 years should not be asked to provide a blood sample. Children, those aged 15 and under, who have ever had a fit should not be asked to provide a blood sample, even if the fit occurred some years ago.
- People who are currently on anticoagulant drugs, e.g. Warfarin therapy
  Check if the respondent has a clotting or bleeding disorder or is on anticoagulant drugs, such as Warfarin, and record this in CAPI. These are very uncommon. If you find someone with these problems, do not attempt to take blood, even if the disorder is controlled.
  Aspirin therapy is not a contraindication to blood sampling. If you are uncertain whether a condition constitutes a contraindication to blood sampling, the Survey Doctor will be happy to answer your queries.
- Adults who are not willing or able to give their consent in writing or children whose parent/guardian is unwilling or unable to give consent in writing.

5.3 Consent
As blood sampling is an invasive procedure we need to ensure that fully informed written consent is obtained from each respondent. Information on what they are consenting to is mainly given in the Stage 2 leaflet, and the respondent confirms that they have been provided with this information on the consent form.

The leaflet ‘Giving a blood sample’ also provides useful information about the risks around giving a sample and after-care. This is information that you should be giving verbally in any case, and you therefore do not need to ensure that the respondent has read this leaflet in advance as long as you make sure you have covered all the points yourself.

On no account should you ever take blood before you have obtained written consent to do so from the respondent.

There are three further written consents we wish to obtain in respect of blood sampling:
- a. Consent to send the results to the GP
- b. Consent to store a small amount of the blood
- c. Consent to send the results to the respondent

You should seek to obtain all these consents before you take any blood.

Small quantities of blood are being stored in special freezers for further analysis in the future. Future analysis will definitely not involve tests for viruses (e.g. HIV (AIDS) test). Your survey specific instructions will specify whether or not there may be any genetic testing. Any future analysis will be unlinked which means that the researcher doing the analysis will not be able to link it back to the respondent. Respondents will therefore not receive the results of any tests done on their blood in the future.

The questions on the CAPI questionnaire will take you step by step through all the procedures for obtaining consents. Make sure you follow these carefully - recording consent codes as instructed and giving reasons for refusals, if applicable.

In summary:
5.8 Other important points

5.8.1 ‘Giving a blood sample’ leaflet

We need to be sure that each respondent is left with information about giving a blood sample, including information about who to contact should they experience any side effects as a result of the blood sample.

To provide them with this information, leave the respondent with the leaflet ‘Giving a blood sample’. The leaflet includes information on any possible side effects they may experience such as pain and bruising, and how to care for the puncture site. It is also a useful leaflet to leave behind to reassure the friends and family of the respondent of the procedure used should they have any concerns after your visit.

There are two versions of this leaflet, depending on whether an eTop gel will be offered. Your survey specific instructions will tell you which one to use.

5.8.2 Venepuncture check questions

Always complete the Venepuncture checklist on CAPI for every respondent from whom you attempt to take blood. This shows that you have followed the correct procedure, and noted, where applicable, any abnormalities, and the action you took. The checklist is usually towards the end of the CAPI.

Please remember to check the respondent just before you leave and note any changes in their physical appearance in CAPI.

5.8.3 Fainting respondents

If a respondent looks or feels faint during the venepuncture procedure, it should be discontinued. The respondent should be asked to lie down with feet elevated. If they agree for the test to be continued after a suitable length of time, the procedure should be performed with the respondent lying down and the circumstances should be recorded in CAPI. It is acceptable for the respondent to discontinue the procedure but agree to give the blood sample at a later time.

Remain with the respondent until they feel able to slowly move to a sitting position and until they are happy for you to leave them. Ensure you submit a Special Report Form to the Operations Standards Co-ordinator detailing what happened and how the respondent appeared when leaving.

5.8.4 Handling & disposal of needles and other materials

Safe disposal of needles is required to control the risk of injury from the disposed sharps. Without the safe disposal of needles there is an increased risk of needle stick injuries and/or psychological trauma due to fear of potential infection.

Precautions
- Wear gloves at all times when performing the venepuncture procedure
- Do not carry sharps unnecessarily
- Handling must be kept to a minimum
- Needles must not be passed directly from hand to hand
- Needles must not be bent or broken prior to use
- Needles should not be re-sharpened by hand

5.4 Equipment

The equipment required is listed on page 8 of the Clinical Practice Guideline for Venepuncture (CPG). Any additional equipment, specific to a project, will be listed in the project instructions.

5.5 Preparing the respondent

Protocol on preparing the respondent can be found in the CPG on page 8.

Further points to note include:
- Ask the respondent to remove any jackets, thick garments and/or roll their sleeves up.
- Instruct the respondent to remain as still as possible

5.6 Procedure

The procedure for taking the blood sample can be found in the CPG pages 9-12. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

IMPORTANT WARNING: Never re-sheath the needle after each use. Do not allow the disposal box to become overfull as this can present a potential hazard.

5.7 Labelling & packaging the sample(s)

Label the tubes as you take the blood. Refer to project specific instructions for further guidance on labelling and packaging the blood samples.

It cannot be stressed enough the importance of correctly labelling each tube with the correct serial number for the person from whom the blood was obtained. Apart from the risk of matching up the blood analyses to the wrong person’s data, we will be sending the GP the wrong results. Imagine the implications of an abnormal result being reported to the wrong respondent.
Following the above procedure it is recommended that the nurse attend a nearby accident and emergency department to ensure immediate current needle stick injury assessment/treatment.

Please note that you should not take any further action in the respondent's home; any further procedures which might be necessary (such as taking a sample of the respondent's blood) would be carried out by somebody else.

Report
- Incident to be reported as soon as possible to Nurse Supervisor, who will report the incident to the Survey Doctor.
- Special Report form to be completed and sent to Operations Standards Co-ordinator at Brentwood.

As soon as the nurse supervisor hears, she will ensure that the nurse is offered appropriate advice and support.

5.8.6 Respondents who are HIV or Hepatitis B positive
If a respondent volunteers that they are HIV, Hepatitis B or Hepatitis C positive, do not take a blood sample. Record this as the reason in the CAPI. You should never, of course, seek this information.

5.9 Respondent feedback
Results from some blood tests (though not necessarily all) can be sent to the respondent. If the respondent gives written consent for the results of their blood sample to be sent to their GP then they are able to get feedback on the results.

Disposal

Do's:
- Always wear gloves when performing venepuncture procedure
- Bins should conform to British Standard 7320
- Sharps must always be disposed of in the approved yellow ‘sharps bins’
- Sharp bin should be available beside you before opening and using the sharp
- Ensure that the lid is secure
- Dispose of the sharp bin when the manufacturer’s marked line has been reached or when it is three-quarters full
- Carry sharp containers by the handle
- Dispose of the sharp in the bin immediately after use
- Check to ensure that the bin lid is securely attached to the base and that the flap has been securely closed and sealed

Don’ts:
- Overfill sharps bins
- Fill sharps containers above the manufacturer’s marked line
- Dispose of sharps with other clinical waste
- Place used sharps containers in yellow bags for disposal
- Put your hands into sharps bins
- Never return any used sharps bins by post or courier to the Operations Department or other member of the freelance nurse or interviewer panel

Place the used needles and the vacutainer holders in the sharps box and put gloves etc in the self-seal disposal bag. The needle disposable box should be taken to your local hospital or GP practice for incineration. Telephone them beforehand, if you are not sure where to go. If you cannot find a place to dispose of the sharps bin, contact your nurse supervisor who will be able to give you information on appropriate places.

The sealed bag containing gloves etc can be disposed of with household waste as long as it does not have any items in it that are contaminated by blood.

5.8.5 Needle stick injuries

The following information is based on guidelines from the Department of Health, immediately following exposure.

First Aid
- Encourage wound to bleed.
- Do not suck.
- Wash liberally with soap and water without scrubbing, do not use antiseptics and skin washes.
- Dry and apply waterproof dressing.
- Exposed mucous membrane and conjunctivae should be irrigated copiously with water.
6 SALIVA

6.1 Introduction
Saliva samples are taken from respondents for analysis to detect cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

6.2 Exclusion criteria
Respondents are excluded from giving a saliva sample if they:
- Are pregnant
- Are HIV positive
- Have Hepatitis B or C

Do not ask for information regarding HIV and Hepatitis B or C, however if they volunteer it, record them as unable to give a sample and make a note.

6.3 Consent
There is a separate consent form for the saliva sample. This must be signed and dated by the respondent or by the parent or legal guardian in the case of children aged 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample (see section 2.5).

6.4 Preparing the respondent
Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

6.5 Procedures
There are two different procedures that can be followed.

Straw method
Equipment
You will need:
- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

Procedure
1. Remove the cap from the plain tube. Give the straw to the respondent. Explain that you want him/her to collect their saliva in their mouth and then let it dribble down the straw into the tube. The saliva does not need to go through the straw, the straw is intended to direct the saliva into the tube. Ensure that you are not getting sputum i.e. they are not clearing their chest to collect their saliva.
2. Allow the respondent 3 minutes to do this, collecting as much as you can in this time. The saliva will be frothy and will look greater in volume than it actually is, so do not give up too soon. You need at least 0.5cm on depth in the tube, not including froth.
3. If respondents find it difficult to use the straw they may dribble into the tube directly. This is acceptable, but encourage them to use the straw where possible.
4. If a respondent’s mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.
5. Replace the cap on the tube and report any problems in CAPI. You should wear gloves at all times you come in contact with a saliva sample.
6. Label and package as directed in the project specific instructions.

6.6 Salivette method
Equipment
You will need:
- Salivettes
- Gloves

Procedure
1. Figure 10 is a picture of a salivette. 'A' shows the salivette correctly assembled and 'B' shows the four different parts that it consists of: the cap, absorbent swab, inner tube and outer tube.
2. To obtain the saliva sample, remove the inner tube from the outer tube. Remove the cap from the inner tube and instruct the respondent to take the absorbent swab from the inner tube, without touching it, by lifting the tube to their lips and letting the absorbent swab fall into their mouth. Further explain that they must leave it in their mouth until it is saturated with saliva.
3. Ask them to move it around in their mouth, gently biting on it, as this helps to ensure thorough wetting of the absorbent swab. It will vary from person to person, however 3 minutes will usually be ample.
4. If the respondent’s mouth is excessively dry and they cannot produce saliva allow them to have a drink of plain water. Wait for 5 minutes before collecting the sample to ensure that water is not retained when the sample is given.
5. When the absorbent swab is sufficiently wet, ask the respondent to remove it from their mouth and put the absorbent swab back into the inner tube, avoiding touching it if they can.

6. Wearing gloves, check that the swab is saturated. The tube should feel noticeably heavier than an unused one. If the swab rattles around in the tube then it is not wet enough and you need to give it back to the respondent to put back in their mouth.

7. Once you are satisfied that it is saturated replace the cap on the inner tube and put the inner tube back in the outer one (the inner tube has a hole in the bottom so will leak in the post if not placed in the outer tube). Record in CAPI any problems you may have had. You should wear gloves at all times when you come in contact with a saliva sample.

8. Label and package as directed in the project specific instructions.

Figure 2 'A': an assembled salivette, 'B': the various components
Appendix C

Glossary

This glossary explains terms used in the report; some definitions are also given in relevant chapters.

**Acute sickness**
An illness or injury which caused the participant to cut down on any of the things he or she usually does about the house, at work or school or in his or her free time in the two weeks before the interview.

**Age standardisation**
Age standardisation has been used in order to enable different groups to be compared after adjusting for the effects of any differences in their age distributions.

When different sub-groups are compared in respect of a variable on which age has an important influence, any differences in age distributions between these sub-groups are likely to affect the observed differences in the proportions of interest.

Age standardisation was carried out for adults aged 16 and over, using the direct standardisation method. The standard population to which the age distribution of sub-groups was adjusted was the mid-year 2010 population estimates for England. All age standardisation has been undertaken separately within each sex.

Age standardisation was carried out using the age groups: 16-24, 25-34, 35-44, 45-54, 55-64, 65-74 and 75 and over.

**Anthropometric measurements**
See Body mass index (BMI), Waist circumference

**Arithmetic mean**
See Mean

**Blood analytes**
See Cholesterol (total and HDL), Glycated haemoglobin

**Blood pressure**
Systolic (SBP) and diastolic (DBP) blood pressure was measured in participants aged 5 and over in 2011 using a standard method (see Appendix B for measurement protocol). In adults, hypertension is defined in this survey as SBP at least 140mmHg or DBP at least 90mmHg or on drugs prescribed to control hypertension. See also Diastolic blood pressure, Systolic blood pressure

**Body mass index (BMI)**
Weight in kilograms divided by the square of height in metres. Adults (aged 16 and over) can be classified into the following BMI groups:

<table>
<thead>
<tr>
<th>BMI (kg/m²)</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than 18.5</td>
<td>Underweight</td>
</tr>
<tr>
<td>18.5 to less than 25</td>
<td>Normal</td>
</tr>
<tr>
<td>25 to less than 30</td>
<td>Overweight</td>
</tr>
<tr>
<td>30 or more</td>
<td>Obese</td>
</tr>
<tr>
<td>40 or more</td>
<td>Morbidly obese</td>
</tr>
</tbody>
</table>

In children, although the BMI calculation method is the same, there are
no fixed BMI cut-off points defining overweight and obesity. Instead, overweight and obesity may be defined using several other methods, including age and sex specific BMI cut-off points or BMI percentile cut-offs based on reference populations. In this report, overweight and obesity prevalence for children have been estimated using the 85th and 95th BMI percentiles of the 1990 UK reference curves as cut-offs respectively for overweight and obesity.

**Cardiovascular disease/CVD**
Participants were classified as having cardiovascular disease (CVD) if they reported ever having any of the following conditions confirmed by a doctor: angina, heart attack, stroke, heart murmur, or irregular heart rhythm. CVD is sometimes called coronary heart disease (CHD).

**Centile**
See Percentile

**CHD**
See Coronary heart disease, Cardiovascular disease

**Cholesterol (Total and HDL)**
Cholesterol is a fat-like substance (lipid) that is present in cell membranes and is a precursor of bile acids and steroid hormones. Cholesterol is essential for the body in small amounts. It is made in the liver and some is obtained from the diet. Serum total cholesterol concentration is positively associated with the risk of coronary heart disease (CHD). In the 2011 HSE report, the definition of raised total cholesterol used the NICE guidance ‘audit level’ of 5.0 mmol/L or above. For those at high risk of cardiovascular disease (CVD), or those with established CVD, the target of less than 4.0mmol/L has also been examined.

In a normal individual, high density lipoprotein (HDL) constitutes approximately 20-30% of serum total cholesterol. HDL cholesterol carries cholesterol away from the arteries back to the liver and is considered to be beneficial or ‘good’ cholesterol. Studies have demonstrated a strong direct relationship between coronary heart disease and low HDL cholesterol. In the 2011 HSE report, HDL cholesterol was defined as low at a level of less than 1.0 mmol/L.

**Chronic pain**
Chronic pain is defined as pain or discomfort that has troubled a participant all of the time or on and off for more than the last three months. In the 2011 HSE report chronic pain was graded using a scale based on intensity of pain and interference with daily activities. See Von Korff Graded Chronic Pain Scale

**Coronary heart disease/CHD**
Participants were classified as having CHD if they reported ever having angina or a heart attack (also known as myocardial infarction or MI) confirmed by a doctor. CHD is sometimes called coronary artery disease (CAD) or ischaemic heart disease (IHD), and is one type of cardiovascular disease (CVD).

**Cotinine**
Cotinine is a metabolite of nicotine. It is one of several biological markers that are indicators of smoking. In this survey, it was measured in saliva. It has a half-life in the body of between 16 and 20 hours, which means that it will detect regular smoking (or other tobacco use such as chewing) but may not detect occasional use if the last occasion was several days ago. Anyone with a salivary cotinine level of 15 nanograms per millilitre or more is highly likely to be a tobacco user; more recently a threshold of 12 nanograms per millilitre has been taken as indicative of personal tobacco use.

**CVD**
See Cardiovascular disease
Diastolic blood pressure

When measuring blood pressure, the diastolic arterial pressure is the lowest pressure at the resting phase of the cardiac cycle. See also Blood pressure, Systolic blood pressure.

EQ-5D

The EQ-5D questionnaire is a standardised instrument developed by the EuroQol Group in order to provide a simple, generic measure of health for clinical and economic appraisal. Applicable to a wide range of health conditions and treatments, it provides a simple descriptive profile and a single index value for health status that can be used in the clinical and economic evaluation of health care as well as in population health surveys.

There are two components to the EQ-5D; the first is a descriptive system comprising five different dimensions; Mobility; Self care; (ability to perform) Usual Activities; Pain/Discomfort and Anxiety/Depression. Participants are asked to indicate whether they have no problems, some problems or severe problems (the wording for each dimension differs slightly). The second component is the EQ visual analogue scale (EQ VAS), which records the participant’s self-rated health on a vertical, visual analogue scale (like a thermometer) where the endpoints are labelled ‘Best imaginable health state’ (100) and ‘Worst imaginable health state’ (0). This information can be used as a quantitative measure of health outcome as judged by the individual participants.

Equivalised household income

Income has been included in the Health Survey series since 1997. Making precise estimates of household income, as is done for example in the Family Resources Survey, requires far more interview time than was available in the Health Survey. Household income was thus established by means of a card (see Appendix A) on which banded incomes were presented. Information was obtained from the household reference person (HRP) or their partner. Initially they were asked to state their own (HRP and partner) aggregate gross income, and were then asked to estimate the total household income including that of any other persons in the household. Household income can be used as an analysis variable, but there is interest in using measures of equivalised income that adjust income to take account of the number of persons in the household. Methods of doing this vary in detail: the starting point is usually an exact estimate of net income, rather than the banded estimate of gross income obtained in the Health Survey. The method used in the present report was as follows. It utilises the widely used McClemens scoring system, described below.

1. A score was allocated to each household member, and these were added together to produce an overall household McClemens score. Household members were given scores as follows.

First adult (HRP) 0.61
Spouse/partner of HRP 0.39
Other second adult 0.46
Third adult 0.42
Subsequent adults 0.36
Dependant aged 0-1 0.09
Dependant aged 2-4 0.18
Dependant aged 5-7 0.21
Dependant aged 8-10 0.23
Dependant aged 11-12 0.25
Dependant aged 13-15 0.27
Dependant aged 16+ 0.36

2. The equivalised income was derived as the annual household income divided by the McClemens score.
3. This equivalised annual household income was attributed to all members of the household, including children.

4. Households were ranked by equivalised income, and quintiles q1 – q5 were identified. Because income was obtained in banded form, there were clumps of households with the same income spanning the quintiles. It was decided not to split clumps but to define the quintiles as ‘households with equivalised income up to q1’, ‘over q1 up to q2’ etc.

5. All individuals in each household were allocated to the equivalised household income quintile to which their household had been allocated.

Insofar as the mean number of persons per household may vary between quintiles, the numbers in the quintiles will be unequal. Inequalities in numbers are also introduced by the clumping referred to above, and by the fact that in any sub-group analysed the proportionate distribution across quintiles will differ from that of the total sample.


Geometric mean

A measure of the central tendency of a dataset (the mean of n numbers expressed as the n-th root of their product) that minimises the effects of extreme values.

GHQ12

The General Health Questionnaire (GHQ12) is a scale designed to detect possible psychiatric morbidity in the general population, and was administered to participants aged 13 and over. The questionnaire concentrates on the broader components of psychological morbidity and consists of twelve items measuring general levels of happiness; depression and anxiety; sleep disturbance; and ability to cope over the last few weeks. The twelve items are rated on a four-point response scale, where a score of 0 is given to responses such as that the symptom is present ‘not at all’ or ‘no more than usual’ and a score of 1 is given to responses such as ‘rather more than usual’ or ‘much more than usual’. A GHQ12 score of 4 or more is referred to as a ‘high GHQ12 score’, indicating probable psychological disturbance or mental ill health.


Glycated Haemoglobin (HbA1c)

The percentage of glycated haemoglobin indicates the percentage of haemoglobin in the circulation to which glucose is bound. Glycated haemoglobin (HbA1c) concentration is an indicator of average blood glucose concentration over the previous three months and is therefore used to assess glycaemic control in people with diabetes. It has also been suggested as a diagnostic or screening tool for diabetes. Diabetic patients with elevated glycated haemoglobin are at increased risk of microvascular events (complications from diseased small blood vessels, such as eye and kidney problems) and macrovascular events (complications from diseased arteries, such as coronary heart disease including angina, heart attacks and heart failure). In the 2011 HSE report, raised glycated haemoglobin was taken as 48mmol/mol (6.5%) or above.

Government Office Region

Government Office Region (GOR) is a classification system used for regional statistics; it was used as the regional base for sampling and weighting in 2009. However, Government Offices for the regions closed...
in March 2011, and from 2010 strategic health authorities have been used for HSE sampling and weighting. See **Strategic health authority**

**Graded Chronic Pain Scale**
See **Von Korff Graded Chronic Pain Scale**

**High blood pressure**
See **Blood pressure**

**Household**
A household is defined as one person or a group of people who have the accommodation as their only or main residence and who either share at least one meal a day or share the living accommodation.

**Household Reference Person**
The household reference person (HRP) is defined as the householder (a person in whose name the property is owned or rented); if there is more than one such person in a household, it is defined as the person with the highest income. If there is more than one householder with equal income, then the household reference person is the oldest.

**Hypertension**
See **Blood pressure**

**IHD**
See **Ischaemic heart disease**

**Income**
See **Equivalised household income**

**Index of Multiple Deprivation**
The Index of Multiple Deprivation 2010 combines a number of indicators, chosen to cover a range of economic, social and housing issues, into a single deprivation score for each small area in England. This allows each area to be ranked relative to others according to their level of deprivation. Seven distinct domains have been identified in the English Indices of Deprivation; Income Deprivation, Employment Deprivation, Health Deprivation and Disability, Education Skills and Training Deprivation, Barriers to Housing and Services, Living Environment Deprivation, and Crime. Individual domains can be used in isolation as measures of each specific form of deprivation, as well as using the single overall Index of Multiple Deprivation (IMD).

The Index is used widely to analyse patterns of deprivation, identify areas that would benefit from special initiatives or programmes and as a tool to determine eligibility for specific funding streams. In HSE reports quintiles of IMD are used to give an area-level measure of socio-economic status, as opposed to household-level measures such as equivalised household income.


**Ischaemic heart disease/IHD**
Participants were classified as having ischaemic heart disease (IHD) if they reported having angina or a heart attack confirmed by a doctor. Also known as Coronary heart disease (CHD)

**Longstanding illness and limiting longstanding illness**
Longstanding illness is defined as an illness, disability or infirmity that has troubled the participant over a period of time or is likely to affect them over a period of time. Longstanding illnesses were coded into categories defined in the International Classification of Diseases (ICD 10), but it should be noted that the ICD is used mostly to classify conditions according to the cause, whereas HSE classifies according to the reported symptoms. A longstanding illness is defined as limiting if the participant reports that it limits their activities in any way.

**Mean**
Means in this report are **arithmetic means** (the sum of the values for cases divided by the number of cases) unless stated otherwise.

**Median**
The value of a distribution which divides it into two equal parts such that half the cases have values below the median and half the cases have values above the median.
**Morbid obesity**

See **Body mass index**

The National Statistics Socio-economic Classification (NS-SEC) was introduced from April 2001, and replaced Social Class based on occupation and Socio-economic Groups (SEG). NS-SEC is a social classification system that attempts to classify groups on the basis of employment relations, based on characteristics such as career prospects, autonomy, mode of payment and period of notice. Full details can be found in “The National Statistics Socio-economic Classification User Manual 2002”, ONS 2002.

There are fourteen operational categories representing different groups of occupations (see below) and a further three “residual” categories.

**Descriptive definition**

<table>
<thead>
<tr>
<th>NS-SEC categories</th>
<th>Large employers and higher managerial occupations</th>
<th>Higher professional occupations</th>
<th>Lower managerial and professional occupations</th>
<th>Intermediate occupations</th>
<th>Small employers and own account workers</th>
<th>Lower supervisory and technical occupations</th>
<th>Semi-routine occupations</th>
<th>Routine occupations</th>
<th>Never worked and long-term unemployed</th>
</tr>
</thead>
<tbody>
<tr>
<td>L1, L2</td>
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<td>L4, L5, L6</td>
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<td>L8, L9</td>
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<td>L10, L11</td>
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<td>L12</td>
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<tr>
<td>L13</td>
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<tr>
<td>L14</td>
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</tr>
</tbody>
</table>

The three residual categories: L15 (full time students), L16 (occupation not stated or inadequately described) and L17 (not classifiable for other reasons) are excluded when the classification is collapsed into its analytical classes.

The categories can be further grouped into:

- Managerial and professional occupations: L1–L6
- Intermediate occupations: L7–L9
- Routine and manual occupations: L10–L13

This results in the exclusion of those who have never worked and the long term unemployed, in addition to the groups mentioned above.

The main differences between NS-SEC and SEG that users need to be aware of are:

- The introduction of SOC2000 which includes various new technology occupations not previously defined in SOC90,
- Definitional variations in employment status in particular with reference to the term ‘supervisor’,
- The inclusion of armed forces personnel in the appropriate occupation group,
- The separate classification of full-time students, whether or not they have been or are presently in paid employment, and
- The separate classification of long term unemployed who previously were classified by their most recent occupation.

This change has resulted in a discontinuity in time series data. The operational categories of NS-SEC can be aggregated to produce an approximated version of the previous Socio-economic Group. These approximations have been shown to achieve an overall continuity level of 87%.

The Health Survey for England generally uses the five category system of NS-SEC (when sample sizes allow) in which respondents are classified as managerial and professional, intermediate, small...
employers and own account workers, lower supervisory and technical, and semi-routine and routine occupations. In analyses presented in this report it is the NS-SEC of the household reference person which is used.

**Obesity**

See **Body mass index**

**Overweight**

See **Body mass index**

**Percentile**

The value of a distribution which partitions the cases into groups of a specified size. For example, the 20th percentile is the value of the distribution where 20 percent of the cases have values below the 20th percentile and 80 percent have values above it. The 50th percentile is the median. See **Quintile, Tertile**

**Personal care plan**

A personal care plan is a written agreement between a patient and their health professional about the care and support required to manage a long term condition. The plans enable people to manage the treatment of their illness and the services they receive by creating a personalised package of care. Personal care plans are initially developed and agreed with a health care professional, and are then reviewed annually to ensure that they still meet the requirements of the patient.

**p value**

A p value is the probability of the observed result occurring due to chance alone. A p value of less than 5% is conventionally taken to indicate a statistically significant result (p<0.05). It should be noted that the p value is dependent on the sample size, so that with large samples differences or associations which are very small may still be statistically significant. Results should therefore be assessed for their importance on the magnitude of the differences or associations as well as on the p value itself.

**Quintile**

A quintile is a statistical value of a data set that represents one fifth of a given population. Quintiles are used to create cut-off points to divide a distribution into five equal parts, i.e. the first quintile represents the lowest fifth of the data (1-20%), the next quintile represents 21-40% etc.

**Region**

See **Government Office Region, Strategic health authority**

**Standardisation**

In this report, standardisation refers to standardisation (or ‘adjustment’) by age. See **Age standardisation**

**Strategic health authority (SHA)**

From July 2006, a new configuration of strategic health authorities (SHAs) was introduced in England, reducing the number from 28 to 10 SHAs. The boundaries are the same as those of the Government Office Regions with the exception of the South East, which has been divided into South East Coast SHA and South Central SHA. SHAs have been used for sampling and weighting in the 2011 HSE, and in regional analyses in most recent HSE reports. Note that they cannot be used where sub-group sample sizes are not sufficient to allow robust regional analysis.

In 2011, the smaller strategic health authorities (the North East, East Midlands, South East Coast and South Central) were over-sampled to provide a minimum unweighted sample size of approximately 700 adults; the weighting process adjusted for this.

**Systolic blood pressure**

When measuring blood pressure, the systolic arterial pressure is defined as the peak pressure in the arteries, which occurs near the beginning of the cardiac cycle. See also **Blood pressure, Diastolic blood pressure**
Tertile

A tertile is a statistical value of a data set that represents one third of a given population. Tertiles are used to create cut-off points to divide a distribution into three equal parts, i.e. the first tertile represents the lowest third of the data (1-33%), the middle tertile represents 34%-67% etc.

Unit of alcohol

Alcohol consumption is reported in terms of units of alcohol; one unit of alcohol is 10ml by volume of pure alcohol. Participants are asked about the alcoholic drinks they have had, and these are converted to units. This conversion was revised in 2006 and 2007; see the 2007 report, Volume 1 Chapter 7, for full details of the revised method and the conversion of drinks to units.

www.ic.nhs.uk/pubs/hse07healthylifestyles

Von Korff Graded Chronic Pain Scale

Participants were asked to rate their current level of pain, the level of their usual pain at times when they had been in pain in the last three months, and the level of their worst pain in the last three months. Ratings were measured on a scale from zero to ten, where zero was no pain and ten was pain as bad as it could be. Further questions established the number of days they had been kept from their usual activities in the last three months, and ratings – again on a scale from 0 to 10 – about how much their pain interfered with their ability to carry out their daily activities, recreational, social and family activities, and work including housework. From these questions a characteristic pain intensity score and a four item disability score were calculated. Using these two scores, a chronic pain grade was calculated for each participant.

The table below shows the possible grades a participant could be assigned using the Von Korff scale.

<table>
<thead>
<tr>
<th>Pain Free</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade 0</td>
</tr>
<tr>
<td>No pain problem in the last three months</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Low interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade I</td>
</tr>
<tr>
<td>Low intensity pain</td>
</tr>
<tr>
<td>Grade II</td>
</tr>
<tr>
<td>High intensity pain</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High interference</th>
</tr>
</thead>
<tbody>
<tr>
<td>Grade III</td>
</tr>
<tr>
<td>Moderately limiting pain</td>
</tr>
<tr>
<td>Grade IV</td>
</tr>
<tr>
<td>Severely limiting pain</td>
</tr>
</tbody>
</table>

The five grades in the chronic pain grade system are based on a score for disability from the questions about interference with activities and days lost, ranging from 0 to 40; and a score for intensity of pain from the three ratings of pain (current, usual and worst), ranging from 0 to 30. Grade 0 is assigned to those who are pain free, meaning no pain problem in the last three months. Grades I and II are characterised by some level of pain in the last three months, but a disability score below 17 indicating low levels of interference with people’s lives. Grade I has an intensity score of less than 15, while Grade II has an intensity score of 15-30. Grades III and IV are given to those whose pain causes high levels of interference with their lives: Grade III for a disability score of 17-24 and Grade IV for a disability score of 25-40. Note that intensity of pain is not used when assigning individuals to grades III or IV. However, analysis of the HSE data shows that intensity of pain also increased according to chronic pain grade, with grade I having the lowest intensity of pain and grade IV having the highest. Grades II and III had similar levels of pain intensity.

**Waist circumference**

Waist circumference is a measure of deposition of abdominal fat i.e. central obesity. A raised waist circumference has been taken to be greater than 102cm in men and greater than 88cm in women. According to NICE guidelines, for men, waist circumference of less than 94 cm is defined as ‘low’ waist measurement, between 94 and 102cm is ‘high’ and more than 102cm is ‘very high’. For women, waist circumference of less than 80cm is defined as ‘low’ waist measurement, between 80 and 88cm is ‘high’ and more than 88cm is ‘very high’. These waist circumference categories, in combination with BMI, have been used to identify categories of health risk.


**Warwick-Edinburgh Mental Well-being Scale (WEMWBS)**

The Warwick-Edinburgh Mental Well-being Scale (WEMWBS) was developed by researchers at the Universities of Warwick and Edinburgh, with funding provided by NHS Health Scotland, to enable the measurement of mental well-being of adults in the UK. WEMWBS is a 14 item scale of mental well-being covering subjective well-being and psychological functioning, in which all items are worded positively and address aspects of positive mental health. The scale is scored by summing responses to each item answered on a 1 to 5 Likert scale. The minimum scale score is 14 and the maximum is 70. WEMWBS has been validated for use in the UK with those aged 16 and over. Validation involved both student and general population samples, and focus groups.
NatCen Social Research
www.natcen.ac.uk

NatCen Social Research is the largest independent social research institute in Britain, carrying out research that works for society. NatCen specialises in public policy fields such as health and well-being, society and social change, children and young people, income and work, crime and justice. We offer the full range of quantitative and qualitative research services. Our team includes survey methodologists, data analysts and policy sector specialists. NatCen has approximately 275 staff, a national panel of over 1,000 interviewers, and 150 nurses who work on health-related surveys.

Research Department of Epidemiology and Public Health, UCL (University College London)
www.ucl.ac.uk/epidemiology

The Research Department of Epidemiology and Public Health, chaired by Professor Richard Watt, is a leading centre for research into the social determinants of health. The department has a strong interdisciplinary structure. The Department houses 180 staff in 12 main research groups, including the Joint Health Surveys Unit, part of the Health and Social Surveys Research Group. Collaborative research is conducted through the International Institute for Society and Health and across UCL. The Department’s research programme is concerned particularly with social factors in health and illness and inequalities in these, including national cross-sectional surveys of health and behaviour (such as diet), longitudinal studies of cardiovascular disease (Whitehall studies) and the English Longitudinal Study of Ageing (ELSA); international studies of cardiovascular disease and diabetes; socio-dental indicators of need; and the socio-economic and policy implications of an ageing population.