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

*Joint Health Surveys Unit*

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UCL

Department of Epidemiology and Public Health, University College London
A survey carried out on behalf of the Health and Social Care Information Centre

Health Survey for England

2012

Volume 2

Methods and documentation

Edited by
Rachel Craig and Jennifer Mindell

Principal authors
Sally Bridges, Melanie Doyle, Elizabeth Fuller, Craig Knott, Jennifer Mindell, Alison Moody, Alice Ryley, Shaun Scholes, Carla Seabury, Heather Wardle, Rachel Whalley.

Joint Health Surveys Unit
NatCen Social Research
Department of Epidemiology and Public Health,
UCL (University College London)

THE HEALTH AND SOCIAL CARE INFORMATION CENTRE
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Foreword

This report presents the findings of the twenty-second annual survey of health in England. I am pleased to present this important research which has been undertaken on behalf of the Health and Social Care Information Centre (HSCIC).

The Health Survey for England collects information about a new representative sample of the general population each year, both adults and children. It is vital to our understanding of the health and health-related behaviours of the public in England and helps to ensure that policies are informed by these data.

The survey combines information gathered through interviewing the sampled participants, including a wealth of socio-demographic variables, with objective measures of health, such as height and weight, and blood pressure measurements. Thus we can look at how people’s health is related to their characteristics and circumstances.

The primary focus of the Health Survey for England in 2012 was physical activity. Adults and children were asked to recall their physical activity over recent weeks to establish how many meet recommended activity levels to improve health. Physical activity has become an increasingly important public health issue as successive governments attempt to reduce the levels of child and adult obesity – and being physically active also brings many other physical and mental health benefits. Increasing physical activity has been a subject of public health promotion policies and government health strategies in England since the early 1990s. It is essential to monitor progress towards targets for increasing levels of physical activity among the population, and the Health Survey for England plays an important role as a monitoring tool. This year the physical activity questionnaire was revised in line with changing recommendations about the types of activity that adults and children should be doing, and the results presented in this report have been analysed to reflect latest recommendations about levels of activity.

I would like to thank everyone who has contributed to this valuable report: colleagues in the HSCIC and our counterparts in the Joint Health Surveys Unit of NatCen Social Research and UCL (University College London); the dedicated and skilled interviewing force; and finally the anonymous participants from across England who gave up their time to take part in the survey and various health tests. All of these contribute to produce a source of public health information of enormous value and benefit to protect and improve the health of every one of us.

Alan Perkins
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: Sally Bridges, Melanie Doyle, Elizabeth Fuller, Craig Knott, Jennifer Mindell, Alison Moody, Alice Ryley, Shaun Scholes, Carla Seabury, Heather Wardle, Rachel Whalley.
- Cathy Cosshall, Claire Deverill and Lynne Gold whose hard work and support have been crucial in preparing and managing the survey data.
- Other research colleagues, especially Julia Hall, Kevin Pickering, Evie Calcutt, Barbara Carter-Szatynska, Emmanouil Stamatakis.
- Operations staff, especially Emma Fenn, Sue Roche, Megan Hodges and the Field Area Managers.
- The programmers, Sandra Beeson and Sven Sjodin.
- Collaborators on the social care chapters, Robin Darton, Ruth Hancock, Catherine Henderson, Derek King, Marcello Morciano, Katharine Sadler, Raphael Wittenberg.

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, Newcastle upon Tyne Hospitals NHS Foundation Trust, 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, Sarah McDiarmed, Bethan Thomas, Steve Webster and Sam Widdowfield.

Rachel Craig, Jennifer Mindell
Notes

1. The data used in the report have been weighted. The weighting is described in Volume 2, Chapter 7 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. Six different non-response weights have been used: for the interview stage, for the gambling data, for the nurse visit, and for the blood, urine and cotinine samples.

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 standardisation has been introduced to remove the effects of the sexes’ different age distributions. See Volume 2, Chapter 8.4 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, centiles 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

Rachel Craig, Kevin Pickering, Claire Deverill, Cathy Coshall, Alison Moody, Julie Day, Mira Doig

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 2012 survey is the twenty second. 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 the likelihood of their 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 2012.

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 2012 survey

1.2.1 Topics

As well as core topics including social care, the focus for the 2012 survey was physical activity. Additional non-core modules of questions were also included, covering average weekly alcohol consumption, gambling, well-being and sexual health.
**Physical activity**

Questions were included about adults’ self-reported leisure and occupational physical activity in the last month, comparing this with the current UK guidelines for aerobic activity, muscle-strengthening activity, and in older people, exercise to improve balance and coordination. Children aged 13-15 were asked about their own activity over the last week, and parents answered on behalf of children aged 2-12.

In 2011, the Chief Medical Officers of the four UK countries introduced revised guidelines for physical activity\(^1\) that reflect current evidence on what is needed to benefit health and the incremental benefits from undertaking physical activity. These include guidelines on aerobic activity; muscle-strengthening activities; and activities to improve balance and coordination.

Physical activity was selected as a major focus of the HSE 2012 because it coincided with the London 2012 Olympic and Paralympic Games. One of the planned legacies from the London 2012 Games was an increase in sports and exercise participation, including active travel (walking and cycling), by the general public across the country.\(^2\)

Lack of physical activity is the fourth most important risk factor worldwide for chronic, non-communicable diseases, after tobacco use, raised blood pressure, and hyperglycaemia (raised blood sugar).\(^3\) Worldwide, it accounts for 6% of the burden of disease from ischaemic heart disease,\(^4\) 7% of Type 2 diabetes, and 10% of breast and colon cancers. It is estimated to have caused more than 5.3 million premature deaths worldwide in 2008 (9% of all premature deaths).\(^5\) In the UK, inactivity has been estimated to cause 3% of disability-adjusted years of life lost in 2002 and a direct cost to the NHS of £1.1 billion,\(^6\) with indirect costs to society bringing this cost to a total of £8.2 billion.\(^7\)

Physical inactivity contributes to a wide range of diseases, including psychological distress\(^8\) and depression,\(^9\) as well as being a major cause of obesity\(^10\) and diabetes.\(^5,11\)

Conversely, regular physical activity brings a wide range of health benefits.

In recent years, sedentary behaviour (characterised by activities involving prolonged sitting) is emerging as a potentially important risk factor for chronic disease in its own right, over and above lack of physical activity of moderate to vigorous intensity.\(^12,13\) Even among adults who meet public health physical activity guidelines, those who spend more time being sedentary are more likely to be obese\(^10\) and to have worse physical and mental health outcomes\(^14,15\) than their peers who spend less time sitting down.

Physical activity is also important in children. Habits track from childhood to adulthood,\(^16\) so active children are less likely to suffer the adverse health consequences of physical inactivity in adulthood.

The periodic measurement of adult physical activity through the HSE provides valuable evidence for the prevalence of physical activity in the context of wider public health. In particular, the survey includes occupational activity for adults, as well as housework and DIY in the overall measure of physical activity - aspects of ‘everyday’ activity unlikely to be promoted through any community-based intervention but necessary for an understanding of overall volumes of activity.

### 1.2.2 Summary of survey design

As with all previous years, the 2012 HSE involved a stratified random probability sample of households. The sample comprised 9,024 addresses selected at random in 564 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 2012, and fieldwork was completed in March 2013. For further details on sampling see Section 2.

A total of 8,291 adults and 2,043 children were interviewed. A household response rate of 64% was achieved. 5,470 adults and 1,203 children had a nurse visit. It should be noted...
that, as in 2011, there was no child boost sample in 2012. 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 or urine samples, as well as additional questions.

1.3 Reports on the Health Survey for England 2012

This volume reports on the methods used in the HSE 2012, and is one of two volumes based on the survey, published as a set as ‘The Health Survey for England 2012’:
1. Volume 1: Health, social care and lifestyles 17
2. Volume 2: Methods and documentation 18

1.4 Availability of further data

As with surveys from previous years, a copy of the HSE 2012 data will be deposited with the UK Data Service. Copies of anonymised data files can be made available for specific research projects through the Data Service. 19

In addition, trend tables showing data for key variables collected every year (‘core’ modules) for adults and children are available on the Health and Social Care Information Centre’s website. 20

2 Sample design

2.1 Overview of the sample design

The sample for the HSE 2012 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 HSE series, the 2012 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 sorted by strategic health authority (SHA) and, within each SHA, by local authority ordered by the percentage of adults in the 2001 Census from NS-SEC21 groups 1 and 2. PSUs in smaller strategic health authorities (the North East, South East Coast and South Central) were over-sampled to provide a minimum sample size (of approximately 700 adults). To obtain the stratified
sample, the PSUs were selected by sampling from the sorted list at fixed intervals (although different fixed intervals for the smaller SHAs) from a random starting point.

564 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) so that each quarter provided a nationally representative sample.

### 2.3 Sampling addresses, dwelling units and households

Within each of the 564 PSUs, a sample of 16 addresses was selected. In total, therefore, there were 9,024 (= 564 x 16) addresses.

When visited by interviewers, 9.8% of the selected addresses in the sample were found not to contain private households (Table 1, ineligible addresses type a). Table 2 provides more detail about non-responding households; examples of addresses that did not include private households 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.\(^\text{22}\)

### 2.4 Sampling individuals within households

In the HSE 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 selection 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, urine 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.
### Figure A

**Health Survey for England 2012: Contents**

<table>
<thead>
<tr>
<th>Household data</th>
<th>Individual level information</th>
<th>Age</th>
</tr>
</thead>
<tbody>
<tr>
<td>Household size, composition and relationships</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Accommodation tenure and number of bedrooms</td>
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<td></td>
</tr>
<tr>
<td>Economic status/occupation of Household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Reference Person</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of dwelling and area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking in household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car ownership</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Household income</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Type of dwelling and area</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Smoking in household</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Car ownership</td>
<td></td>
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</tbody>
</table>

#### Interviewer visit

<table>
<thead>
<tr>
<th>General health, longstanding illness, limiting longstanding illness, acute sickness</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>
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<tbody>
<tr>
<td>Personal care plans</td>
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<td>●</td>
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<td>●</td>
<td>●</td>
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<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Self-reported height and weight</td>
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<td>●</td>
<td>●</td>
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<tr>
<td>Doctor-diagnosed hypertension, diabetes</td>
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<td>●</td>
<td>●</td>
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<td>Social care</td>
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<td>●</td>
<td>●</td>
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<td>●</td>
<td>●</td>
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<tr>
<td>Adult physical activity</td>
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<td>●</td>
<td>●</td>
<td>●</td>
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<td>●</td>
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<tr>
<td>Child physical activity</td>
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<td>Smoking</td>
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<td>●</td>
<td>●</td>
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<td>●</td>
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<td>Drinking (heaviest drinking day last week, regular drinking)</td>
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<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Economic status/occupation, educational achievement</td>
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<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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<td>Ethnic origin</td>
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<tr>
<td>Reported birth weight</td>
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<td>●</td>
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<td>Height measurement</td>
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<td>●</td>
<td>●</td>
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<td>●</td>
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<tr>
<td>Weight measurement</td>
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<td>●</td>
<td>●</td>
</tr>
<tr>
<td>Consent to linkage to NHS Central Register/Hospital Episodes Statistics</td>
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<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
<td>●</td>
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</tr>
</tbody>
</table>

#### Self-completion

| GHQ-12 | ● |
| EQ-5D | ● |
| Gambling | ● |
| Sexual health | ● |
| Perception of own weight/child’s weight | ● |
| Sexual orientation, religion | ● |

#### Nurse visit

| Vaccinations | ● |
| Prescribed medicines | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |
| Nicotine replacement products | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |
| Waist and hip circumference | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |
| Blood pressure | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |
| Saliva sample | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |
| Urine sample | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |
| Blood sample (non-fasting) | ●   | ●   | ●   | ●   | ●    | ●     | ●     | ●   |

#### Nurse self-completion

| Warwick-Edinburgh mental well-being scale | ● |

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*a* This module was administered by self-completion for children aged 8-15.

*b* This module was administered by self-completion for those aged 16-17 and some aged 18-24.
Adults were asked core modules of questions on general health, social care, alcohol consumption and smoking. Participants were also asked about physical activity. 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 physical activity.

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. 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</th>
<th>GHQ-12, EQ-5D, gambling, sexual health, perception of own and child’s weight, sexual orientation, religion</th>
</tr>
</thead>
<tbody>
<tr>
<td>Booklet for young adults aged 16-17</td>
<td>Smoking, drinking, GHQ-12, EQ-5D, gambling, sexual health, perception of own and child’s weight, sexual orientation, religion</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, adults were asked to complete a short self-completion booklet in the nurse visit, containing the Warwick-Edinburgh mental well-being scale (WEMWBS). This was included in the nurse visit to avoid too long a self-completion booklet during the initial interview.

Interviewers measured the weight of all participants, and the height of all aged 2 and over.

### 3.3 The Stage 2 Nurse visit

Nurse visits were offered to all participants who were interviewed.

At the nurse visit, questions were asked about prescribed medication and use of nicotine replacement products, plus the WEMWBS self-completion booklet (see Section 3.2 above). 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.

Adults aged 16 and over were asked to provide non-fasting blood samples (for the analysis of total and HDL cholesterol and glycated haemoglobin) and urine samples (for the analysis of sodium, potassium and creatinine). Samples of saliva (for the analysis of cotinine, a derivative of nicotine) were taken from children aged 4-15. Written consent was obtained for these samples. Details of the analysis of these samples are provided in Section 9.

### 3.4 Change to longstanding illness questions

In 2012, the questions on longstanding illness were changed. The Equalities Data Review, published in 2007, identified a need to improve the co-ordination, comparability, quality, accessibility and presentation of disability statistics through developing and applying a principled approach to data collection and its propagation. The harmonised standards are designed to be consistent with a conceptual framework of disability. They take account of the needs of national and European administrations for data continuity and the definitions and
guidelines contained in UK and EU legislation, including the Equality Act and the EU-SILC (European Union Statistics on Income and Living Conditions) regulation. The harmonised disability questions have been designed for use in social surveys, as recommended by the proposed Disability, Health and Carers Primary Standards in 2011. The aim of the standards is to cover the following issues:

- Consistent collection of impairment/disability data
- Continuity with estimates currently derived from national household survey sources
- To have a strong relationship with the 2011 Census question on disability
- To meet the relevant European data requirements.

The work also reflects the future standardisation of the secondary harmonised questions to allow the interaction between impairment and social barriers to be formally measured, improving the scope for public bodies to monitor Disability Equality Duties.

Appendix D shows the questions used in the HSE up to 2011 on longstanding illness and whether it limits daily activities, and the new questions introduced in 2012. The new questions explicitly ask about physical and mental health, separate the concept of disability from illnesses or health conditions, and refer to illnesses or conditions ‘lasting or expected to last 12 months or more’ rather than ‘over a period of time’. To maintain comparability with a key measure in the HSE and to provide important health-related information that is much used in secondary analyses, one of the original questions has been retained, asking about exactly what illnesses and conditions people have, though this is not part of the new harmonised suite of questions.

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 small incentive, in the form of a £5 voucher, was enclosed with the advance letter to encourage participation.

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 the 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, urine 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. The child’s assent was also required.

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. Children indicated their assent to these procedures by initialling a box on their consent form, if they were able to do so; if not, parents initialled to indicate that the child had given their assent.25

### 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 60-65 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 approval

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, urine 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 followed. 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 2012 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, first 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 a saliva sample among children and blood and urine samples among adults. 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 are described as ‘all interviewed’ where all eligible persons were interviewed, and ‘fully co-operating’ 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.

64% of eligible households (5,219) in the sample took part in the 2012 HSE. All eligible adults and children were interviewed in 50% of the households in the sample. Table 1
6.3 Individual response for adults

6.3.1 Overall response

There were 8,291 individual interviews with adults, and 5,470 adults had a nurse visit.

To calculate the response rate for individuals, this number of interviews 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 (9,732 adults in 5,219 households, average 1.86 per household)
- Non co-operating households where information on the number of adults is known (3,674 adults in 2,186 households, average 1.68)
- Non co-operating households about which nothing is known (736 households).

The most reasonable assumption is to attribute to the last group the same average number of adults (1.81) as for all households where the number of adults is known (the sum of the first two groups); this gives an estimate of 1,332 adults in these households. Summing this with the first two groups, this gives an estimated total of 14,738 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 5,219 co-operating households. The proportions are 47% men and 53% women. Applying these proportions to the estimated total of adults gives ‘set’ samples of 6,956 men and 7,783 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 5 (at the end of the chapter), and summarised in Table A below.

<table>
<thead>
<tr>
<th>Table A</th>
</tr>
</thead>
<tbody>
<tr>
<td>Response among all adults</td>
</tr>
<tr>
<td>All adults</td>
</tr>
<tr>
<td>%</td>
</tr>
<tr>
<td>Interviewed</td>
</tr>
<tr>
<td>Height measured</td>
</tr>
<tr>
<td>Weight measured</td>
</tr>
<tr>
<td>Saw a nurse</td>
</tr>
<tr>
<td>Waist and hip measured</td>
</tr>
<tr>
<td>Blood pressure measured</td>
</tr>
<tr>
<td>Gave blood sample</td>
</tr>
<tr>
<td>Gave urine sample</td>
</tr>
</tbody>
</table>

Response to the interview was 56% overall, being 53% among men and 59% among women. Table 5

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 7, 8 and 9 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 (61% among men and 70% 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 2,043 children (1,043 boys and 1,000 girls) aged 0-15, and 1,203 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 in the households where no information was known about household members, the proportion of households with children, and the number of children per household, was as for the households where it was known, and that the proportion of boys and girls was the same. This results in a ‘set sample’ of 3,292 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 61% among boys and 63% among 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 6 (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 91% of eligible boys and 93% of eligible girls. The proportion interviewed was lower among children aged 11-15 (81% of boys and 87% of girls) than among those aged under 11 (94% of boys and 96% of girls).
Tables 10, 11 and 12 show the proportion of boys, girls and all children in co-operating households who participated in the key survey stages, by age. These are summarised in Table D above.

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. 54% 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. Household response was highest in the North West (68%) and was lowest in London (58%).

#### 6.5.2 Response by type of dwelling

Table 4 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 (70%), and lowest among households living in flats (57% in purpose-built flats or maisonettes, 58% in converted flats or maisonettes).

### 6.6 Age and sex profile of the sample

Tables 13 and 14 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-2011 population estimates.27
Overall the 2012 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 45 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 35 slightly under-represented at both stages, while women aged 65-74 were slightly over-represented. 

Table 13

As Table 14 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 0-1 and girls aged 8-9 were slightly over-represented relative to their respective proportions in the mid-year estimates, while boys and girls aged 14-15 were slightly under-represented.

Table 14

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, 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 2012 data.

7.2 Calculation of the sample weights

7.2.1 Address selection weights

The three least populated strategic health authorities (the North East, South East Coast and South Central) were each over-sampled to ensure a minimum sample size of approximately 700 adults. Address selection weights ($w_{ad}$) 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.

The dwelling unit selection weights ($w_{d}$) 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 ($w_{h}$) adjust for this selection of households and ensure that households in multi-occupied dwelling units are not under-represented in the issued sample. The weights were calculated as the number of households identified at the dwelling unit.
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 2011 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 equaled the number of participating households to give the household weights for the sample ($w_{t hhld}$). Thus the final household weight ($w_{t hhld}$) adjusts for dwelling unit and household selection, and for the age/sex and region profiles of participating households.

Note that the ONS mid-2011 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.

<table>
<thead>
<tr>
<th>Age (grouped)</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-4</td>
<td>1,703,718</td>
<td>6.5</td>
</tr>
<tr>
<td>5-10</td>
<td>1,828,316</td>
<td>7.0</td>
</tr>
<tr>
<td>11-15</td>
<td>1,604,062</td>
<td>6.2</td>
</tr>
<tr>
<td>16-24</td>
<td>3,184,996</td>
<td>12.2</td>
</tr>
<tr>
<td>25-34</td>
<td>3,591,206</td>
<td>13.8</td>
</tr>
<tr>
<td>35-44</td>
<td>3,677,575</td>
<td>14.1</td>
</tr>
<tr>
<td>45-54</td>
<td>3,625,088</td>
<td>13.9</td>
</tr>
<tr>
<td>55-64</td>
<td>3,036,782</td>
<td>11.7</td>
</tr>
<tr>
<td>65-74</td>
<td>2,183,644</td>
<td>8.4</td>
</tr>
<tr>
<td>75+</td>
<td>1,589,758</td>
<td>6.1</td>
</tr>
<tr>
<td>Total</td>
<td>26,025,145</td>
<td>26,664,327</td>
</tr>
</tbody>
</table>

### 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 $w_{t hhld}$) by the number of children in the achieved sample (weighted by $w_{t hhld} \times w_{3}$), 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 in the sample was relatively high (92%), 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 participants in the sample since all adults in responding households were selected. However, non-response weights were calculated to reduce bias from adult non-response (85% of adults responded in households with more than one adult).

To obtain the non-response weights, a logistic regression model (weighted by \( w_{\text{hhld}} \)) 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,\(^{23}\) strategic health authority region (SHA), and social class of household reference person (HRP).\(^{24}\) The adult non-response weights (\( w_{\text{d}} \)) 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 (\( w_{\text{d}} \)) of 1.

### 7.2.7 Combining the weights

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

\[
w_{\text{int}} = w_{\text{hhld}} \times w_{\text{d}} \quad \text{for adults;} \quad \text{and}
\]

\[
w_{\text{int}} = w_{\text{hhld}} \times w_{\text{d}} \times w_{3} \quad \text{for children.}
\]

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 went 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 \( w_{\text{int}} \); 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 (\( w_{\text{n}} \)) 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 \( w_{\text{nurse}} = w_{\text{int}} \times w_{\text{n}} \). 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 \( w_{\text{nurse}} \). 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 the blood sample (\( w_{\text{b}} \)) 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\( w_{\text{blood}} = w_{\text{nurse}} \times w_7 \). 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 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. A regression model was fitted, weighted by \( w_{\text{nurse}} \); the outcome variable was whether or not a usable saliva sample was obtained, and the following were used as covariates: age group, sex, household type, SHA, social class of HRP 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 model.

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

### 7.2.11 Urine sample weights

All adults (aged 16 and over) that had had a nurse visit were asked to give a urine sample. A logistic regression model was fitted for those participants that were eligible to give a urine sample. The outcome variable was whether or not a urine sample was supplied. The covariates in the model were: age group by sex, household type, SHA, social class of HRP, smoking status, and general health.

The weights for not supplying a urine sample (\( w_9 \)) were calculated as the reciprocal of the predicted probability of the urine sample being supplied, estimated from the regression models.

The weights for the urine sample were calculated as\( w_{\text{urine}} = w_{\text{nurse}} \times w_9 \). The weights were re-scaled so that the size of the weighted urine sample was the same as the achieved sample size.

### 7.2.12 Gambling module weight

The questions about gambling were included in the self-completion booklet for adults (aged 16 and over). Weighting was applied to adjust for non-response to the self-completion booklet, and also for whether the problem gambling screen in the self-completion booklet was completed.

A logistic regression model was fitted for those participants that were eligible to fill in the self-completion booklet. The outcome variable was whether or not the booklet was filled in. The covariates in the model were age group by sex, household type, SHA, social class of HRP, smoking status and general health.

The weights for not filling in the self-completion booklet (\( w_{10} \)) were calculated as the reciprocal of the predicted probability of the self-completion booklet being filled in, estimated from the regression models.

The weights for the self-completion booklet sample were then calculated as\( w_{\text{sc}} = w_{\text{int}} \times w_{10} \). The weights were re-scaled so that the size of the weighted self-completion booklet sample was the same as the achieved sample size.

The same approach was used to generate the non-response weights for the problem gambling screen sampling. The weights for that component of non-response, i.e. not completing the problem gambling screen (\( w_{11} \)), were generated from a logistic regression model with the same covariates.

The weights for the problem gambling screen sample were then calculated as\( w_{\text{gambling}} = w_{\text{int}} \times w_{11} \). The weights were re-scaled so that the size of the weighted problem gambling screen sample was the same as the achieved sample size.
7.3 Selecting the appropriate weight

Six different weights have been provided, for data from different stages of the survey:
- Interview stage
- Gambling module in self-completion (adults only)
- Nurse visit
- Urine sample (adults only)
- Saliva sample (children only)
- Blood sample (adults only)

If questions from different stages of the survey are combined in analysis, the weights for the latest stage of the survey should be used (that is, the latest in the list above). For instance, if blood sample results are being cross-tabulated with questions from the interview stage, the blood sample weight should be used; or if waist circumference results (from the nurse visit) are cross-tabulated with BMI data from the interview, the nurse visit weight should be used.

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 2012 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 2012 results. Trend data on key measures can be found in Health Survey for England 2012 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 2012 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 1st January 2012 and was interviewed on 1st October 2012 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.

8.4 Age standardisation

Adult data have been age-standardised throughout the 2012 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 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 2011 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:

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

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

8.5 Standard analysis breakdowns

8.5.1 Introduction

For most tables in this report, three standard analysis breakdowns have been used as well as age. These are region, equivalised household income and Index of Multiple Deprivation.
8.5.2 Region

Analysis by region is provided throughout the report. The former Government Office Regions have been used.

Both observed and age-standardised data are provided by region 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 regions are often relatively small, and caution should be exercised in examining regional differences. In 2012, the smaller strategic health authorities (the North East, 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.

8.5.3 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 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, Appendix C.

8.5.4 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.

8.6 Significance testing

Significance testing is carried out on the results in the 2012 report. The term ‘significant’ refers to statistical significance at the 95% level and is not intended to imply substantive importance.

The significance tests are carried out in a cross tabulation, normally a variable nested within sex, cross-tabulated with a breakdown such as age, income or region. The test is for
difference for the main effects only (using a Wald test), looking at the outcome measure across the categories/subgroups. It does not test whether the difference between each or any subgroup (e.g. the highest and lowest subgroups) may be statistically significant; and with a large number of subgroups, as in a variable like region, there will usually be some significant differences between the subgroups in the survey by chance, even if in reality there are no actual differences in the population.

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.

Using this method of statistical testing, differences which are significant at the 5% level indicate that there is sufficient evidence in the data to suggest that the differences in the sample reflect a true difference in the population.

8.7 Logistic regression analysis

Logistic regression modelling has been used in some chapters to examine the factors associated with selected outcome variables, after adjusting for other predictors. For instance in Volume 1, Chapter 4, regression analyses have been performed to examine the association between a GHO-12 score of 4 or more, representing probable mental ill health (the outcome variable), and a variety of predictor variables including age, marital status and longstanding illness. Forward stepwise models have been used for men and women separately. An estimate is given of the independent effect of each predictor variable on the outcome when all the other independent variables were included in the model.

The results of the regression analyses are presented in tables showing odds ratios for the final models, together with the probability that the association is statistically significant. The predictor variable is significantly associated with the outcome variable if p<0.05. The models show the odds of being in the particular category of the outcome variable (i.e. having probable mental ill health) for each category of the independent variable (e.g. marital status). Odds are expressed relative to a reference category, which has a given value of 1. Odds ratios greater than 1 indicate higher odds, and odds ratios less than 1 indicate lower odds. Also shown are the 95% confidence intervals for the odds ratios. Where the interval does not include 1, this category is significantly different from the reference category.

8.8 Design effects and true standard errors

The HSE 2012 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 2012 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 15-25 for selected survey estimates presented in the topic chapters.

Tables 15-25
9 Quality control of blood, urine and saliva analytes

9.1 Introduction

9.1.1 Key conclusions

This section describes the assay of analytes for the HSE 2012 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, urine 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 and urine analytes and saliva cotinine levels were acceptable for the HSE 2012.

9.1.2 Analysing laboratories

As in previous years, the Royal Victoria Infirmary (RVI), Newcastle upon Tyne Hospitals NHS Foundation Trust, was the analysing laboratory used in the HSE 2012 for blood and urine sample analyses. Salivary cotinine analysis for the HSE 2012 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 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 -40°C (± 5°C) for possible future analysis.

9.1.4 Urine samples

A mid-flow spot urine sample was obtained from adults aged 16 and over, for analysis of sodium, potassium and creatinine. A special urine collection syringe was used for this purpose.

9.1.5 Saliva samples

A saliva sample was obtained from participants aged four 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 26 shows reference ranges used for each of the blood analytes measured in the HSE 2012. 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. There are no reference ranges available for spot urine samples for sodium, potassium and creatinine.

9.2.2 Blood sample analytical methods and equipment

Total cholesterol

Measurement of total cholesterol was carried out in the Clinical 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 the HSE 2012. The Roche Modular P analyser has been used in the 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 Clinical Biochemistry Department at the RVI using a direct method (no precipitation). A Roche Modular P analyser was used throughout the HSE 2012. The Roche Modular P analyser has been used in the 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 (HbA\textsubscript{1c}) analysis was carried out in the Clinical Biochemistry Department at the RVI using the Tosoh G8 analyser throughout the HSE 2012. The Tosoh G8 analyser has been used in HSE since 26th August 2010; before this a Tosoh G7 analyser was used, and the change made no impact on measured concentrations. Both were calibrated using Diabetes Control and Complications Trial (DCCT) standards until 3rd October 2011, when International Federation of Clinical Chemistry (IFCC) standardisation was introduced.

9.2.3 Urine sample analytical methods and equipment

Urine sodium, potassium and creatinine were analysed at the RVI on the Roche Modular P analyser. Urinary sodium and potassium were analysed using the indirect ion-selective electrode (ISE) method. Urinary creatinine was analysed using the Jaffé method.
9.2.4 Saliva sample analytical methods 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). 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. This assay is therefore preferable for samples from non-smokers.

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. Therefore in the HSE 2012 (as 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 1 to 1,000 ng/ml, and any that were below 1 ng/ml were then re-assayed with the low range assay. All the remaining samples were first assayed using the low range assay of 0.1 to 100 ng/ml, whose range was modified during the year to 0.1 to 50 ng/ml. Any of these that were over-range were then re-assayed using the high calibration range assay of 1 to 1,000 ng/ml, provided there was sufficient saliva available from that participant.

9.3 Internal quality control

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 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.

9.3.2 Non-fasting blood samples

Total and HDL cholesterol

From January to July, low, medium and high control materials were assayed throughout the day. Following a review of all internal quality control procedures and taking into consideration Westgard rules, it was determined that analysing two levels of quality control (QC) material each (low and high) for total and HDL cholesterol provided sufficient information to ensure assays remained in control. The third ‘normal’ level provided little additional value; as a consequence, the number of QC levels was reduced from three to two in August 2012. Tables 27 and 28 show the monthly IQC results for total and HDL cholesterol.

Tables 27-28
Glycated haemoglobin (HbA<sub>1c</sub>)

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<sub>1c</sub> %, and the latter as HbA<sub>1c</sub> mmol/mol. Throughout the survey year, the participants’ 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 IQC were run at the beginning and end of each run and at regular intervals throughout. Table 29 shows the monthly IQC results for glycated haemoglobin.

### Table 29

9.3.3 Urine samples

Two levels of IQC were used for urine sodium, potassium and creatinine; quality control samples were run at the beginning and end of each batch. Tables 30-32 show the monthly IQC results for these urine analytes.

### Table 30-32

9.3.4 Saliva samples

**Cotinine**

ABS laboratories ran 16 non-zero calibration standards for each batch of the low range assay (0.1-100 ng/ml), and 12 for the high range assay (1-1,000 ng/ml). Six QC samples, two each at a set concentration to represent low, medium and high levels for the calibration level 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 (0.1ng/ml) where the bias must be no greater than ±20%. A summary of the quality control samples results is collated and presented in Tables 33-34.

### Tables 33-34

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 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, as in the HSE 2011, to conform with best practice across Europe.\(^3\)\(^9\) The SDI is an index of total error, including components of inaccuracy and imprecision. It is calculated as:

\[
\text{(laboratory result – target value) / (WEQAS standard deviation * CF)}
\]

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 35-37 are the reference values, or (if reference values are absent from the report) the mean for the specific method used by RVI.

A score between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable. A score greater than 2 or below -2 is unacceptable and would trigger an investigation by the laboratory.\(^4\)\(^0\)

Each of the figures presented in Tables 35-40 corresponds to an individual EQA sample.

### 9.4.2 Non-fasting blood samples

The Clinical Biochemistry laboratory participates in the WEQAS. Table 35 shows the monthly EQA results for total cholesterol, Table 36 for HDL cholesterol, and Table 37 for glycated haemoglobin. The target and achieved values are shown, along with SDI.

### Tables 35-37

### 9.4.3 Urine sample

The Clinical Biochemistry laboratory participates in the WEQAS for the urine analytes (sodium, potassium and creatinine). Tables 38-40 show the monthly external quality assessment results for sodium, potassium and creatinine.

For a period of time the urine potassium assay developed an unacceptable negative bias on External Quality Assessment (EQA), although the internal quality control results remained within acceptable limits at all times. As a result of the investigation into this change in EQA performance, the analysis was transferred to a different analyser module, with a subsequent improvement in EQA performance.

### Tables 38-40

### 9.4.4 Saliva samples

**Cotinine**

There was no external quality control scheme available in 2012 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.\(^3\)\(^5\)

### References and notes

   www.bhfactive.org.uk/userfiles/Documents/startactivestayactive.pdf


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 2012 as in 2009.

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 2012 as in 2009.


The household reference person (HRP) is defined as the householder (the person in whose name the property 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.

Adults and parents were required to give fully informed consent. Assent from children indicated that they had been given an age-appropriate explanation that they could understand (even if not as comprehensive as for an adult), and that the child was happy for the procedure to go ahead.

The 'set' sample of children is calculated as follows:

- In the 5,219 co-operating households, 1,438 households had children (632 with one child, 806 with two), giving 2,244 eligible children in total in these households.
• In the 1,694 non-co-operating households where some information about residents was established, there were 201 households with one child and 274 households with two or more children; this gave a total of 749 eligible children.
• In the 736 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 households where this was known, giving an estimate of 297 eligible children.
• The ‘set’ sample is therefore 3,292 children.
• Sex of children was only known in co-operating households; 51.8% of the children were boys and 48.2% were girls. These proportions have been applied to the total set sample of children, giving 1,704 boys and 1,588 girls.

27 Mid-2011 population estimates, the most recent available at the time of weighting the sample, were obtained from ONS. See: www.ons.gov.uk/ons/rel/pop-estimate/population-estimates-for-england-and-wales/mid-2011--2011-census-based-/index.html
29 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.
30 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.
31 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.
34 See McLennan D et al, 2011, (reference 33); Chapter 3.
36 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. This differs from 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 the mean plus or minus either 2 standard deviations or 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/mitrule.htm#westgard.
Tables

1 Household response, by calendar quarter
2 Detailed outcomes for non-responding households
3 Household response, by strategic health authority
4 Household response, by dwelling type
5 Summary of adults’ individual response to the survey, by sex
6 Summary of children’s individual response to the survey, by sex
7 Men in co-operating households: response to the stages of the survey, by age
8 Women in co-operating households: response to the stages of the survey, by age
9 All adults in co-operating households: response to the stages of the survey, by age
10 Boys in co-operating households: response to the stages of the survey, by age
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13 Age distribution of responding adult sample compared with mid-2011 population estimates for England, by sex
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15 True standard errors and 95% confidence intervals for summary activity levels for adults
16 True standard errors and 95% confidence intervals for GHQ-12 score
17 True standard errors and 95% confidence intervals for WEMWBS mean score
18 True standard errors and 95% confidence intervals for maximum alcohol consumption on any day in the last week
19 True standard errors and 95% confidence intervals for weekly consumption of alcohol
20 True standard errors and 95% confidence intervals for number of gambling activities in the last year
21 True standard errors and 95% confidence intervals for social care variables: need for and receipt of help for tasks
22 True standard errors and 95% confidence intervals for provision of informal care
23 True standard errors and 95% confidence intervals for adult body mass index (BMI), underweight, overweight and obesity prevalence
24 True standard errors and 95% confidence intervals for children’s summary activity levels
25 True standard errors and 95% confidence intervals for children’s BMI and BMI status
26 Reference intervals for blood and saliva analytes
27 Internal quality control results for total cholesterol
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29 Internal quality control results for glycated haemoglobin (HbA1c)
30 Internal quality control results for urinary sodium
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32 Internal quality control results for urinary creatinine
33 Internal quality control results for saliva cotinine – LC-MS/MS: low calibration range
34 Internal quality control results for saliva cotinine – LC-MS/MS: high calibration range
35 External quality assessment results for total cholesterol
36 External quality assessment results for HDL cholesterol
37 External quality assessment results for glycated haemoglobin (HbA1c)
38 External quality assessment results for urinary sodium
39 External quality assessment results for urinary potassium
40 External quality assessment results for urinary creatinine

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 15-25, 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 8.4 in this Volume of the report for more detail.
4. The following conventions have been used in tables:
   - no observations (zero value)
   - 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 calendar quarter

**Selected addresses/eligible households**

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Survey quarter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Jan-Mar</td>
<td>Apr-Jun</td>
</tr>
<tr>
<td><strong>Issued sample</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Selected addresses</td>
<td>2256</td>
<td>2256</td>
</tr>
<tr>
<td>Ineligible addresses – type a(^a)</td>
<td>196</td>
<td>9</td>
</tr>
<tr>
<td>Total eligible households</td>
<td>2060</td>
<td>91</td>
</tr>
<tr>
<td></td>
<td>10</td>
<td>90</td>
</tr>
<tr>
<td><strong>Household response</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Co-operating households(^b)</td>
<td>1326</td>
<td>64</td>
</tr>
<tr>
<td>All interviewed</td>
<td>1039</td>
<td>50</td>
</tr>
<tr>
<td>Fully co-operating(^c)</td>
<td>918</td>
<td>45</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>734</td>
<td>36</td>
</tr>
<tr>
<td>No contact</td>
<td>49</td>
<td>2</td>
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<tr>
<td>Unknown eligibility</td>
<td>12</td>
<td>1</td>
</tr>
<tr>
<td>Refusal</td>
<td>593</td>
<td>29</td>
</tr>
<tr>
<td>Other non-response</td>
<td>80</td>
<td>4</td>
</tr>
<tr>
<td><strong>Base: all eligible households</strong></td>
<td>2060</td>
<td>2035</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>
<thead>
<tr>
<th>Table 2</th>
<th>Detailed outcomes for non-responding households</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Selected addresses/eligible households 2012</td>
</tr>
<tr>
<td></td>
<td>N</td>
</tr>
<tr>
<td>Ineligible</td>
<td></td>
</tr>
<tr>
<td>Vacant/empty</td>
<td>582</td>
</tr>
<tr>
<td>Address occupied, but no resident household</td>
<td>101</td>
</tr>
<tr>
<td>Non-residential address</td>
<td>153</td>
</tr>
<tr>
<td>Demolished/derelict</td>
<td>36</td>
</tr>
<tr>
<td>Not yet built/under construction</td>
<td>11</td>
</tr>
<tr>
<td>Total ineligible</td>
<td>883</td>
</tr>
<tr>
<td>No contact</td>
<td></td>
</tr>
<tr>
<td>No contact with anyone at address after 6+ calls</td>
<td>194</td>
</tr>
<tr>
<td>Unable to locate address</td>
<td>8</td>
</tr>
<tr>
<td>Inaccessible/ not attempted</td>
<td>7</td>
</tr>
<tr>
<td>Total no contact</td>
<td>209</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td></td>
</tr>
<tr>
<td>Contact made, but not with responsible resident</td>
<td>35</td>
</tr>
<tr>
<td>Unknown whether address is eligible or residential due to non-contact</td>
<td>7</td>
</tr>
<tr>
<td>Unable to confirm eligibility due to language barrier</td>
<td>4</td>
</tr>
<tr>
<td>Other unknown eligibility</td>
<td>1</td>
</tr>
<tr>
<td>Total unknown eligibility</td>
<td>47</td>
</tr>
<tr>
<td>Refusal</td>
<td></td>
</tr>
<tr>
<td>Office refusal (household contacted office before interviewer made contact)</td>
<td>211</td>
</tr>
<tr>
<td>Information refused about number of dwelling units at address</td>
<td>37</td>
</tr>
<tr>
<td>Information refused about people in household</td>
<td>225</td>
</tr>
<tr>
<td>Information refused about whether resident(s) eligible</td>
<td>2</td>
</tr>
<tr>
<td>Refusal before household interview</td>
<td>1650</td>
</tr>
<tr>
<td>Refusal after completion of household questionnaire</td>
<td>10</td>
</tr>
<tr>
<td>Broken appointment – no recontact</td>
<td>198</td>
</tr>
<tr>
<td>Total refusals</td>
<td>2333</td>
</tr>
<tr>
<td>Others with no interview</td>
<td></td>
</tr>
<tr>
<td>Physically or mentally unable/ incompetent</td>
<td>96</td>
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<tr>
<td>Language difficulties</td>
<td>70</td>
</tr>
<tr>
<td>Away/in hospital throughout field work period</td>
<td>58</td>
</tr>
<tr>
<td>Ill at home during survey period</td>
<td>29</td>
</tr>
<tr>
<td>Full or partial interview but respondent requested data be deleted</td>
<td>5</td>
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<tr>
<td>Other reasons why unproductive</td>
<td>75</td>
</tr>
<tr>
<td>Total other</td>
<td>333</td>
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<tr>
<td>Total non-responding households</td>
<td>3805</td>
</tr>
</tbody>
</table>
### Table 3

#### Household response, by strategic health authority

**Selected addresses/eligible households**

<table>
<thead>
<tr>
<th>Strategic health authority</th>
<th>Total</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>N %</td>
</tr>
<tr>
<td>North East</td>
<td>752</td>
</tr>
<tr>
<td>North West</td>
<td>1185</td>
</tr>
<tr>
<td>Yorkshire &amp; the Humber</td>
<td>879</td>
</tr>
<tr>
<td>East Midlands</td>
<td>753</td>
</tr>
<tr>
<td>West Midlands</td>
<td>892</td>
</tr>
<tr>
<td>East of England</td>
<td>961</td>
</tr>
<tr>
<td>London</td>
<td>1210</td>
</tr>
<tr>
<td>South East Coast</td>
<td>742</td>
</tr>
<tr>
<td>South Central</td>
<td>755</td>
</tr>
<tr>
<td>South West</td>
<td>895</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td>9024</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address and household outcome</th>
<th>Issued sample</th>
<th>Households selected where no private households were found.</th>
<th>Households where at least one person was interviewed.</th>
<th>All eligible household members were interviewed, had height and weight measured and had a nurse visit.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Selected addresses</td>
<td>Ineligible addresses – type a</td>
<td>Co-operating households</td>
<td>All interviewed</td>
</tr>
<tr>
<td></td>
<td>752</td>
<td>92 12</td>
<td>48 47 6 24 44 37</td>
<td>438 66</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>721 68</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>509 65</td>
</tr>
<tr>
<td></td>
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<td></td>
<td></td>
<td>453 66</td>
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<td></td>
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<td>529 66</td>
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<td>576 65</td>
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<td>625 58</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>422 61</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>429 63</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>517 64</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td>5219 64</td>
</tr>
</tbody>
</table>

### Table 4

#### Household response, by dwelling type

**Eligible households**

<table>
<thead>
<tr>
<th>Dwelling type</th>
<th>Detached house</th>
<th>Semi-detached house</th>
<th>Terraced house (including end of terrace)</th>
<th>Flat or maisonette – purpose built</th>
<th>Flat or maisonette – conversion</th>
<th>Other type</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
<td>%</td>
</tr>
<tr>
<td>Co-operating households</td>
<td>70</td>
<td>67</td>
<td>63</td>
<td>57</td>
<td>58</td>
<td>32</td>
<td>64</td>
</tr>
<tr>
<td>All interviewed</td>
<td>54</td>
<td>51</td>
<td>47</td>
<td>50</td>
<td>47</td>
<td>27</td>
<td>50</td>
</tr>
<tr>
<td>Fully co-operating</td>
<td>47</td>
<td>45</td>
<td>41</td>
<td>45</td>
<td>41</td>
<td>24</td>
<td>44</td>
</tr>
<tr>
<td>Non-responding households</td>
<td>30</td>
<td>33</td>
<td>37</td>
<td>43</td>
<td>42</td>
<td>68</td>
<td>36</td>
</tr>
<tr>
<td>No contact</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>7</td>
<td>9</td>
<td>12</td>
<td>3</td>
</tr>
<tr>
<td>Unknown eligibility</td>
<td>0</td>
<td>0</td>
<td>1</td>
<td>1</td>
<td>2</td>
<td>2</td>
<td>1</td>
</tr>
<tr>
<td>Refusal</td>
<td>27</td>
<td>29</td>
<td>30</td>
<td>28</td>
<td>28</td>
<td>44</td>
<td>29</td>
</tr>
<tr>
<td>Other non-response</td>
<td>2</td>
<td>3</td>
<td>5</td>
<td>7</td>
<td>4</td>
<td>11</td>
<td>4</td>
</tr>
</tbody>
</table>

**Base: all eligible households**

| 1720 | 2600 | 2264 | 1211 | 246  | 95   | 8141 |

a. Households where at least one person was interviewed.

b. All eligible household members were interviewed, had height and weight measured and had a nurse visit.
### Table 5

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

*Estimated adult sample (‘set’ sample of adults aged 16 and over) 2012*

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Men</th>
<th>Women</th>
<th>All adults</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>N</td>
<td>%</td>
<td>N</td>
</tr>
<tr>
<td>Interviewed</td>
<td>3681</td>
<td>53</td>
<td>4610</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>912</td>
<td>13</td>
<td>529</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>2363</td>
<td>34</td>
<td>2644</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Self-completion</td>
<td>3396</td>
<td>49</td>
<td>4323</td>
</tr>
<tr>
<td>Height</td>
<td>3197</td>
<td>46</td>
<td>4017</td>
</tr>
<tr>
<td>Weight</td>
<td>3180</td>
<td>46</td>
<td>3849</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>2384</td>
<td>34</td>
<td>3086</td>
</tr>
<tr>
<td>Waist/hip</td>
<td>2341</td>
<td>34</td>
<td>2979</td>
</tr>
<tr>
<td>Blood pressure</td>
<td>2348</td>
<td>34</td>
<td>2993</td>
</tr>
<tr>
<td>Blood sample</td>
<td>1823</td>
<td>26</td>
<td>2289</td>
</tr>
<tr>
<td>Urine sample</td>
<td>2100</td>
<td>30</td>
<td>2607</td>
</tr>
</tbody>
</table>

*Base: set sample*[^a^]

6956 | 7783 | 14738

[^a^]: For the method of estimating the adult ‘set’ sample, see section 6.3. Estimated bases have been rounded to whole numbers.

### Table 6

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

*Estimated child sample (‘set’ sample of children aged 0-15) 2012*

<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>1043</td>
<td>61</td>
<td>1000</td>
</tr>
<tr>
<td>Non responders:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>In co-operating households</td>
<td>109</td>
<td>6</td>
<td>74</td>
</tr>
<tr>
<td>In non-responding households</td>
<td>552</td>
<td>32</td>
<td>514</td>
</tr>
<tr>
<td>Responded to:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Height</td>
<td>682</td>
<td>40</td>
<td>678</td>
</tr>
<tr>
<td>Weight</td>
<td>794</td>
<td>47</td>
<td>761</td>
</tr>
<tr>
<td>Nurse visit</td>
<td>616</td>
<td>36</td>
<td>587</td>
</tr>
</tbody>
</table>

*Base: set sample*[^a^]

1704 | 1588 | 3292

[^a^]: For the method of estimating the child ‘set’ sample, see section 6.4. Estimated bases have been rounded to whole numbers.
<table>
<thead>
<tr>
<th>Table 7</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men in co-operating households: response to the stages of the survey, by age</strong></td>
</tr>
<tr>
<td><strong>Men aged 16 and over in co-operating households 2012</strong></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
<th>%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>16-24</td>
<td>25-34</td>
<td>35-44</td>
<td>45-54</td>
<td>55-64</td>
<td>65-74</td>
<td>75+</td>
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<td>Interviewed</td>
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</tr>
<tr>
<td>Not contacted/refused</td>
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<td>Height</td>
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<tr>
<td>Not contacted/not obtained</td>
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<td></td>
</tr>
<tr>
<td>Nurse visit</td>
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<td>Refused/no contact at nurse visit</td>
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</tr>
<tr>
<td>Waist/hip</td>
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<tr>
<td>Blood pressure</td>
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<td></td>
<td></td>
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<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
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</table>

**Bases**

Men aged 16 and over in co-operating households 619 648 747 778 734 644 423 4593

---

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

*b* Includes non-responders to interview.
### Table 8

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

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

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<th>Individual response</th>
<th>Age group</th>
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<tr>
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<td>Urine sample</td>
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<tr>
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**Bases**

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

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<th>891</th>
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<th>676</th>
<th>556</th>
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</table>

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

b Includes non-responders to interview.
Table 9

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 2012

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<th>Individual response</th>
<th>Age group</th>
<th>Total</th>
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<td>%</td>
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<td>6</td>
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<tr>
<td>Not interviewed</td>
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<td>63</td>
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<tr>
<td>Blood pressure</td>
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</tr>
<tr>
<td>Measured</td>
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<tr>
<td>Refused/not obtained</td>
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<td>9</td>
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<tr>
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<td>63</td>
<td>56</td>
</tr>
</tbody>
</table>

**Bases**

All adults aged 16 and over in co-operating households 1288 1437 1562 1669 1477 1320 979 9732

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

b Includes non-responders to interview.
Table 10

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

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<td>55</td>
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<tr>
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<td>8</td>
</tr>
<tr>
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<td>37</td>
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<tr>
<td>Saliva sample</td>
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</tr>
<tr>
<td>Refused/not obtained</td>
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<tr>
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<td>47</td>
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<tr>
<td>Blood pressure</td>
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<tr>
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<tr>
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Based in co-operating households

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<th>5-6</th>
<th>7-10</th>
<th>11-15</th>
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<td>139</td>
<td>256</td>
<td>341</td>
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<td>231</td>
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<td>256</td>
<td>341</td>
<td>967</td>
</tr>
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<td>3 All eligible boys aged 4-15</td>
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<td>256</td>
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</table>

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

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

*Eligible girls aged 0-15 in co-operating households 2012*

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<td>4</td>
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<tr>
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<td></td>
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<td>9</td>
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<tr>
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<td>8</td>
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<tr>
<td><strong>Weight</strong></td>
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<td>Measurement not attempted</td>
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<tr>
<td>Not contacted/not obtained</td>
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<tr>
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<tr>
<td>Co-operated with nurse visit</td>
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<td>56</td>
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<tr>
<td>Refused/no contact at nurse visit</td>
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<tr>
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<tr>
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<td>9</td>
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<td>No nurse visit</td>
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</table>

- **Bases in co-operating households**
  - 1 All eligible girls aged 0-15: 134 221 129 266 324 1074
  - 2 All eligible girls aged 2-15: 221 129 266 324 940
  - 3 All eligible girls aged 4-15: 76 129 266 324 795
  - 4 All eligible girls aged 5-15: 129 266 324 719
  - 5 All eligible girls aged 11-15: 324 324

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

*b* Includes non-responders to interview.
### Table 12

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

<table>
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<th>Age group</th>
<th>Total</th>
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</thead>
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<td></td>
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</tr>
<tr>
<td>Interviewed</td>
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<td>Weight</td>
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<tr>
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<td>Refused/no contact at nurse visit</td>
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<td>7</td>
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<tr>
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<td>55</td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td>8</td>
<td>3</td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>51</td>
<td>42</td>
</tr>
<tr>
<td>Waist/hip</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Measured</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refused/not obtained</td>
<td></td>
<td></td>
</tr>
<tr>
<td>No nurse visitb</td>
<td>48</td>
<td>48</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 13

**Age distribution of responding adult sample compared with mid-2011 population estimates for England, by sex**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Responding adults aged 16 and over 2012</th>
<th>2011 Mid-year population estimates(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
</tr>
<tr>
<td><strong>Men</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>16-24</td>
<td>10</td>
<td>8</td>
</tr>
<tr>
<td>25-34</td>
<td>13</td>
<td>11</td>
</tr>
<tr>
<td>35-44</td>
<td>16</td>
<td>15</td>
</tr>
<tr>
<td>45-54</td>
<td>17</td>
<td>17</td>
</tr>
<tr>
<td>55-64</td>
<td>17</td>
<td>19</td>
</tr>
<tr>
<td>65-74</td>
<td>16</td>
<td>19</td>
</tr>
<tr>
<td>75 and over</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>All men(^b)</td>
<td>44</td>
<td>44</td>
</tr>
</tbody>
</table>

| **Women** |             |                |   |   |   |   |
| 16-24     | 10          | 9             | 14|
| 25-34     | 15          | 13            | 16|
| 35-44     | 17          | 16            | 17|
| 45-54     | 18          | 19            | 17|
| 55-64     | 15          | 16            | 14|
| 65-74     | 14          | 15            | 11|
| 75 and over | 12        | 12            | 11|
| All women\(^b\) | 56          | 56            | 51|

**Bases**

<table>
<thead>
<tr>
<th></th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>3681</td>
<td>4610</td>
</tr>
<tr>
<td></td>
<td>2384</td>
<td>3086</td>
</tr>
<tr>
<td></td>
<td>20,758</td>
<td>21,708</td>
</tr>
</tbody>
</table>

\(^a\) Mid population estimates for England excluding those in institutions (Source: ONS). Base shown in thousands.

\(^b\) Note that the percentages for age groups within sex are based on all participants of that sex (they may not sum to 100% because of rounding). The ‘All men’ and ‘All women’ percentages are based on all adults.

### Table 14

**Age distribution of responding child sample compared with mid-2011 population estimates for England, by sex**

<table>
<thead>
<tr>
<th>Age group</th>
<th>Responding children aged 0-15 2012</th>
<th>2011 Mid-year population estimates(^a)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>At interview</td>
<td>At nurse visit</td>
</tr>
<tr>
<td><strong>Boys</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0-1</td>
<td>17</td>
<td>16</td>
</tr>
<tr>
<td>2-3</td>
<td>13</td>
<td>12</td>
</tr>
<tr>
<td>4-5</td>
<td>15</td>
<td>14</td>
</tr>
<tr>
<td>6-7</td>
<td>12</td>
<td>12</td>
</tr>
<tr>
<td>8-9</td>
<td>12</td>
<td>12</td>
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<tr>
<td>10-11</td>
<td>11</td>
<td>12</td>
</tr>
<tr>
<td>12-13</td>
<td>11</td>
<td>11</td>
</tr>
<tr>
<td>14-15</td>
<td>10</td>
<td>11</td>
</tr>
<tr>
<td>All boys(^b)</td>
<td>51</td>
<td>51</td>
</tr>
</tbody>
</table>

| **Girls** |             |                |   |   |   |   |
| 0-1       | 13          | 13            | 14|
| 2-3       | 14          | 13            | 13|
| 4-5       | 14          | 14            | 13|
| 6-7       | 12          | 10            | 12|
| 8-9       | 13          | 14            | 11|
| 10-11     | 13          | 14            | 12|
| 12-13     | 13          | 13            | 12|
| 14-15     | 9           | 9             | 12|
| All girls\(^b\) | 49          | 49            | 49|

**Bases**

<table>
<thead>
<tr>
<th></th>
<th>Boys</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>1043</td>
<td>587</td>
</tr>
<tr>
<td></td>
<td>616</td>
<td>587</td>
</tr>
<tr>
<td></td>
<td>4,999</td>
<td>4,783</td>
</tr>
</tbody>
</table>

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

\(^b\) Note that the percentages for age groups within sex are based on all participants 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 15

**True standard errors and 95% confidence intervals for summary activity levels for adults**

Aged 16 and over 2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary activity level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets aerobic guidelines</td>
<td>67.3</td>
<td>3627</td>
<td>4024</td>
<td>1.0</td>
<td>65.5</td>
</tr>
<tr>
<td>Some activity</td>
<td>10.0</td>
<td>3627</td>
<td>4024</td>
<td>0.5</td>
<td>9.0</td>
</tr>
<tr>
<td>Low activity</td>
<td>3.8</td>
<td>3627</td>
<td>4024</td>
<td>0.4</td>
<td>3.1</td>
</tr>
<tr>
<td>Inactive</td>
<td>18.8</td>
<td>3627</td>
<td>4024</td>
<td>0.8</td>
<td>17.3</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Summary activity level</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Meets aerobic guidelines</td>
<td>55.3</td>
<td>4546</td>
<td>4210</td>
<td>0.9</td>
<td>53.5</td>
</tr>
<tr>
<td>Some activity</td>
<td>13.0</td>
<td>4546</td>
<td>4210</td>
<td>0.5</td>
<td>12.0</td>
</tr>
<tr>
<td>Low activity</td>
<td>5.8</td>
<td>4546</td>
<td>4210</td>
<td>0.4</td>
<td>5.1</td>
</tr>
<tr>
<td>Inactive</td>
<td>25.9</td>
<td>4546</td>
<td>4210</td>
<td>0.8</td>
<td>24.4</td>
</tr>
</tbody>
</table>

*a* See Volume 1, Chapter 2 for definitions.

### Table 16

**True standard errors and 95% confidence intervals for GHQ-12 score**

Aged 16 and over 2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>% Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ-12 score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score 0</td>
<td>66.4</td>
<td>3200</td>
<td>3539</td>
<td>1.0</td>
<td>64.5</td>
</tr>
<tr>
<td>Score 1-3</td>
<td>21.7</td>
<td>3200</td>
<td>3539</td>
<td>0.9</td>
<td>20.0</td>
</tr>
<tr>
<td>Score 4 or more</td>
<td>11.9</td>
<td>3200</td>
<td>3539</td>
<td>0.6</td>
<td>10.7</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>GHQ-12 score</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Score 0</td>
<td>56.7</td>
<td>4057</td>
<td>3757</td>
<td>0.9</td>
<td>55.0</td>
</tr>
<tr>
<td>Score 1-3</td>
<td>25.3</td>
<td>4057</td>
<td>3757</td>
<td>0.7</td>
<td>23.9</td>
</tr>
<tr>
<td>Score 4 or more</td>
<td>18.0</td>
<td>4057</td>
<td>3757</td>
<td>0.7</td>
<td>16.7</td>
</tr>
</tbody>
</table>

### Table 17

**True standard errors and 95% confidence intervals for WEMWBS* mean score**

Aged 16 and over 2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>Mean</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEMWBS</td>
<td>52.5</td>
<td>2161</td>
<td>2390</td>
<td>0.2</td>
<td>52.1</td>
<td>52.9</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>WEMWBS</td>
<td>52.2</td>
<td>2747</td>
<td>2469</td>
<td>0.2</td>
<td>51.8</td>
<td>52.6</td>
</tr>
</tbody>
</table>

*a* WEMWBS: Warwick-Edinburgh Mental Wellbeing Scale.
### Table 18

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

Aged 16 and over 2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Maximum alcohol consumption on any day in last week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not drink in last week</td>
<td>32.8</td>
<td>3649</td>
<td>4032</td>
<td>1.1</td>
<td>30.7</td>
<td>34.9</td>
</tr>
<tr>
<td>Up to and including 4 units</td>
<td>30.0</td>
<td>3649</td>
<td>4032</td>
<td>0.9</td>
<td>28.3</td>
<td>31.7</td>
</tr>
<tr>
<td>More than 4, up to and including 8 units</td>
<td>16.6</td>
<td>3649</td>
<td>4032</td>
<td>0.7</td>
<td>15.2</td>
<td>18.0</td>
</tr>
<tr>
<td>More than 8 units</td>
<td>20.5</td>
<td>3649</td>
<td>4032</td>
<td>0.8</td>
<td>18.9</td>
<td>22.2</td>
</tr>
<tr>
<td>More than 4 units</td>
<td>37.2</td>
<td>3649</td>
<td>4032</td>
<td>1.0</td>
<td>35.2</td>
<td>39.1</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Maximum alcohol consumption on any day in last week</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Did not drink in last week</td>
<td>46.7</td>
<td>4561</td>
<td>4213</td>
<td>1.0</td>
<td>44.7</td>
<td>48.6</td>
</tr>
<tr>
<td>Up to and including 3 units</td>
<td>25.1</td>
<td>4561</td>
<td>4213</td>
<td>0.7</td>
<td>23.7</td>
<td>26.5</td>
</tr>
<tr>
<td>More than 3, up to and including 6 units</td>
<td>15.6</td>
<td>4561</td>
<td>4213</td>
<td>0.6</td>
<td>14.5</td>
<td>16.7</td>
</tr>
<tr>
<td>More than 6 units</td>
<td>12.5</td>
<td>4561</td>
<td>4213</td>
<td>0.6</td>
<td>11.3</td>
<td>13.8</td>
</tr>
<tr>
<td>More than 3 units</td>
<td>28.2</td>
<td>4561</td>
<td>4213</td>
<td>0.8</td>
<td>26.6</td>
<td>29.7</td>
</tr>
</tbody>
</table>

### Table 19

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

Aged 16 and over 2012

<table>
<thead>
<tr>
<th>Characteristic</th>
<th>%</th>
<th>Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Weekly consumption of alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-drinker</td>
<td>14.6</td>
<td>3596</td>
<td>3955</td>
<td>0.8</td>
<td>13.0</td>
<td>16.3</td>
</tr>
<tr>
<td>Up to 21 units</td>
<td>61.8</td>
<td>3596</td>
<td>3955</td>
<td>1.0</td>
<td>59.9</td>
<td>63.7</td>
</tr>
<tr>
<td>22-50 units</td>
<td>18.4</td>
<td>3596</td>
<td>3955</td>
<td>0.7</td>
<td>16.9</td>
<td>19.8</td>
</tr>
<tr>
<td>More than 50 units</td>
<td>5.2</td>
<td>3596</td>
<td>3955</td>
<td>0.4</td>
<td>4.4</td>
<td>6.1</td>
</tr>
<tr>
<td>More than 21 units</td>
<td>23.6</td>
<td>3596</td>
<td>3955</td>
<td>0.8</td>
<td>22.0</td>
<td>25.2</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>Lower</td>
<td>Upper</td>
</tr>
<tr>
<td>Weekly consumption of alcohol</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-drinker</td>
<td>21.8</td>
<td>4497</td>
<td>4135</td>
<td>0.9</td>
<td>20.1</td>
<td>23.6</td>
</tr>
<tr>
<td>Up to 14 units</td>
<td>60.6</td>
<td>4497</td>
<td>4135</td>
<td>0.9</td>
<td>58.8</td>
<td>62.4</td>
</tr>
<tr>
<td>15-35 units</td>
<td>13.5</td>
<td>4497</td>
<td>4135</td>
<td>0.6</td>
<td>12.3</td>
<td>14.6</td>
</tr>
<tr>
<td>More than 35 units</td>
<td>4.1</td>
<td>4497</td>
<td>4135</td>
<td>0.3</td>
<td>3.5</td>
<td>4.6</td>
</tr>
<tr>
<td>More than 14 units</td>
<td>17.6</td>
<td>4497</td>
<td>4135</td>
<td>0.7</td>
<td>16.2</td>
<td>18.9</td>
</tr>
<tr>
<td>Base</td>
<td>Characteristic</td>
<td>%/Mean</td>
<td>Unweighted sample size</td>
<td>Weighted sample size</td>
<td>True standard error</td>
<td>95% confidence interval</td>
</tr>
<tr>
<td>------</td>
<td>----------------</td>
<td>--------</td>
<td>------------------------</td>
<td>----------------------</td>
<td>---------------------</td>
<td>-------------------------</td>
</tr>
<tr>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td>Number of gambling activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-gamblers (%)</td>
<td>32.2</td>
<td>3209</td>
<td>3570</td>
<td>0.9</td>
<td>30.4</td>
<td>34.1</td>
</tr>
<tr>
<td>1 activity</td>
<td>28.0</td>
<td>3209</td>
<td>3570</td>
<td>0.8</td>
<td>26.4</td>
<td>29.6</td>
</tr>
<tr>
<td>2-3 activities</td>
<td>26.1</td>
<td>3209</td>
<td>3570</td>
<td>0.8</td>
<td>24.5</td>
<td>27.7</td>
</tr>
<tr>
<td>4-6 activities</td>
<td>9.7</td>
<td>3209</td>
<td>3570</td>
<td>0.6</td>
<td>8.6</td>
<td>10.9</td>
</tr>
<tr>
<td>7 or more activities</td>
<td>4.0</td>
<td>3209</td>
<td>3570</td>
<td>0.5</td>
<td>3.1</td>
<td>4.9</td>
</tr>
<tr>
<td>Mean number of activities</td>
<td>1.7</td>
<td>3209</td>
<td>3570</td>
<td>0.0</td>
<td>1.6</td>
<td>1.7</td>
</tr>
<tr>
<td><strong>Women 16+</strong></td>
<td>Number of gambling activities</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Non-gamblers (%)</td>
<td>38.6</td>
<td>4007</td>
<td>3669</td>
<td>0.9</td>
<td>36.9</td>
<td>40.4</td>
</tr>
<tr>
<td>1 activity</td>
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<td>31.1</td>
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<td>3669</td>
<td>0.7</td>
<td>24.2</td>
<td>27.1</td>
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<td>4007</td>
<td>3669</td>
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<td>3669</td>
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<td>4007</td>
<td>3669</td>
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### Table 21

#### True standard errors and 95% confidence intervals for social care variables: need for and receipt of help for tasks

**Aged 65 and over**

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<tr>
<th>Base</th>
<th>Characteristic</th>
<th>% Unweighted sample size</th>
<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
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</tr>
<tr>
<td><strong>Men 65+</strong></td>
<td>ADLs*</td>
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<td><strong>Any personal activities</strong></td>
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<td>Needed help</td>
<td>27.0</td>
<td>1910</td>
<td>1498</td>
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<td>25.0</td>
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<td></td>
<td>Received help last month</td>
<td>14.4</td>
<td>1910</td>
<td>1498</td>
<td>0.8</td>
<td>12.8</td>
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<td>1910</td>
<td>1498</td>
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<td><strong>Other personal activities</strong></td>
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<td>(excluding having a bath/shower)</td>
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<td>1909</td>
<td>1497</td>
<td>1.0</td>
<td>23.7</td>
</tr>
<tr>
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<td>13.4</td>
<td>1910</td>
<td>1498</td>
<td>0.8</td>
<td>11.8</td>
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</tr>
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<td></td>
<td><strong>Any instrumental activities</strong></td>
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<td></td>
<td>Needed help</td>
<td>25.0</td>
<td>1909</td>
<td>1497</td>
<td>1.0</td>
<td>23.1</td>
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<td>19.7</td>
<td>1911</td>
<td>1499</td>
<td>0.9</td>
<td>17.9</td>
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<td>2318</td>
<td>1814</td>
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<td>1815</td>
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<tr>
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<td>(excluding having a bath/shower)</td>
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<td>2318</td>
<td>1814</td>
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<td></td>
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<td></td>
</tr>
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<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Needed help</td>
<td>35.8</td>
<td>2320</td>
<td>1815</td>
<td>1.0</td>
<td>33.8</td>
</tr>
<tr>
<td></td>
<td>Received help last month</td>
<td>31.9</td>
<td>2320</td>
<td>1815</td>
<td>1.0</td>
<td>29.9</td>
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</table>

*ADLs: Activities of Daily Living.

**b** IADLs: Instrumental Activities of Daily Living.

### Table 22

#### True standard errors and 95% confidence intervals for provision of informal care

**Aged 16 and over**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</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>
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<td></td>
<td></td>
</tr>
<tr>
<td><strong>Men 16+</strong></td>
<td>Provide informal care</td>
<td>14.5</td>
<td>7497</td>
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<td>13.6</td>
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<td><strong>Women 16+</strong></td>
<td>Provide informal care</td>
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<td>9392</td>
<td>8651</td>
<td>0.5</td>
<td>17.4</td>
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### Table 23

**True standard errors and 95% confidence intervals for adult body mass index (BMI), underweight, overweight and obesity prevalence**

**Aged 16 and over 2012**

<table>
<thead>
<tr>
<th>Base</th>
<th>Characteristic</th>
<th>Mean/%</th>
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<th>Weighted sample size</th>
<th>True standard error</th>
<th>95% confidence interval</th>
<th>Defl</th>
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<td></td>
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</tr>
<tr>
<td>Men 16+</td>
<td>BMI</td>
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<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Mean BMI (kg/m²)</td>
<td>27.3</td>
<td>3119</td>
<td>3476</td>
<td>0.1</td>
<td>27.1</td>
<td>27.5</td>
</tr>
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<td></td>
<td><strong>BMI status (%)</strong></td>
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</tr>
<tr>
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<td>Underweight</td>
<td>1.3</td>
<td>3119</td>
<td>3476</td>
<td>0.2</td>
<td>0.8</td>
<td>1.7</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>32.1</td>
<td>3119</td>
<td>3476</td>
<td>0.9</td>
<td>30.2</td>
<td>34.0</td>
</tr>
<tr>
<td></td>
<td>Overweight</td>
<td>42.2</td>
<td>3119</td>
<td>3476</td>
<td>1.0</td>
<td>40.2</td>
<td>44.3</td>
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<td>Obese, excluding morbidly obese</td>
<td>22.6</td>
<td>3119</td>
<td>3476</td>
<td>0.8</td>
<td>21.0</td>
<td>24.2</td>
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<tr>
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<td>Morbidly obese</td>
<td>1.7</td>
<td>3119</td>
<td>3476</td>
<td>0.3</td>
<td>1.3</td>
<td>2.2</td>
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<td>64.7</td>
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<td>3119</td>
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<td>0.8</td>
<td>22.7</td>
<td>26.1</td>
</tr>
<tr>
<td>Women 16+</td>
<td>BMI</td>
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<td>Mean BMI (kg/m²)</td>
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<td>26.8</td>
<td>27.2</td>
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<tr>
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<td><strong>BMI status (%)</strong></td>
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</tr>
<tr>
<td></td>
<td>Underweight</td>
<td>2.3</td>
<td>3760</td>
<td>3495</td>
<td>0.3</td>
<td>1.7</td>
<td>2.8</td>
</tr>
<tr>
<td></td>
<td>Normal</td>
<td>40.6</td>
<td>3760</td>
<td>3495</td>
<td>0.9</td>
<td>38.8</td>
<td>42.3</td>
</tr>
<tr>
<td></td>
<td>Overweight</td>
<td>32.1</td>
<td>3760</td>
<td>3495</td>
<td>0.8</td>
<td>30.5</td>
<td>33.7</td>
</tr>
<tr>
<td></td>
<td>Obese, excluding morbidly obese</td>
<td>21.9</td>
<td>3760</td>
<td>3495</td>
<td>0.7</td>
<td>20.5</td>
<td>23.4</td>
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<td>3760</td>
<td>3495</td>
<td>0.3</td>
<td>2.5</td>
<td>3.8</td>
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<td>25.1</td>
<td>3760</td>
<td>3495</td>
<td>0.8</td>
<td>23.6</td>
<td>26.6</td>
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### Table 24

**True standard errors and 95% confidence intervals for children’s summary activity levels**

**Aged 5-15 2012**

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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>Defl</th>
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</tr>
<tr>
<td>Boys 5-15</td>
<td>Summary activity level&lt;sup&gt;a&lt;/sup&gt;</td>
<td>20.6</td>
<td>643</td>
<td>672</td>
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<td>17.3</td>
<td>23.8</td>
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<td></td>
</tr>
<tr>
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<td>Some activity</td>
<td>40.7</td>
<td>643</td>
<td>672</td>
<td>2.1</td>
<td>36.5</td>
<td>44.8</td>
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<tr>
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<td>Low activity</td>
<td>38.8</td>
<td>643</td>
<td>672</td>
<td>2.1</td>
<td>34.7</td>
<td>42.8</td>
</tr>
<tr>
<td>Girls 5-15</td>
<td>Summary activity level&lt;sup&gt;a&lt;/sup&gt;</td>
<td>15.6</td>
<td>651</td>
<td>637</td>
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<td>12.5</td>
<td>18.6</td>
</tr>
<tr>
<td></td>
<td>Meets recommendations</td>
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<td></td>
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<tr>
<td></td>
<td>Some activity</td>
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<td>651</td>
<td>637</td>
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<td>35.8</td>
<td>43.8</td>
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<tr>
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<td>651</td>
<td>637</td>
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<td>40.1</td>
<td>49.2</td>
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<sup>a</sup> See Volume 1, Chapter 3 for definitions.
<table>
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<tr>
<th>Table 26</th>
<th>Reference intervals for blood&lt;sup&gt;a&lt;/sup&gt; and saliva&lt;sup&gt;b&lt;/sup&gt; analytes&lt;sup&gt;c&lt;/sup&gt;</th>
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<td>Analyte</td>
<td>Reference interval</td>
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<td><strong>Total cholesterol</strong></td>
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</tr>
<tr>
<td>Males</td>
<td>3.5-5.1 mmol/L</td>
</tr>
<tr>
<td>Females</td>
<td>3.5-5.1 mmol/L</td>
</tr>
<tr>
<td><strong>HDL cholesterol</strong></td>
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</tr>
<tr>
<td>Males</td>
<td>0.9-1.4 mmol/L</td>
</tr>
<tr>
<td>Females</td>
<td>1.1-1.7 mmol/L</td>
</tr>
<tr>
<td>Blood</td>
<td></td>
</tr>
<tr>
<td><strong>Total glycated haemoglobin (HbA&lt;sub&gt;1c&lt;/sub&gt;)</strong></td>
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</tr>
<tr>
<td>Males</td>
<td>Non diabetic, &lt;48 mmol/mol</td>
</tr>
<tr>
<td>Females</td>
<td>Non diabetic, &lt;48 mmol/mol</td>
</tr>
<tr>
<td>Saliva</td>
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</tr>
<tr>
<td><strong>Cotinine&lt;sup&gt;d&lt;/sup&gt;</strong></td>
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<tr>
<td>No exposure to tobacco</td>
<td>Undetectable, &lt;0.1 ng/ml</td>
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<tr>
<td>Passive smoking</td>
<td>0.1-11.9 ng/ml</td>
</tr>
<tr>
<td>Personal tobacco use</td>
<td>≥ 12 ng/ml</td>
</tr>
</tbody>
</table>

<sup>a</sup> Clinical Biochemistry and Haematology laboratories, Royal Victoria Infirmary, Newcastle upon Tyne Hospitals NHS Foundation Trust.

<sup>b</sup> ABS Laboratories, Welwyn Garden City.

<sup>c</sup> No reference ranges are available for spot urines for sodium, potassium, creatinine.

### Table 27

**Internal quality control results for total cholesterol**

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
<th>Assayed value (mmol/L)</th>
<th>Acceptable range (mmol/L)</th>
<th>SD(^a) (mmol/L) achieved</th>
<th>CV(^b) (%) achieved</th>
</tr>
</thead>
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<tr>
<td>January 2012</td>
<td>2.8</td>
<td>2.83</td>
<td>2.7-3.0</td>
<td>0.05</td>
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<td>4.6</td>
<td>4.65</td>
<td>4.4-4.9</td>
<td>0.06</td>
<td>1.2</td>
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<td>7.1</td>
<td>6.99</td>
<td>6.6-7.4</td>
<td>0.10</td>
<td>1.5</td>
</tr>
<tr>
<td>February</td>
<td>2.8</td>
<td>2.82</td>
<td>2.7-3.0</td>
<td>0.06</td>
<td>2.2</td>
</tr>
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<td>4.4-4.9</td>
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<td>7.00</td>
<td>6.6-7.4</td>
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<tr>
<td>March</td>
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<td>2.79</td>
<td>2.7-3.0</td>
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\(^a\) Standard deviation.

\(^b\) Coefficient of variation.

\(^c\) Following a review of all internal quality control procedures and taking into consideration Westgard rules it was determined that analysing two levels of QC material for total and HDL cholesterol (low and high) provided sufficient information to ensure assays remained in control. The third ‘normal’ level provided little additional value, and as a consequence the number of QC levels reduced from three to two in August 2012.
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<sup>a</sup> Standard deviation.

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**Table 29**

**Internal quality control results for glycated haemoglobin (HbA₁c)**

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\(^a\) Standard deviation.

\(^b\) Coefficient of variation.
Table 32

Internal quality control results for urinary creatinine

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<sup>a</sup> Standard deviation.

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### Table 33

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a Standard deviation.
b Coefficient of variation.

c Fewer high than low range assays were performed because all samples in the HSE 2012 were from children.

d Standard deviation.
e Coefficient of variation.
f Only one valid result, therefore SD and CV were not calculated.
### Table 35

**External quality assessment results for total cholesterol**

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### Table 35 continued

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<sup>a</sup> Reference values.

<sup>b</sup> 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 between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.
Table 36

External quality assessment results for HDL cholesterol

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Table 36 continued

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^a Reference values.
^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 between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.
### Table 37

**External quality assessment results for glycated haemoglobin (HbA₁c)**

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<td>66.79&lt;sup&gt;c&lt;/sup&gt;</td>
<td>66</td>
<td>0.25</td>
</tr>
<tr>
<td>March</td>
<td>63.30</td>
<td>d</td>
<td>d</td>
</tr>
<tr>
<td>April</td>
<td>48.97&lt;sup&gt;c&lt;/sup&gt;</td>
<td>50</td>
<td>0.40</td>
</tr>
<tr>
<td>May</td>
<td>47.70</td>
<td>49</td>
<td>0.52</td>
</tr>
<tr>
<td>June</td>
<td>83.80&lt;sup&gt;c&lt;/sup&gt;</td>
<td>83</td>
<td>0.21</td>
</tr>
<tr>
<td>July</td>
<td>63.00</td>
<td>68</td>
<td>1.61</td>
</tr>
<tr>
<td>August</td>
<td>75.62&lt;sup&gt;c&lt;/sup&gt;</td>
<td>75</td>
<td>-0.18</td>
</tr>
<tr>
<td>September</td>
<td>64.10</td>
<td>d</td>
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</tr>
<tr>
<td>October</td>
<td>83.51&lt;sup&gt;c&lt;/sup&gt;</td>
<td>84</td>
<td>0.13</td>
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<td>November</td>
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<td>February</td>
<td>68.80&lt;sup&gt;c&lt;/sup&gt;</td>
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</tbody>
</table>

<sup>a</sup> Reference values, unless marked with c.

<sup>b</sup> 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 between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

<sup>c</sup> Method specific mean used, as no reference value was given for this sample.

<sup>d</sup> Not calculated due to unusual chromatography.

### Table 38

**External quality assessment results for urinary sodium**

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value&lt;sup&gt;a&lt;/sup&gt; (mMol/L)</th>
<th>Assayed value (mMol/L)</th>
<th>WEQAS SDI&lt;sup&gt;b&lt;/sup&gt;</th>
</tr>
</thead>
<tbody>
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</tr>
<tr>
<td>February</td>
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<td>70</td>
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</tr>
<tr>
<td>April</td>
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</tr>
<tr>
<td>May</td>
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</tr>
<tr>
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<tr>
<td>July</td>
<td>40.38</td>
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<td>August</td>
<td>132.61</td>
<td>133</td>
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<tr>
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</tr>
<tr>
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<tr>
<td>November</td>
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<sup>a</sup> Method specific mean.

<sup>b</sup> 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 between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.
### Table 39
External quality assessment results for urinary potassium

<table>
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<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
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<tr>
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<td>68.51</td>
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<tr>
<td></td>
<td>43.82</td>
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</tbody>
</table>

a Method specific mean.

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 between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.

c For a period of time the urine potassium assay developed an unacceptable negative bias on External Quality Assessment (EQA), although the internal quality control results remained within acceptable limits at all times. As a result of the investigation into this change in EQA performance, the analysis was transferred to a different analyser module, with a subsequent improvement in EQA performance.

### Table 40
External quality assessment results for urinary creatinine

<table>
<thead>
<tr>
<th>Date</th>
<th>Target value (mmol/L)</th>
<th>Assayed value (mmol/L)</th>
<th>WEQAS SDIb</th>
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</thead>
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</table>

a Method specific mean.

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 between -1 and +1 SDI is good, between 1 and 2 or between -1 and -2 SDI is acceptable.
Appendix A

Fieldwork documents

Stage 1 leaflet: Interview
Stage 2 leaflet: Nurse visit
Household questionnaire
Individual questionnaire
Selected show cards (where answer categories are not shown in the questionnaire)

Self-completion booklets
8-12 year olds
13-15 year olds
Young adult men
Young adult women
Adult men (18-44)
Adult women (18-44)
Adult 45+

Data linkage consent form

Nurse questionnaire

Nurse consent forms
Adult
Child
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 2012 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). For everyone aged 4 to 14, the nurse will ask for consent to collect a sample...
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 Emma Fenn using the details below, or contact Carol Babicz, Freelance Resources Supervisor on 01277 690118 in office hours, or email info@natcen.ac.uk.

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

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

www.healthsurveyforengland.org

Thank you very much for your help with this survey

* * * * *
We would like to hear your views!

To give feedback about the survey go to www.healthsurveyforengland.org

Any feedback you give us will be completely anonymous and will not be linked to your survey answers.
The Health Survey for England 2012
Information for participants

This survey is being carried out for the NHS Information Centre for health and social care, by NatCen Social Research and the Department of Epidemiology and Public Health at UCL (University College London). You have already taken part in the first stage of the survey which consisted of an interview and some measurements (height and weight).

This leaflet tells you more about the second stage of the survey.

The Second Stage
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.

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 to 15 years)**
  We would like to take a sample of saliva (spit). This simply involves dribbling saliva down a straw into a tube. The sample will be analysed 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.

- **Urine sample (Age 16 years and over)**
  Adults aged 16 and over will be asked to provide a sample of their urine. Analysis of urine samples will tell us how much sodium (salt) there is in people's diets. This is useful information for assessing the health of the population, as high salt levels are related to conditions such as high blood pressure. Your sample will be tested for salt levels (sodium and potassium), and will not be tested for drug or alcohol use.

- **Blood sample (Age 16 years and over)**
  We would be very grateful if you would agree to provide us with a sample of blood. The analysis of the blood samples will tell us a lot about the health of the population. You are, of course, free to choose not to give a blood sample and the nurse will ask for your written permission before a blood sample is taken.

  This part of the survey involves a small amount of blood (no more than 20ml or four teaspoons) being taken from your arm by a registered, qualified nurse. The blood sample will be sent to a medical laboratory for testing.

What will happen to the blood sample I give?
The blood sample will be tested for a number of biological markers, including the following:
Cholesterol, which is a type of fat present in the blood, related to diet. Too much cholesterol in the blood increases the risk of heart disease, except for the ‘good’ HDL cholesterol.

Glycated haemoglobin, which is an indicator of long-term blood sugar levels. Some blood samples may also be tested for the presence of flu antibodies. The blood samples will not be tested for the HIV virus.

Will I get any feedback from my blood sample?

If you agree, we will send you your results for the tests we carry out on your blood sample that are useful for individuals. We can also send these same results to your GP if you would like this. We will need your consent to do this. Note that if you don’t want your results sent to your GP, we will not be able to let them know if we find anything serious (although we would be able to let you know, unless you have asked us not to tell you).

What will happen to the blood sample after the tests?

We would like to store a small amount of blood. The sample may be used for future studies investigating the causes, diagnosis, treatment and outcome of disease. This means that we will be able to learn more about the health of the population by doing further tests of the blood samples in the future. The samples will be stored with no identification except a coded study number. Only the authorised members of the research team for this study would be able to find out who the codes referred to.

Before being used in future research, some details of the information we have collected in this survey (but not any details which would identify you) may be attached to the sample, but the study number code will then be removed from the blood sample and the other information. The stored blood will not be available for commercial purposes. When the sample is tested for research, it will no longer be possible to link it to you, so you will not be told the results of the testing. It will not be possible to remove your results from reports, as the results cannot be linked to you. You can withdraw your consent to store your blood at any time, without giving any reason, by asking the investigators in writing for your blood to be removed from storage and destroyed (see contact details later in this leaflet).

We will ask separately for your written permission to store blood.

Will any genetic tests be made?

The blood samples will not be tested for the HIV virus. The initial tests we do now will not involve DNA or genetic analysis, but if you agree that we can store some of your blood, it is possible that at some time in the future, the anonymous samples might be tested for DNA or genetics. Any analysis like this could not be linked to you. Stored blood will only be analysed in future studies if permission for that particular study is obtained from the NHS Information Centre and from an NHS Research Ethics Committee.

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 Carol Babicz, Field Services Manager, on 01277 690 118 in office hours, or email info@natcen.ac.uk.

Emma Fenn
NaCen Social Research
Kings House 101-131 Kings Road
Brentwood,
Essex CM14 4LX
Tel: 0800 526 397

Dr Jennifer Mindell
Dept Epidemiology and Public Health
UCL Medical School,
1-19 Torrington Place,
London WC1E 6BT
Tel: 020 7679 5646

Thank you very much for your help with this survey

* * * * *

We would like to hear your views!

To give feedback about the survey go to www.healthsurveyforengland.org

Any feedback you give us will be completely anonymous and will not be linked to your survey answers.
The Health Survey for England 2012
Program Documentation
Household Questionnaire
P3227

Questionnaire

Point2 SAMPLE POINT NUMBER.
Address ADDRESS NUMBER.
Hhold HOUSEHOLD NUMBER.

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

HHSsize
Derived household size.
Range:  1..12

SizeConf
So, can I check, altogether there are (x) number from HHSsize) 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)

INFORMATION COLLECTED ABOUT EACH PERSON IN HOUSEHOLD
Person Person number in Household Grid
Name First name from WhoHere
Sex INTERVIEWER: CODE (name of respondent's) SEX.
1 Male  2 Female
DoB What is (name of respondent's) date of birth?
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
The Health Survey for England 2012 - Household Questionnaire

3. 16 to 64 years
4. 65 and over

IF Aged 16 or over THEN
MarStat
Are you (s/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 (s/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

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, live in this household?
CODE FIRST PERSON AT THIS QUESTION. IF Not a household member/dead, CODE 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, live in this household?
CODE SECOND PERSON AT THIS QUESTION. IF no-one else in the household, CODE 97.

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

Personal Information

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

For more information, please refer to the Health Survey for England 2012 - Household Questionnaire.
The Health Survey for England 2012 - 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

IF AttDisab = 1-3 THEN

AtDisAmt

SHOWCARD A6
Now looking at this card, which of these rates are you currently receiving? Just tell me the number beside the row that best apply to you.
CODE ALL THAT APPLY.
- Attendance Allowance
  1. Higher rate for attendance during day AND night - £73.60
  2. Lower rate for day OR night - £49.30
- Disability Living Allowance (DLA) - Care Component
  3. Highest rate - £73.60
  4. Middle rate - £49.30
  5. Lowest rate – £19.55
- Mobility Component
  6. Highest rate - £51.40
  7. Lower rate – 19.55

**NJntInc**

SHOW CARD A7
This card shows incomes in weekly, monthly and annual amounts. Which of the groups on this card represents (your/you and your husband/wife/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 (you/your joint incomes).
ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.

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

**OthInc**

Can I check, does anyone else in the household have an income from any source?
1. Yes
2. No

IF Yes THEN

HHInc

SHOW CARD A7
Thinking of the income of your household as a whole, which of the groups on this card represents the total income of the whole household before deductions for income tax, National Insurance, etc.
ENTER BAND NUMBER. DON'T KNOW = 96, REFUSED = 97.
EMPLOYMENT DETAILS OF HOUSEHOLD REFERENCE PERSON

NHActiv

SHOW CARD A8
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)

IF Doing something else THEN
NHActivO
OTHER: PLEASE SPECIFY.
Text: Maximum 60 characters

IF Going to school or college full-time THEN
HStWork
Did you/name (Household Reference Person) do any paid work in the seven days ending (date last Sunday), either as an employee or self-employed?
1 Yes
2 No

IF (NHActiv = 7, 9, 10, 11) OR (HStWork=No) AND (Household Reference Person aged under 65 (men)/60 (women)) THEN H4WkLook
Thinking now of the 4 weeks ending (date last Sunday), were you/name (Household Reference Person) looking for any paid work or Government training scheme at any time in those four weeks?
1 Yes
2 No

IF NHActiv=6 OR H4WkLook = Yes THEN
H2WkStrt
If a job or a place on a Government training scheme had been available in the (four weeks) ending (date last Sunday), would you/name (Household Reference Person) have been able to start within two weeks?
1 Yes
2 No

IF (HEverJob = Yes) OR (NHActiv = 2, 3, 4, 5) 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
The Health Survey for England 2012 - Household Questionnaire

**HFlrTime**
Were/Are/Will you name (Household Reference Person) be working full-time or part-time?
(FULL-TIME = MORE THAN 30 HOURS, PART-TIME = 30 HOURS OR LESS)
1. Full-time
2. Part-time

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

**HMalluse**
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

**HEmploye**
Were/Are/Will you name (Household Reference Person) be an employee?
1. Yes
2. No

**HDlcr**
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 ...
1. manager
2. foreman or supervisor
3. other employee?

**HNEmployee**
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 (HDlcr = No) THEN**

**HSNEmploye**
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+

**IF Employee THEN**
**HInd**
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

**IF Self Employed THEN**
**HSnWtMa**
What do/did/will you name (Household Reference Person) make or do in your business?
Text: Maximum 100 characters

END OF HOUSEHOLD SCHEDULE. NOW ADMINISTER INDIVIDUAL SCHEDULE(S).
The Health Survey for England 2012
General Health

ASK ALL

OwnDoB
What is your date of birth?
Enter date in numbers, e.g. 02/01/1972.
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 (16-19)
25 (20-29)
35 (30-39)
45 (40-49)
55 (50-59)
65 (60-69)
75 (70-79)
85 (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 ...read out...
1 very good
2 good
3 fair
4 bad, or
5 very bad?

Ill12m
Do you have any have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No
The Health Survey for England 2012 – Individual Questionnaire

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

EHi
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 WEIGHT USE <CTRL+K>. IF RESPONDENT ISN'T WILLING TO GIVE WEIGHT USE <CTRL+R>.

1 Kilograms
2 Stones and pounds

IF EWCh = Kilograms THEN

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

ELSE IF EWCh = Stones and pounds THEN

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

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

ENDIF

IF Ill12m = Yes THEN RECORD UP TO SIX CONDITIONS OR 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 physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No

IF Ill12m = Yes THEN

IllAff
SHOW CARD B1
Do any of your conditions or illnesses affect you in any of the following areas? Please read out the number that applies.

CODE ALL THAT APPLY
1  Vision (for example blindness or partial sight)
2  Hearing (for example deafness or partial hearing)
3  Mobility (for example walking short distances or climbing stairs)
4  Dexterity (for example lifting and carrying objects, using a keyboard)
5  Learning or understanding or concentrating
6  Memory
7  Mental health
8  Stamina or breathing or fatigue
9  Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's syndrome)
10 Other (PLEASE SPECIFY)
11 None of the above (spontaneous only)
12 Refusal (spontaneous only)

IF IIAff = Other THEN

Illoth
What other area(s) do any of your conditions or illnesses affect you in?

Text: Maximum 100 characters

If Yes at Ill12m

Reduct
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities READ OUT:

1  Yes, a lot
2  Yes, a little
3  Not at all

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
Personal Care Plans

IF Age16+ AND LongIll = 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 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 LongIll = 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
WhyNoPl
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
99  Other reason - SPECIFY

IF WhyNoPl = 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
The Health Survey for England 2012 – Individual Questionnaire  Doctor-diagnosed hypertension

Doctor-diagnosed hypertension

IF Age>=16

EverBP
Do you now have, or have you ever had...READ OUT ...high blood pressure (sometimes called hypertension)?
1 Yes
2 No

IF EverBP = Yes THEN

DocNurBP
Were you told by a doctor or nurse that you had high blood pressure?
1 Yes
2 No

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

IF PregBP = Yes THEN

NoPregBP
Have you ever had high blood pressure apart from when you were pregnant?
1 Yes
2 No

ENDIF  ENDIF

ENDIF

IF DocNurBP=Yes and NoPregBP <> No THEN

AgeinBP
How old were you when you were first told by a (doctor/nurse) that you had high blood pressure? Interviewer: Type in age in years.
Numeric: 0..100

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

IF MedcinBP = No, Don’t know or refused THEN

StillBP
ASK OR RECORD: Do you still have high blood pressure?
1 Yes
2 No

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

IF PastAbBP = Yes THEN

FinTAb
Why did you stop taking (medicine/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: ...improvement
2 ...lack of improvement
3 ...other problem
4 Respondent decided to stop: ...because felt better
5 ... for other reason
95 Other reason

IF FinTaBC=6 THEN

FinTaOth
INTERVIEWER: Please specify other reason
Text: Maximum 50 characters
ENDIF
ENDIF
ENDIF

OthAdv
SHOW CARD C1
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

WhatTrt
SHOW CARD C1
What other treatment or advice are you currently receiving because of your high blood pressure? PROBE: What else? CODE ALL THAT APPLY
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
95 Other (RECORD AT NEXT QUESTION)

IF AdBPc = Other THEN

WhatTSp
PLEASE SPECIFY...
Text: Maximum 50 characters
ENDIF  ENDIF

ENDIF

OthAdv
SHOW CARD C1
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

WhatTrt
SHOW CARD C1
What other treatment or advice are you currently receiving because of your high blood pressure? PROBE: What else? CODE ALL THAT APPLY
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
95 Other (RECORD AT NEXT QUESTION)
The Health Survey for England 2012 – Individual Questionnaire

Doctor-diagnosed diabetes

Diabetes

ASK ALL AGED 16+

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

IF EverDi=YES THEN

Diabetes
Were you told by a doctor that you had diabetes?
1. Yes
2. No

IF FEMALE

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 EverDi=YES AND HAD DIABETES APART FROM WHEN PREGNANT 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?
INTERVIEWER: Type in age in years.

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
SHOW CARD D1
Are you currently receiving any other treatment or advice for diabetes?
INTERVIEWER: Include regular check-ups.
1. Yes
2. No

OtherDi
SHOW CARD D1
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. Regular check-up with GP/hospital/clinic
4. Other (RECORD AT NEXT QUESTION)

WhatDiSp
INTERVIEWER: SPECIFY OTHER TREATMENT OR ADVICE.

IF Eye Screening NOT MENTIONED AT OtherDi

WhyNoDiET
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 WhyNoDiET = Other THEN

OHNoDiET
INTERVIEWER: PLEASE SPECIFY.
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 E1
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 E1, 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 of 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 from special aids or equipment such as wheelchairs or stair lifts. (only for tasks B, C, D, E, H, I, J)

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

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.
(G) taking the right amount of medicine all the right times: INTERVIEWER: Include prescribed medicines and medicines you can buy over the counter.

Social care

THE HEALTH SURVEY FOR ENGLAND 2012 – INDIVIDUAL QUESTIONNAIRE
SOCIAL CARE: NEED/RECEIPT

INTRO
I’d like to ask you about any help you have received in the last month, even if you don’t usually need any help. Please think only about help you have received because of long-term physical or mental ill-health, disability or problems relating to old age.

TaskHelpA
Have you received help from anyone with getting in out of bed on your own, in the last month?
EXPLAIN IF NECESSARY: Include help even if it was for a short time or provided by husband/wife/another family member
1 Yes
2 No

Repeat for tasks B to M
Subsequent times TaskHelp is asked
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 (TaskHelpK=Yes) OR (TaskHelpL=Yes) OR (TaskHelpM = Yes) THEN

CheckA
Do you receive this help with (insert tasks K/L/M) because of long standing physical or mental ill-health, 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. Personal tasks (Activities of Daily Living):
   (A) Getting in and out of bed
   (B) Washing your face and hands
   (D) Dressing or undressing
   (E) Using the toilet
   (F) Eating, including cutting up food
   (G) Taking the right amount of 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 from special aids or equipment such as wheelchairs or stair lifts.

INTERVIEWER: Do not include help that has always been received because of the way household responsibilities are divided.

3. Other tasks (Instrumental Activities of Daily Living):
   (J) Getting out of the house, for example to go to the doctors or visit a friend
   (K) Shopping for food
   (L) Housework or laundry
   (M) Doing paperwork or paying bills

INTER
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.
IF HelpFam = Yes THEN
  SexFam
  INTERVIEWER CODE OR ASK SEX OF PERSON WHO HELPS
    1 Male
    2 Female
ENDIF
ENDIF

MoreFam
INTERVIEWER: Code whether any more relationships at HelpInf, if so repeat HelpFam/NamFam/SexFam for each (up to three in total).

IF HelpFm = Home care worker / home help / personal assistant THEN
  Help
  You have told me that a home care worker / home help / personal assistant helped you in the last month. Do you have just one person helping you, or do you have more than one?
    1 One
    2 More than one

  IF Help = More than one THEN
    Helpb
    Do they all help with the same kinds of things, or do you have different people helping with different things?
      1 All help with same kind of things
      2 Different people help with different things

  IF Helpb = Different people help with different things THEN
    Helpc1
    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

    Helpc2
    Thinking of the second 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

Repeat for task groups 1-3 where help received for at least one task in the group.

IF HelpFam = Other THEN
  HelpFmo
  Who was the other person that helped you?
  Text: Maximum 100 characters

Repeat for task groups 1-3 where help received for at least one task in the group.

ENDIF
The Health Survey for England 2012 – Individual Questionnaire
Social care: need/receipt

ASK IF (HelpForm = 1-8) OR (Helpinf = 1-10 AND (HelpHours = 6-9 OR HelpHourB = 2-3))

Note: There are two routes through this section of questions:
- Route A: Formal providers arranged with involvement from local authority
- Route B: Home care workers where local authority not involved in arrangement and informal providers who provided 20+ hours of care in the last week

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 E5
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 was organising care services or arranging a Direct Payment for your care.
1 Yes, had income assessment
2 No

Repeat for each formal care provider at HelpForm
LAhelp
SHOWCARD E6
How was the help from your (name of formal care provider) 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\[1\]
Do you (and 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 E7
How do you usually pay or give money to your (list of relevant formal providers) for helping you?
CODE ALL THAT APPLY
I use money from:
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

ENDIF
**Hello**

The next few questions are about help or support that people provide for others.

**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

1. Yes
2. No

**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.

**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

**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

END IF

**MealProv**
In the last month, have you regularly had your main meals provided for you? 

**EXPLAIN IF NECESSARY:** Provided by someone who is not living here with you?

**INTERVIEWER:** Don’t count meals eaten elsewhere.

1. Yes
2. No

**IF MealProv = Yes THEN**

**SHOWCARD E8**
Who provided your meals? PROBE: Who else?

**INTERVIEWER EXPLAIN IF NECESSARY:** Meals on Wheels may be provided by the council or another organisation

CODE ALL THAT APPLY

1. Meals on Wheels
2. Private frozen meal provider such as Wiltshire Farm Foods
3. Family/friend/neighbour brought me ready prepared meals
4. Other
5. None of these

**LunchClub**
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

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The Health Survey for England 2012 – Individual Questionnaire
Social care: need/receipt

**Whoans**
**INTERVIEWER:** WHO ANSWERED THE QUESTIONS IN THIS SECTION?

1. Respondent only
2. Respondent with assistance of another person

**Comments**
**INTERVIEWER:** Do you have any comments about this section?

1. Yes
2. No

**IF Comments = Yes THEN**

**CommentX**
**INTERVIEWER:** PLEASE ENTER COMMENTS HERE.

Text: Maximum 100 characters

END IF

**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.

**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

**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

END IF
The Health Survey for England 2012 – Individual Questionnaire

Social care provision

IntroB
SHOWCARD E10
I'm going to ask you about the amount of time you spend helping. Please look at SHOWCARD E10, 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 E10.

PrHours
SHOWCARD E11
Thinking only about the types of tasks and activities I showed you on the Showcard, 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 person they are helping

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 No help in the last week
2 Less than one hour
3 1-4 hours
4 5-9 hours
5 10-19 hours
6 20-34 hours
7 35-49 hours
8 50-99 hours
9 100 hours or more

If PrHours= don't know or refusal THEN
PrUsHrs
SHOWCARD E12
How many hours do you help (name of person respondent helps) in a usual week?

1 Less than one hour
2 1-4 hours
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

PrRel
SHOWCARD E9
Thinking about (name of person respondent helps), what is their relationship to you?

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

IF (PrRel = Responses 1-10) AND (HelpNo >=1) THEN
PrHold
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 PrHold=Same household THEN
NumHip
Please enter person number.
(CODE HH GRID No. age and sex will be taken from household grid)

IF PrHold= 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

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The Health Survey for England 2012 – Individual Questionnaire

ASK IF CARE FOR MORE THAN ONE PERSON AGED 65+

ASOldHr

SHOWCARD E12

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 person they are helping

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
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

ASK IF PrHours >=20 hours in the last week

Prtask

SHOWCARD E13

And looking at this card, which of the activities do you help or support [name of person respondent helps] with? 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 each person respondent helps

Intro

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

Support

SHOWCARD E14

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

Repeated for each person respondent helps

The Health Survey for England 2012 – Individual Questionnaire

IF HelpNo = 1 THEN

HealthA[1]

SHOWCARD E15

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 your [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 HelpNo = >=2 THEN

HealthA[2]

SHOWCARD E15

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 the people you care for?

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 -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 -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

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The Health Survey for England 2012 – Individual Questionnaire

Social care provision

ASK IF AGE 16-65

IF HelpNo = 1 THEN

SHOWCARD E16

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 [the people you care for]? 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

ASK ONCE FOR ALL WHO CARE FOR SOMEONE

IF HelpNo1 THEN

LAas

Have the Local Authority (council) carried out a carer’s assessment as a result of the help or support that you provide to your [name of person respondent helps] you care for?

1 Yes
2 No

IF HelpNo2 or more THEN

Have the Local Authority (council) carried out a carer’s assessment as a result of the help or support that you provide to [the people you care for]?

1 Yes
2 No

The Health Survey for England 2012 – Individual Questionnaire

Adult physical activity

ASK ALL AGED 16+

Intro

Now I’d like to ask you some questions about things that you have done that involve physical activity. This may be things that you have done at work, college or in your leisure time.

Work

First of all, in the last 4 weeks, that is since (date of interview – 4 weeks), did you do any paid or unpaid work either as an employee or as self-employed?

Please include any voluntary work or part time work you may have done.

1 Yes
2 No

IF Work = Yes THEN

WrkDays

On how many days did you work in the last 4 weeks?

INTERVIEWER: PLEASE INCLUDE ANY PAID OR UNPAID OVERTIME. INCLUDE ALL JOBS IF MORE THAN ONE. INCLUDE ALL DAYS RESPONDENT WORKED EVEN IF THEY WERE NOT FULL WORKING DAYS.

Range: 0..28

WrkAct2

LOOKING AT SHOWCARD F1, WHICH OF THESE DID YOU DO WHilst working? Please include any work you did on weekends.

CODE ALL THAT APPLY

1 Sitting down or standing up
2 Walking at work (e.g. door to door sales, hospital nurse work)
3 Climbing stairs or ladders
4 Lifting, carrying or moving heavy loads

IF WorkAct2 = Sit THEN

WrkAct3H

On an average work day in the last four weeks, how much time did you usually spend sitting down or standing up?

INTERVIEWER: IF RESPONDENT WAS ON HOLIDAY OR UNABLE TO WORK ON ANY DAYS IN THE LAST FOUR WEEKS, ASK THEM TO REPORT THE AVERAGE NUMBER OF HOURS ON THOSE DAYS THEY WORKED. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

WrkAct3M

(On an average work day, how much time did you usually spend sitting down or standing up?) ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Range: 0..59

END IF

IF WorkAct2 = walking at work

WrkAct3M

(On an average work day, how much time did you usually spend walking at work (e.g. door to door sales, hospital nurse work)?)
The Health Survey for England 2012 – Individual Questionnaire

Active
Thinking about your job in general would you say that you are ...READ OUT...
1 ...very physically active, 2 ...fairly physically active, 3 ...not very physically active, 4 ...or, not at all physically active in your job?

END IF

ASK ALL AGE 16+
Housework
I'd like you to think about all the physical activities you have done in the last few weeks when you were not doing your (paid) job. Have you done any housework in the past four weeks, that is from (date of interview – 4 weeks) up to yesterday?
1 Yes 2 No

IF Housework = Yes THEN
HWrkList
SHOW CARD F2
Have you done any housework listed on this card?
1 Yes 2 No

IF HeavyHWrk = Yes THEN
HeavyDay
During the last four weeks on how many days have you done this kind of heavy household work?
Range: 1..28
ASK ALL AGE 16+

Wlk5it
I'd like you to think about all the walking you have done in the past four weeks either locally or away from here. Please include any country walks, walking to and from work or college and any other walks that you have done.

In the past four weeks, that is since (date of interview – 4 weeks), have you done a continuous walk that lasted at least 5 minutes?

1 Yes
2 No
3 Can't walk at all

IF Wlk5Int = Yes THEN

Wlk10M
In the past four weeks, have you done a continuous walk that lasted at least 10 minutes?

1 Yes 2 No

IF Wlk10M = Yes THEN

DayWlk
During the past four weeks, on how many days did you do a walk of at least 10 minutes?

Range: 1..28

Day1Wlk
On (any of those days) did you do more than one walk lasting at least 10 minutes?

1 Yes, more than one walk of 10+ mins (on at least one day)
2 No, only one walk of 10+ mins a day

IF (DayWlk in [2..28]) AND (Day1Wlk = Yes) THEN

Day2Wlk
On how many days in the last four weeks did you do more than one walk that lasted at least 10 minutes?

Range: 1..28

END IF

IF Wlk10M = Yes THEN

HrsWlk
How long did you usually spend walking each time you did a walk for 10 minutes or more?

IF VERY DIFFERENT LENGTHS, PROBE FOR MOST REGULAR. RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

MinWlk
RECORD MINUTES SPENT WALKING.

Range: 0..59

END IF

END IF

END IF

END IF

Garden
Have you done any gardening, DIY or building work in the past four weeks, that is since (date of interview – 4 weeks)?

1 Yes
2 No

IF Garden = Yes THEN

GardList
SHOW CARD F4
Have you done any gardening, DIY or building work listed on this card?

1 Yes
2 No

ManWork
SHOW CARD F5
Have you done any gardening, DIY or building work from this other card, or any similar heavy manual work?

1 Yes
2 No

IF ManWork = Yes THEN

ManDays
During the past four weeks on how many days have you done this kind of heavy manual gardening or DIY?

Range: 1..28

HrsDIY
On the days you did heavy manual gardening or DIY, how long did you usually spend? ENTER HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

MinDIY
RECORD MINUTES SPENT ON GARDENING OR DIY.

Range: 0..59

END IF

END IF

END IF

END IF

END IF
FOR EACH ACTIVITY AT WhtAct OR COrAct/othAct ASK

DayExc Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)?

IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.

Range: 0..28

IF DayExc in [1..28] THEN

ExcHrs How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

ExcMin RECORD MINUTES HERE.

Range: 0..59

ExcSwt During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?

1 Yes
2 No

END IF

IF WhtAct = 1, 3 OR 4 THEN

Intro Now, I'd like to ask you some further questions about some of the things you have done in the last 4 weeks. This may include some of the things you have just told me about, but we are interested to know what different types of activities people regularly take part in.

END IF

IF WhtAct = 1 THEN

Swim You said that you did some swimming. What was it that you did mainly; swimming as a family or social activity OR swimming laps or lengths?

CODE ONE ONLY. IF BOTH, PROBE FOR ACTIVITY THAT THEY DID MOST OFTEN.

1 Swimming as a social or family activity
2 Swimming laps or lengths

END IF

IF WhtAct = 3 THEN

Workout SHOW CARD F7

You mentioned workout at a gym / exercise bike / weight training. What did you do specifically?

CODE ALL THAT APPLY

1 Strength work out at a gym using machines or free weights
2 Exercise bike
3 Spinning classes
4 Stepping machines, rowing machines or cross trainer
5 Treadmill running

END IF
ASK FOR EACH ACTIVITY AT Workout

Day2Exc(i)
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)? IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day2Exc(i) in [1..28] THEN
Exc2Hrs(i)
How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0.20

Exc2Min(i)
RECORD MINUTES HERE.
Range: 0..59

Exc2Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
1 Yes
2 No
END IF
END IF

IF WhtAct = 4 THEN
KeepFit
SHOW CARD F8
You said that you did some Aerobics/Keep fit/Gymnastics/Dance for fitness. What was that specifically?
CODE ALL THAT APPLY
1 Aerobics/keep fit classes
2 Fitness dancing
3 Aqua Aerobics
4 Gymnastics
5 Circuit training

ASK FOR EACH ACTIVITY AT Keepfit

Day3Exc(i)
Can you tell me on how many separate days you did (name of activity) for at least 10 minutes a time during the past four weeks, that is since (date of interview – 4 weeks)? IF ONLY DONE FOR LESS THAN 10 MINUTES ENTER 0.
Range: 0..28

IF Day3Exc(i) in [1..28] THEN
Exc3Hrs(i)
How much time did you usually spend doing (name of activity) on each day? Only count times you did it for at least 10 minutes.
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.
Range: 0.20

Exc3Min(i)
RECORD MINUTES HERE.
Range: 0..59

Exc3Swt(i)
During the past four weeks, was the effort of (name of activity) usually enough to make you out of breath or sweaty?
1 Yes
2 No
END IF
END IF
The Health Survey for England 2012 – Individual Questionnaire

**Children's physical activity**

**ASK ALL AGED 2-15**

PARENTS ANSWER FOR CHILDREN AGED 2-12, CHILDREN AGED 13-15 ANSWER FOR THEMSELVES.

ChIntro

Now I'd like to ask you some questions about things that you have/have/have done that involve physical activity. This may be things that you have/she has/he has done at school, nursery, playgroup or things that you have/she has/he has done in the evenings and at weekends.

Sch7D

Can I just check, in the last seven days, that is from (date of interview – 7) to yesterday, did you/she/he go to school, nursery or playgroup?

1 Yes, school
2 Yes, nursery
3 Yes, playgroup
4 No

(IF Sch7D = No, route straight to Sports and Activities section WIntro).

IF Sch7D = 1, 2 or 3 THEN

SchDays

In the last seven days (that is from (date of interview – 7) to yesterday), on how many days did you/she/he go to school, nursery or playgroup?

INTERVIEWER: ENTER NUMBER OF DAYS

INTERVIEWER: DO NOT INCLUDE WORK EXPERIENCE OR EXTRA-CURRICULAR ACTIVITIES AS GOING TO SCHOOL.

Range: 1..6

END IF

ASK IF SchDays > 0

JWlkCyc

Still thinking about the last seven days, (that is from (date of interview – 7) to yesterday), did you/she/he walk or cycle all or part of the way to or from (school/nursery/playgroup)?

INTERVIEWER: INCLUDE WALKING TO OR FROM BUS STOP OR STATION, OR WALKING PART WAY AFTER DRIVING, BUT ONLY WHEN ON THE WAY TO OR FROM SCHOOL. IF A CHILD USES A SCOOTER TO/ FROM SCHOOL, RECORD AS WALKING.

1 Yes – Walking
2 Yes – Cycling
3 Yes – Both
4 No

(IF JWlkCyc = 1 OR 3 THEN

JWlkDT

In the last seven days on how many days did you/she/he walk all or part of the way to (school/nursery/playgroup)?

INTERVIEWER: INCLUDE WALKING TO OR FROM BUS STOP OR STATION, OR WALKING PART WAY AFTER DRIVING, BUT ONLY WHEN ON THE WAY TO OR FROM SCHOOL.

Range: 0..6

JWlkDF

And on how many days did you/she/he walk all or part of the way home from (school/nursery/playgroup)?

Range: 0..6

END IF

END IF

END DO

**Adult physical activity**

**WESit1M**

RECORD MINUTES HERE.

Range: 0..59

**WESit2H**

In the last 4 weeks, how much time did you spend sitting down doing any other activity on an average weekend day (that is Saturday and Sunday)? Please do not include time spent doing these activities while at work.

INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

**WESit2M**

RECORD MINUTES HERE.

Range: 0..59

Usual

Compared with the amount of activity that you usually do both at work and in your free time would you say that in the last four weeks you were...READ OUT...

1 ...more active than usual,
2 less active than usual,
3 Or, about the same as usual?

END IF

END DO

END IF

**WESit1M**

RECORD MINUTES HERE.

Range: 0..59

**WESit2H**

In the last 4 weeks, how much time did you spend sitting down doing any other activity on an average weekend day (that is Saturday and Sunday)? Please do not include time spent doing these activities while at work.

INTERVIEWER: EXAMPLES OF THESE ACTIVITIES INCLUDE READING, STUDYING, DRAWING, USING A COMPUTER, PLAYING VIDEO GAMES.

RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION.

Range: 0..20

**WESit2M**

RECORD MINUTES HERE.

Range: 0..59

Usual

Compared with the amount of activity that you usually do both at work and in your free time would you say that in the last four weeks you were...READ OUT...

1 ...more active than usual,
2 less active than usual,
3 Or, about the same as usual?

END IF

END DO

END IF

The Health Survey for England 2012 – Individual Questionnaire
ASK ALL AGED 2-15
WDIntro
SHOW CARDS G2 AND G3
I would now like to ask you some questions about whether (you have / name of child has) done any of the physical activities listed on these two showcards in the last 7 days.
INTERVIEWER: SHOW RESPONDENT CARDS G2 AND G3.
I will first ask you about the informal activities on Showcard R and then about the more formal activities on Showcard S.
NSWA
SHOW CARD G2
Firstly, please think about informal activities. Since last (day of week seven days ago), (have you / name of child) done any activities listed on this card on weekdays (outside school hours)?
INTERVIEWER: By outside school hours we mean anything not done in lessons and school breaks. The respondent should include activities done in after school clubs.
1 Yes
2 No
IF NSWA = Yes THEN
NSWA2
SHOW CARD G2
Which ones?
CODE ALL THAT APPLY
1 Cycling (but not to or from school)
2 Walking (but not to or from school / nursery / playgroup)
3 Hoovering, cleaning car, gardening, etc
4 Hopscotch
5 Bouncing on trampoline
6 Playing around, e.g. kicking a ball around, catch, hide and seek
7 Skating / Skateboarding / using a scooter
8 Dancing, including dance lessons
9 Skipping rope
ASK FOR EACH ACTIVITY AT NSWA2
NSPAD
On which weekdays since last (day 7 days ago) did (you / name of child) do (name of activity)?
CODE ALL THAT APPLY:
1 Monday
2 Tuesday
3 Wednesday
4 Thursday
5 Friday
FOR EACH DAY AT NSPAD, REPEAT NSPATH and NSPATM
NSPATH
How long did (you / name of child) spend in total doing (name of activity) on (day)?
INTERVIEWER: ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..20
END IF
END IF
IF JWlkDT > 0 or JWlkDF > 0 THEN
JWlkTim
How long does it usually take (you / name of child) to walk to (school / nursery / playgroup)?
INTERVIEWER: IF JOURNEYS TO/ FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE. ENTER NUMBER OF MINUTES. IF NONE, ENTER 0
Range: 0..120
END IF
END IF
IF JcycDT = 0 OR JcycDF = 0 THEN
JcycDF
How many days did (you / name of child) cycle home from (school / nursery / playgroup)?
Range: 0..6
JcycDF
And on how many days did (you / name of child) cycle all or part of the way home from (school / nursery / playgroup)?
Range: 0..6
IF JcycDT > 0 or JcycDF > 0 THEN
JcycTim
How long does it usually take (you / name of child) to cycle to (school / nursery / playgroup)?
INTERVIEWER: IF JOURNEYS TO/ FROM SCHOOL ARE DIFFERENT LENGTHS THEN ENTER AN AVERAGE. ENTER NUMBER OF MINUTES. IF NONE, ENTER 0
Range: 0..120
END IF
END IF
ASK IF SCH7D = School
SchlBr
SHOW CARD G1
I would like you to think about (your / name of child’s) school breaks in the last seven days, that is from (date of interview – 7) to yesterday. Apart from time spent eating, which activity on this card did (you / name of child) do most often in (your / his / her) morning, lunchtime and afternoon breaks?
1 Sitting down
2 Hanging around
3 Walking
4 Running around or playing games for example skipping, hide and seek, football or netball
IF SchBr = 1 THEN
Walk Pace
Which of the following best describes (your / name of child’s) usual walking pace ... READ OUT...
1 ...a slow pace,
2 a steady average pace,
3 ...a fairly brisk pace,
4 ...or, a fast pace?
END IF
END IF
END IF
The Health Survey for England 2012 – Individual Questionnaire

Children's physical activity

**WendWA2**
SHOW CARD G2
I would now like to ask you about any activities **(you / name of child)** did **(last weekend)**.
**(Last weekend)** did **(you / name of child)** do any activities listed on this card?
1 Yes
2 No

**IF** WendWA2 = Yes **THEN**
**WEPW A2**
SHOW CARD G2
Which ones?
**INTERVIEWER:** CODE ALL THAT APPLY.
1 Football / Rugby / Hockey / Lacrosse
2 Netball / Basketball / Handball
3 Cricket / Rounders
4 Running, jogging, athletics
5 Swimming laps
6 Swimming (splashing about)
7 Gymnastics
8 Workout with gym machines / Weight training
9 Aerobics
10 Tennis / Badminton / Squash

**FOR EACH ACTIVITY AT WEPWA2**
**WEPAD**
On which weekdays **(you / name of child)** do **(name of activity)**?
**INTERVIEWER:** CODE ALL THAT APPLY.
1 Monday
2 Tuesday
3 Wednesday
4 Thursday
5 Friday

**FOR EACH DAY AT WEPAD, REPEAT WEPAH AND WEPAM**
**WEPAH**
How long **(you / name of child)** spend in total doing **(name of activity)** on **(day)**?
RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..20

**WEPAM**
How long **(you / name of child)** spend in total doing **(name of activity)** on **(day)**?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

**NSWB**
SHOW CARD G3
Now, please think about formal activities. Since last **(day of week 7 days ago)**, **(have you / has name of child)** done any activities listed on this card on weekdays **(outside school hours)**?
**INTERVIEWER:** By outside school hours we mean anything NOT done in lessons and school breaks. The respondent SHOULD include activities done in after school clubs.
1 Yes
2 No

**IF** WendWB2 = Yes **THEN**
**WendWB**
SHOW CARD G3
I would now like to ask you about any activities **(you / name of child)** did **(last weekend)**.
**(Last weekend)** did **(you / name of child)** do any activities listed on this card?
1 Yes
2 No

**NSWB**
SHOW CARD G3
Now, please think about formal activities. Since last **(day of week 7 days ago)**, **(have you / has name of child)** done any activities listed on this card on weekdays **(outside school hours)**?
**INTERVIEWER:** By outside school hours we mean anything NOT done in lessons and school breaks. The respondent SHOULD include activities done in after school clubs.
1 Yes
2 No

**IF** WendWB2 = Yes **THEN**
**WendWB**
SHOW CARD G3
Which ones? CODE ALL THAT APPLY.
1 Football / Rugby / Hockey / Lacrosse
2 Netball / Basketball / Handball
3 Cricket / Rounders
4 Running, jogging, athletics
5 Swimming laps
6 Swimming (splashing about)
7 Gymnastics
8 Workout with gym machines / Weight training
9 Aerobics
10 Tennis / Badminton / Squash
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Children's physical activity

FOR EACH ACTIVITY AT WendWB

WendWB
On which days in the last week did (you / name of child) do (name of activity)?
CODE ALL THAT APPLY
1 Saturday
2 Sunday

FOR EACH DAY AT WendWB, REPEAT WendWB AND WendWBH

WendWBH
How long did (you / name of child) spend in total doing (name of activity) on (day)?
RECORD HOURS SPENT BELOW. ENTER 0 IF LESS THAN 1 HOUR. RECORD MINUTES AT NEXT QUESTION
Range: 0..20

WendWB
How long did (you / name of child) spend in total doing/playing (name of activity) on (day)?
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES
Range: 0..59

ASK IF Total time spent on activities on any day of week >= 480 minutes
Check
Can I check, you mentioned that you spent (number of hours and minutes spent on activities in total on day of week) doing these activities on (day of week). This seems a lot, are you sure this is correct?
[List of activities mentioned and time spent on them]
1 Yes
2 No

Check repeated for each day of week

ASK ALL AGED 2-15

NSOth2
SHOW CARDS G2 AND G3
In the last seven days, that is from (date of interview – 7) to yesterday, have you / has name of child done any other similar activities not listed on these two cards on weekdays?
1 Yes
2 No

Record up to 5 additional sports
IF NSOth2 = Yes THEN

NOSpEx2
INTERVIEWER: Record brief details of the (first / second / third / fourth / fifth) other physical activity.
Text: Maximum 50 characters

FOR EACH ADDITIONAL ACTIVITY

NSOthD2
On which weekdays during the last seven days did (you / name of child) do (activity)?
CODE ALL THAT APPLY
1 Monday
2 Tuesday
3 Wednesday
4 Thursday
5 Friday

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ASK ALL AGED 2-15

IntroST
Now I'd like to ask some questions about time that (you / name of child) might have spent sitting down. For these questions, I'd like you to think about what (you have / name of child) has done in the last seven days, that is from (date of interview –7) to yesterday.

Firstly I would like to ask you about any activities (you have / name of child has) done after school on weekdays, from last (day) to yesterday.

TVWeek
On weekdays from last (day) to yesterday, how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos? RECORD HOURS BELOW. ENTER 0 IF LESS THAN 1 HR. RECORD MINS AT NEXT Q

SedWeek
Still thinking about weekdays, from last (day) to yesterday, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?

ExcMusC
You told us that you did [informal activity recorded at NSWA2, WEPWA2] last week: During the last week, was the effort of [any of these activities/ name of informal activity] usually enough to make your muscles feel some tension, shake or feel warm?

ExcMusF
You told us that you did [formal activity recorded at NSpWB, WendWB] last week:

Involve
INTERVIEWER: How involved was (name of child) in answering the physical activity questions?

Normal
Last week, that is from (date of interview –7) to yesterday (were you / was name of child) ...

TVWeekM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

SedWeekM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

TVWEM
Last weekend how much time did (you / name of child) usually spend each day sitting watching TV including DVDs or videos?

SedWEM
Still thinking of last weekend, how much time did (you / name of child) usually spend each day sitting down doing other any other activity?

INTERVIEWER: EXAMPLES OF ACTIVITIES INCLUDE READING, DOING HOMEWORK, DRAWING, USING A COMPUTER OR PLAYING VIDEO GAMES

ExcMusCM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

ExcMusFM
ENTER NUMBER OF MINUTES. IF AN EXACT HOUR, ENTER 0 FOR MINUTES

Involve
INTERVIEWER: How involved was (name of child) in answering the physical activity questions?

Normal
### 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.

**YAintro2**

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 AND CAN’T ESTIMATE, ENTER MID POINT. IF SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97. RANGE: 0..97

**IF DlySmoke = 97 THEN**

**Estim**

INTERVIEWER: ASK RESPONDENT FOR ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

1. Grams
2. Ounces

**IF Estim = grams THEN**

**Grams**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS) IN GRAMS. RANGE: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (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**

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

**WkndSmok**

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

INTERVIEWER: IF RANGE AND CAN’T ESTIMATE, ENTER MID POINT. IF SMOKES ROLL UPS AND CANNOT GIVE NUMBER OF CIGARETTES, CODE 97. RANGE: 0..97

**IF WkndSmok = 97 THEN**

**Estim**

INTERVIEWER: ASK RESPONDENT FOR ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?

1. Grams
2. Ounces

**IF Estim = grams THEN**

**Grams**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKENDS) IN GRAMS. RANGE: 1..67

**ELSEIF Estim = ounces THEN**

**Ounces**

RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (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

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 ...READ OUT... 1. ... filter-tipped cigarettes
2. plain or unfiltered cigarettes,
3. or hand-rolled cigarettes?
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Smoking

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. In other places

IF SmokWher = 1 OR 2 THEN SmokHome
SHOWCARD H3
Where in your home do you usually smoke?
CODE ALL THAT APPLY
1. Outside, for example in the garden or on doorstep
2. Own room/bedroom
3. Living room
4. Kitchen
5. Toilet
6. Bathroom
7. Study
8. Dining room
9. Everywhere
10. Somewhere else in the home

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

ELSE IF SmokeNow=Yes THEN

SmNoDay
How easy or difficult would you find it to go without smoking for a whole day?

IF SmoNoDay = Yes
SHOWCARD H6
WhenStop
SHOW CARD H6
Which of the following statements best describes you?
1. I intend to give up smoking within the next month
2. I intend to give up smoking within the next six months
3. I intend to give up smoking within the next year
4. I intend to give up smoking but not in the next year
5. I intend to give up smoking, but I’m not sure when
6. I don’t intend to give up smoking

IF GiveUp = YES
GvUpReas
SHOWCARD H7
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 want 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. Something else

FirstCig
How soon after waking do you usually smoke your first cigarette of the day? PROMPT AS NECESSARY.
1. Less than 5 minutes
2. 5-14 minutes
3. 15-29 minutes
4. 30 minutes but less than 1 hour
5. 1 hour but less than 2 hours
6. 2 hours or more

ELSE IF SmokeNow=Yes
SmokeCig
Have you ever smoked cigarettes?
1. Yes
2. No
**IF**  SmokeEver = YES and  SmokeNow = NO  
**QuitReas**  
SHOW CARD H1  
Why did you decide to give up smoking?  
**CODE ALL THAT APPLY**  
1. Advice from a GP or health professional  
2. Advert for a nicotine replacement product  
3. Government TV, radio or press advert  
4. Hearing about a new stop smoking treatment  
5. Financial reasons (couldn’t afford it)  
6. Being faced with the smoking ban in all enclosed public places, including pubs and restaurants  
7. I knew someone else who was stopping  
8. Seeing a health warning on cigarette packet  
9. Family or friends wanted me to stop  
10. Being contacted by my local NHS Stop Smoking Services  
11. Health problems I had at the time  
12. Worried about future health problems  
13. Pregnancy  
14. Worried about the effect on my children  
15. Worried about the effect on other family member  
16. My own motivation  
17. Something else  
18. 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  
**IF**  SmokeReg = Smoked cigarettes regularly THEN  
**NumSmoke**  
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**  NumSmoke = 97 THEN  
**Estim**  
**INTERVIEWER:** ASK RESPONDENT FOR ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS/WEEKENDS). WILL IT BE GIVEN IN GRAMS OR IN OUNCES?  
1. Grams  
2. Ounces  
**IF** Estim = grams THEN  
**Grams**  
**RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS/WEEKENDS) IN GRAMS.**  
**Range:** 1..67  
**ELSEIF** Estim = ounces THEN  
**Ounces**  
**RECORD ESTIMATED (DAILY) CONSUMPTION OF TOBACCO (WEEKDAYS/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  
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)  
**StartSmk**  
How did you decide to give up smoking?  
**INTERVIEWER:** IF RESPONDENT HAS GIVEN UP MORE THAN ONCE, ASK ABOUT MOST RECENT OCCASION.  
**CODE ALL THAT APPLY**  
1. Advice from a GP or health professional  
2. Advert for a nicotine replacement product  
3. Government TV, radio or press advert  
4. Hearing about a new stop smoking treatment  
5. Financial reasons (couldn’t afford it)  
6. Being faced with the smoking ban in all enclosed public places, including pubs and restaurants  
7. I knew someone else who was stopping  
8. Seeing a health warning on cigarette packet  
9. Family or friends wanted me to stop  
10. Being contacted by my local NHS Stop Smoking Services  
11. Health problems I had at the time  
12. Worried about future health problems  
13. Pregnancy  
14. Worried about the effect on my children  
15. Worried about the effect on other family member  
16. My own motivation  
17. Something else  
18. Cannot remember  
19. Something else  
20. Cannot remember
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**Smoking**

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

**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

**Sex = Male THEN**

**PipeNowA**
Do you smoke a pipe at all nowadays?
1. Yes
2. No

**ASK ALL**

**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) THEN**

**XExpSm**
Now, in most weeks, how many hours a week are (you/name of child) exposed to other people’s tobacco smoke?
IF EXPOSED BUT LESS THAN 1HR ENTER 1, OTHERWISE RECORD TO 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 IsPreg = Yes THEN**

**SmokePrg**
Have you smoked at all since you’ve known you’ve been pregnant?
1. Yes, all the time
2. Yes, some of the time
3. No, not at all

**IF SmokeNow = Yes 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

**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 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 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
Drinking (Aged 18+)

IF (Age of Respondent is 25 years or over) OR (BookChk = Asked)
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
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
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 I 1
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

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

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**Drinking**

** 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 SINGLES - COUNT DOUBLES AS TWO SINGLES. 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 WineL7= 1 (Bottles or part of bottle) THEN **

WFbotL7
ASK OR CODE: How many bottles of normal strength beer, lager, cider or shandy did you drink that day? Range: 1..97

** IF WineL7= 2 (Glasses) THEN **

WGlL7
CODE THE NUMBER OF GLASSES (drunk as glasses). Range: 1..97 (ALLOW FRACTIONS)

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Drinking

WL7Glz

Were you drinking from a large, standard or small glass?
INTERVIEWER: If respondent drank from different size glasses, 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)

IF PopsL7 = Small cans THEN
PopsL7Q1

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
PopsL7Q2

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
PopsL7Q3

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
OthL7B

Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.

1 Yes
2 No

IF OthL7B=Yes THEN
OthL7B

Still thinking about last (answer to WhichDay), what other type of alcoholic drink did you drink on that day? CODE FIRST MENTIONED ONLY.

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

IF OthL7B=Small cans THEN
OthL7BQ1

ASK OR CODE: How many small cans of alcoholic soft drink ('alcopop') did you drink on that day?
Range: 1..97

IF OthL7B=standard sized Bottles THEN
OthL7BQ2

ASK OR CODE: How many standard bottles of alcoholic soft drink ('alcopop') did you drink on that day?:
Range: 1..97

IF OthL7B=Large Bottles THEN
OthL7BQ3

ASK OR CODE: How many large bottles of alcoholic soft drink ('alcopop') did you drink on that day?:
Range: 1..97

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Drinking

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 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

SBeerQ
For each type of measure of strong beer ASK OR RECORD. How many (half pints/ small cans/ large cans/ bottles) of STRONG BEER, LAGER, STOUT or CIDER have you usually drunk on any one day during the last 12 months? 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
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 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

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

IF Drinknow = 1 or DrinkAny = 1 THEN
Spirits
SHOWCARD I1
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? CODE THE NUMBER OF SINGLES. Range: 1..97

IF Drinknow = 1 or DrinkAny = 1 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
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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 J1
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 NActiv=Looking for paid work/training scheme OR 4WkLook=Yes THEN
2WksStrt
If a job or a place on a Government training scheme had been available in the (7 days/four weeks) ending (date last Sunday), would you have been able to start within two weeks?

1 Yes
2 No

Drinking

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 e.g. 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?

INTERVIEWER: 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

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Drinking

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I'd like to ask you some details about 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

Are you (were you/will you be) working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS PART-TIME = 30 HOURS OR LESS)

1 Full-time
2 Part-time

What kind of work do (did/will) you do most of the time?

Text: Maximum 50 characters

IF RELEVANT: What materials or machinery do (did/will) you use?

IF NONE USED, WRITE IN `NONE'.

Text: Maximum 50 characters

What skills or qualifications are (were) needed for the job?

Text: Maximum 120 characters

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.

Can I just check, in this job are you (were you/will you be) a Director of a limited company?

1 Yes
2 No

How long have you been looking/were you looking for paid work/a place on a government scheme?

1 Not yet started
2 Less than 1 month
3 1 month but less than 3 months
4 3 months but less than 6 months
5 6 months but less than 12 months
6 12 months or more

Which year did you leave your last paid job?

WRITE IN.

Range: 1920..2001

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

Computed: Age when last had a paid job

IF (EverJob = Yes) OR (NActiv = [Looking for paid work or a Government training scheme...Doing something else]) OR (StWork = No) THEN

Have you ever been in paid employment or self-employed?

1 Yes
2 No

Apart from the job you are waiting to take up, have you ever been in paid employment or self-employed?

1 Yes
2 No

IF NActiv = Waiting to take up paid work already obtained THEN

Are you (were you/will you be) working full-time or part-time?

(FULL-TIME = MORE THAN 30 HOURS PART-TIME = 30 HOURS OR LESS)

1 Full-time
2 Part-time

What kind of work do (did/will) you do most of the time?

Text: Maximum 50 characters

IF RELEVANT: What materials or machinery do (did/will) you use?

IF NONE USED, WRITE IN ‘NONE’.

Text: Maximum 50 characters

What skills or qualifications are (were) needed for the job?

Text: Maximum 120 characters

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.

Can I just check, in this job are you (were you/will you be) a Director of a limited company?

1 Yes
2 No

ENDIF
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ELSEIF Employe = Self-employed AND Dirctr=No THEN
SNEmployee
Do (did/will) you have any employees?
1 None
2 1-2
3 3-9
4 10-24
5 25-499
6 500+

IF Employe=Employee THEN
Ind.
What does (did) your employer make or do at the place where you (usually worked/will work)?
Text: Maximum 100 characters

ELSEIF Employe=Self-employed THEN
SRWIma
What (did/will) you make or do in your business?
Text: Maximum 100 characters

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

IF NActiv = Response THEN
HRPOcc
INTERVIEWER: DID (name of respondent) ANSWER THE OCCUPATION QUESTIONS HIM/HERSELF?
ELSEIF (NActiv) non response THEN
OEmpStat
Derived employment status.
.Range: 0..8
SOC, SOCs, 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 J2
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, BTEC Higher, BTEC Higher/SCOTEC Higher
5 ONC/OND/BE/TEC/TEC 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 SLC/SCE/SUPE at Higher Grade or Certificate of Sixth Year Studies
12 O-level passes taken in 1975 or earlier GRADES A-C
13 O-level passes taken in 1975 or earlier GRADES D-E
14 GCSE GRADES A*-C
15 GCSE GRADES D-G
16 CSE GRADES 1/SCE BANDS A-C/Standard Grade LEVEL 1-3
17 CSE GRADES 2-5/SCE Ordinary BANDS D-E
18 CSE Ungraded
19 SLC Lower
20 SLC Higher
21 SUPE Lower or Ordinary
22 School Certificate or Matric
23 NVQ Level 1
24 NVQ Level 2
25 NVQ Level 3/Intermediate level GNVQ
26 NVQ Level 4/Advanced level GNVQ
27 NVQ Level 5/Foundation level GNVQ
28 Recognised Trade Apprenticeship completed
29 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

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### Self-completion placement (Aged 8+)

**IF Age of Respondent is 13 years and over and BookChk=Given THEN**

**SCIntro**

*PREPARE (cream/pale blue/pale pink/yellow/lilac/grey) SELF-COMPLETION BOOKLET (FOR CHILDREN AGED 13-15/ FOR YOUNG ADULT MEN AND WOMEN/ FOR ADULT MEN AND WOMEN AGED 18-44/ FOR ADULTS AGED 45+) BY ENTERING SERIAL NUMBERS. CHECK YOU HAVE CORRECT PERSON NUMBER."

**ELSE IF 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 ANY CHILDREN AGED 2-15 INTERVIEWED**

**SCIntA**

*INTERVIEWER: TURN TO THE LAST PAGE OF THE SELF COMPLETION BOOKLET AND EXPLAIN THAT THIS FINAL QUESTION IS ABOUT THEIR CHILD, OR CHILDREN. 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).**

**SCCheck**

*INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN PLACE SELF COMPLETIONS IN THE BROWN ENVELOPE PROVIDED. ENDIF*

**IF Age of respondent is 8 years or over THEN**

**SComp3**

*I now would like to ask you 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).**

**SCCheck**

*INTERVIEWER: WAIT UNTIL RESPONDENT(S) HAVE FINISHED AND THEN PLACE SELF COMPLETIONS IN THE BROWN ENVELOPE PROVIDED. ENDIF*

**IF National id = Other THEN**

**XNational id**

*Please describe.*

**Origin**

*SHOW CARD J4*

*To which of the groups listed on this card do you consider you belong? 1 English 2 Scottish 3 Welsh 4 Irish 5 British 6 Other (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.*
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Measurements

ASK ALL
Intro
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 PALE GREEN 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: Reliable
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 stooped
4 Child respondent refused stretching
5 Respondent would not stand still
6 Respondent wore shoes
95 Other, please specify

IF HiNRel = Other THEN
OHiNRel
PLEASE SPECIFY OTHER REASON. Text: Maximum 60 characters

IF RespHts = Height refused THEN
MBookHt
INTERVIEWER: CHECK HEIGHT RECORDED ON MEASUREMENT RECORD CARD. HEIGHT: (x) cm OR (x) feet (x) inches.

ELSEIF RespHts = Height refused THEN
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**Measurements**

**RespHtS**

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/illness
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 a 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
95. Other - specify

IF OTHER IN NoHtBC THEN

NoHtCO

PLEASE SPECIFY OTHER REASON
Text: Maximum 60 characters

IF (Sex = Female) AND (Age of Respondent is 16 to 49) THEN

PregNowB

May I check, are you pregnant now?
1. Yes
2. No

ENDIF

IF PregNowB<> Yes THEN

RespWts

INTERVIEWER: MEASURE WEIGHT AND CODE. (IF RESPONDENT WEIGHS MORE THAN 130KG (20 ½ STONES) DO NOT WEIGH. CODE AS WEIGHT NOT ATTEMPTED). INCLUDE DISGUISED REFUSALS SUCH AS IT WILL TAKE TOO LONG; HAVE TO GO OUT ETC. AT CODE 2: Weight refused.
0. IF Age 2-5 years: Weight obtained (child held by adult)/ IF Age over 5 years: DO NOT USE THIS CODE
1. Weight obtained (subject on own)
2. Weight refused
3. Weight attempted, not obtained
4. Weight not attempted

IF RespWtsMeas=Weight obtained (subject on own) OR Weight obtained (child held by adult) THEN

XWeight

RECORD WEIGHT.
Range: 10.0…200.0
The Health Survey for England 2012 – 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
IF NrsAppt = Agreed nurse could contact THEN
NrsDate
INTERVIEWER: ENTER DATE OF THE NURSE APPOINTMENT
NrsDate
INTERVIEWER: ENTER TIME OF THE NURSE APPOINTMENT. USE 24 HOUR CLOCK. FOR EXAMPLE, 9AM WOULD BE RECORDED AS 09:00.
AptRec
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.
The Health Survey for England 2012 – Individual Questionnaire

Consents

ASK ALL AGED 16+

NHSCan

We would like to ask for your consent to link some of your NHS health records with your survey answers. To do this we would need to send your name, address and date of birth to the NHS Central Register. Please read this form, it explains more about what is involved.

INTERVIEWER: GIVE THE RESPONDENT THE GREEN CONSENT FORM (LINKING SURVEY ANSWERS TO OTHER INFORMATION) 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 INITIAL THE BOX AND SIGN THE FORM. GIVE THE WHITE COPY OF THE FORM TO THE RESPONDENT. CODE WHETHER SIGNED CONSENT OBTAINED. CODE ALL THAT APPLY.

1 Consent signed
2 No consent obtained (or only one box initialled)

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 A.R.F.

1 Number given
2 Number refused
3 No telephone
4 Number unknown

ReInter

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

The Health Survey for England 2012 – Individual Questionnaire

Nurse appointment

IF Nurse = Refused nurse contact THEN

NurseRef

INTERVIEWER: RECORD REASON WHY RESPONDENT REFUSED NURSE CONTACT. CODE BELOW AND RECORD AT G1 ON A.R.F.

0 Own doctor already has information
1 Given enough time already to this survey/expecting too much
2 Too busy, cannot spare the time (if Code 1 does not apply)
3 Had enough of medical tests/medical profession at present time
4 Worried about what nurse may find out/’might tempt fate’
5 Scared of medical profession/particular medical procedures (e.g. blood sample)
6 Not interested/Can’t be bothered/No particular reason
95 Other reason (specify at next question)

IF NurseRef=Other reason THEN

NurseRefO

PLEASE SPECIFY OTHER REASON FOR REFUSAL. CODE BELOW AND RECORD AT G1 ON A.R.F.

Text: Maximum 60 characters

HSE 2012 | vol 2: METHODS AND DOCUMENTATION | APPENDIX A: FIELDWORK DOCUMENTS
### GROSS INCOME FROM ALL SOURCES (before any deductions for tax, national insurance, etc.) CARD A7 (1 OF 2)

<table>
<thead>
<tr>
<th>WEEKLY</th>
<th>MONTHLY</th>
<th>ANNUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £10</td>
<td>Less than £40</td>
<td>Less than £520</td>
</tr>
<tr>
<td>£10 less than £30</td>
<td>£40 less than £130</td>
<td>£520 less than £1,000</td>
</tr>
<tr>
<td>£30 less than £50</td>
<td>£130 less than £220</td>
<td>£1,000 less than £2,000</td>
</tr>
<tr>
<td>£50 less than £70</td>
<td>£220 less than £300</td>
<td>£2,000 less than £3,000</td>
</tr>
<tr>
<td>£70 less than £100</td>
<td>£300 less than £430</td>
<td>£3,000 less than £4,000</td>
</tr>
<tr>
<td>£100 less than £150</td>
<td>£430 less than £650</td>
<td>£4,000 less than £6,500</td>
</tr>
<tr>
<td>£150 less than £250</td>
<td>£650 less than £970</td>
<td>£6,500 less than £10,000</td>
</tr>
<tr>
<td>£250 less than £350</td>
<td>£970 less than £1,350</td>
<td>£10,000 less than £13,000</td>
</tr>
<tr>
<td>£350 less than £450</td>
<td>£1,350 less than £1,780</td>
<td>£13,000 less than £16,800</td>
</tr>
<tr>
<td>£450 less than £500</td>
<td>£1,780 less than £2,300</td>
<td>£16,800 less than £23,400</td>
</tr>
<tr>
<td>£500 less than £550</td>
<td>£2,300 less than £2,860</td>
<td>£23,400 less than £28,600</td>
</tr>
<tr>
<td>£550 less than £600</td>
<td>£2,860 less than £3,400</td>
<td>£28,600 less than £34,000</td>
</tr>
<tr>
<td>£600 or more</td>
<td>£3,400 or more</td>
<td>£34,000 or more</td>
</tr>
</tbody>
</table>

### GROSS INCOME FROM ALL SOURCES (before any deductions for tax, national insurance, etc.) CARD A7 (2 OF 2)

<table>
<thead>
<tr>
<th>WEEKLY</th>
<th>MONTHLY</th>
<th>ANNUAL</th>
</tr>
</thead>
<tbody>
<tr>
<td>£500 less than £550</td>
<td>£550 less than £600</td>
<td>£600 or more</td>
</tr>
<tr>
<td>£550 or more</td>
<td>£600 or more</td>
<td>£600 or more</td>
</tr>
</tbody>
</table>
CARD E5

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 E10

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 F2

1 Hoovering
2 Dusting
3 Ironing
4 General tidying
5 Washing floors and paintwork

CARD F3

1 Moving heavy furniture
2 Spring cleaning
3 Walking with heavy shopping (for more than 5 minutes)
4 Cleaning windows
5 Scrubbing a floor with a scrubbing brush
CARD F5

1. Digging, clearing rough ground
2. Building in stone / bricklaying
3. Mowing large areas with a hand mower
4. Felling trees, chopping wood
5. Mixing / laying concrete
6. Moving heavy loads
7. Refitting a kitchen or bathroom
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

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 next question

Q5  Does this bother you?

Tick one box

Yes  Go to next question

No

Write in
Drinking

Q6 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 8
   No → Go to next question

Q7 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 11 on page 6

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?
   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

Q10 When did you last have an alcoholic drink or alcopop?
   Tick one box
   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

Your weight

Q11 Given your age and height, would you say that you are...
   Tick one box
   About the right weight
   too heavy
   or too light?
   Not sure

Q12 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
   Trying to lose weight
   Trying to gain weight
   Not trying to change weight
About you

Q13 Which of these would you say you are?

Tick all boxes which apply

- English
- Scottish
- Welsh
- Irish
- British
- Or something else?
  (please write in on the line below)

Q14 What is your religion or belief?

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)

Thank you for answering these questions.
Please give the booklet back to the interviewer.
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

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

write in

Q4 Did you smoke any cigarettes last week?

Tick one box

Yes  

No  

Go to question 6

Q5 How many cigarettes did you smoke last week?

I smoked  

cigarettes  

Go to next question

write in

Spare 167-173

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 next question

Spare 195-204

Q7 Does this bother you?

Tick one box

Yes  

No  

Go to next question

Spare 199-203

EVERYONE PLEASE ANSWER

Q8 Have you ever tried smoking a cigarette, even if it was only a puff or two?

Tick one box

Yes  

No  

Go to question 6

Q9 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

Q10 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

write in

Q11 Did you smoke any cigarettes last week?

Tick one box

Yes  

No  

Go to question 6

Q12 How many cigarettes did you smoke last week?

I smoked  

cigarettes  

Go to next question

write in

Spare 167-173
**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.

- [ ] Yes, go to question 10
- [ ] No, go to next question

**Q9** Have you ever drunk alcopops (such as Bacardi Breezer, Smirnoff Ice, WKD, etc)?

- [ ] 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?

- [ ] Almost every day, go to next question
- [ ] 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, go to next question

**Q12** When did you last have an alcoholic drink or alcopop?

- [ ] Today, go to next question
- [ ] 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

**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)
  - [ ] Have you drunk this in the last 7 days? [ ] Yes, go to question 14  
  
  How much did you drink in the last 7 days?
  
  Write in:
  
  - Pints (if half a pint, write in ¥)
  
  AND/OR
  
  - Large cans or bottles
  
  AND/OR
  
  - 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?
No  [ ]  Go to question 15
Yes  [ ]
How much did you drink in the last 7 days?
Write in:
232-233

Q15 Sherry or martini (including port, vermouth, cinzano, dubonnet)
Have you drunk this in the last 7 days?
No  [ ]  Go to question 16
Yes  [ ]
How much did you drink in the last 7 days?
Write in:
238-239

Q16 Wine (including babycham and champagne)
Have you drunk this in the last 7 days?
No  [ ]  Go to question 17
Yes  [ ]
How much did you drink in the last 7 days?
Write in:
227-228

Q17 Alcopop (such as Bacardi Breezer, Smirnoff Ice, WKD, etc.)
Have you drunk this in the last 7 days?
No  [ ]  Go to question 18
Yes  [ ]
How much did you drink in the last 7 days?
Write in:
235-236

Q18 Other kinds of alcoholic drink?
Have you drunk this in the last 7 days?
No  [ ]  Go to question 19
Yes  [ ]  Complete details below

Q19 Given your age and height, would you say that you are...

Your weight

EVERYONE PLEASE ANSWER
### GENERAL HEALTH OVER THE LAST FEW WEEKS

**EVERYONE PLEASE ANSWER**

Please read this carefully: We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q20 At the present time are you trying to lose weight, trying to gain weight, or are you not trying to change your weight?</td>
<td>Trying to lose weight</td>
<td>Trying to gain weight</td>
<td>Not trying to change weight</td>
<td></td>
</tr>
<tr>
<td>Q21 been able to concentrate on whatever you're doing?</td>
<td>Better than usual</td>
<td>Same as usual</td>
<td>Less than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td>Q22 lost much sleep over worry?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>Q23 felt you were playing a useful part in things?</td>
<td>More than usual</td>
<td>Same as usual</td>
<td>Less than usual</td>
<td>Much less than useful</td>
</tr>
<tr>
<td>Q24 felt capable of making decisions about things?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td>Q25 felt constantly under strain?</td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

**Q26 felt you couldn't overcome your difficulties?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

**Q27 been able to enjoy your normal day-to-day activities?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less so than usual</td>
</tr>
</tbody>
</table>

**Q28 been able to face up to your problems?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

**Q29 been feeling unhappy and depressed?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

**Q30 been losing confidence in yourself?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

**Q31 been thinking of yourself as a worthless person?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>More so than usual</td>
<td>About same as usual</td>
<td>Less so than usual</td>
<td>Much less so than usual</td>
</tr>
</tbody>
</table>

**Q32 been feeling reasonably happy, all things considered?**

<table>
<thead>
<tr>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
</tbody>
</table>

---

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Thank you for answering these questions.
Please give the booklet back to the interviewer.
Health Survey for England 2012
Booklet for Young Adult Men

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:

Do you feel that you lead a ...

- Very healthy life
- Fairly healthy life
- Not very healthy life
- An unhealthy life

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

Yes ☑️ Go to Q4
No ❌ Go to Q5
CURRENT SMOKERS

Q7 About how many cigarettes a day do you usually smoke on **weekdays**?
   Write in number smoked a day

Q8 And about how many cigarettes a day do you usually smoke at **weekends**?
   Write in number smoked a day

Q9 Do you **mainly** smoke ...
   Tick ONE box
   - filter-tipped cigarettes,
   - plain or untipped cigarettes,
   - or hand-rolled cigarettes?

Q10 Would you like to give up smoking altogether?
   Tick ONE box
   - Yes ➔ Go to next question
   - No ➔ Go to Q12 on page 4

Q11 What are your main reasons for wanting to give up?
   Tick ALL that apply
   - Because of a health problem I have at present
   - Better for my health in general
   - Less risk of getting smoking related illnesses
   - Family/friends wanted me to stop
   - Financial reasons (can’t afford it)
   - Worried about the effect on my children
   - Because of the smoking ban in all public places
   - Other

Q5 Why did you decide to give up smoking?
   Tick ALL that apply
   - Advice from a GP/health professional
   - Advert for a nicotine replacement product
   - Government TV, radio or press advert
   - Hearing about a new stop smoking treatment
   - Financial reasons (couldn’t afford it)
   - Because of the smoking ban in all enclosed public places, including pubs and restaurants
   - I knew someone else who was stopping
   - Seeing a health warning on a cigarette packet
   - Family or friends wanted me to stop
   - Being contacted by my local NHS Stop Smoking Services
   - Health problems I had at the time
   - Worried about future health problems
   - Pregnancy
   - Worried about the effect on my children
   - Worried about the effect on other family members
   - My own motivation
   - Something else
   - Cannot remember

Q6 Did you smoke cigarettes regularly or occasionally?
   Tick ONE box
   - Regularly, that is at least one cigarette a day ➔ Go to Q12 on page 4
   - Occasionally
   - I never really smoked cigarettes, just tried them once or twice

Q7 How many cigarettes a day do you usually smoke on **weekdays**?
   Write in number smoked a day

Q8 And about how many cigarettes a day do you usually smoke at **weekends**?
   Write in number smoked a day

Q9 Do you **mainly** smoke ...
   Tick ONE box
   - filter-tipped cigarettes,
   - plain or untipped cigarettes,
   - or hand-rolled cigarettes?

Q10 Would you like to give up smoking altogether?
   Tick ONE box
   - Yes ➔ Go to next question
   - No ➔ Go to Q12 on page 4

Q11 What are your main reasons for wanting to give up?
   Tick ALL that apply
   - Because of a health problem I have at present
   - Better for my health in general
   - Less risk of getting smoking related illnesses
   - Family/friends wanted me to stop
   - Financial reasons (can’t afford it)
   - Worried about the effect on my children
   - Because of the smoking ban in all public places
   - Other

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EVERYONE PLEASE ANSWER

Q12 Did your father ever smoke regularly when you were a child?

Yes [ ]
No [ ]
Don't know [ ]

Q13 Did your mother ever smoke regularly when you were a child?

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 [ ]

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

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?

Yes [ ]
No [ ]

DRINKING

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Yes [ ] Go to Q19
No [ ] 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?

Very occasionally [ ] Go to Q19
Never [ ] Go to next question

Q18 Have you always been a non-drinker or did you stop drinking for some reason?

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 every couple of months
- Not all in the last 12 months

Go to next question

Q21 Did you have an alcoholic drink in the seven days ending yesterday?

Tick ONE box

- Yes
- No

Go to Q23 on page 7

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 Q36 on page 12

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

<table>
<thead>
<tr>
<th>Glasses (count doubles as 2 singles)</th>
<th>Pints</th>
<th>Large cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)-exclude bottles/cans of shandy.</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Sherry or martini (including port, vermout, cinzano, duchonnet)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Wine (including babysham and champagne)</td>
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<tr>
<td>Alcoholic soft drink (‘alcopop’) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
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<td></td>
<td></td>
</tr>
</tbody>
</table>

WRITE IN NAME OF DRINK

1. 
2. 

Spare 0-3 36
Q26 How thinking about **strong beer, lager, stout or cider** which has 6% or more alcohol (e.g. Tennent’s 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 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

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

Go to Q28 on page 10

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

Go to Q30 on page 10
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**

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**

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 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**

Q32 How often have you had a drink of **wine**, including Babycham and champagne, during the last 12 months?

**Tick ONE box**

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 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**

Q34 How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas 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**

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 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

<table>
<thead>
<tr>
<th>Large Bottles (700ml)</th>
<th>Standard Bottles (275ml)</th>
<th>Small Cans</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>0-10 ml</td>
</tr>
</tbody>
</table>

Q40 Anxiety/Depression

Tick one box

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Q41 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 whichever point on the scale indicates how good or bad your health state is today.

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### GENERAL HEALTH OVER THE LAST FEW WEEKS

**Please read this carefully:**

We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

**HAVE YOU RECENTLY:**

#### Q42
been able to concentrate on whatever you're doing?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less than usual</th>
<th>Much less than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### Q43
lost much sleep over worry?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Q44
felt you were playing a useful part in things?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less useful than usual</th>
<th>Much less useful</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

#### Q45
felt capable of making decisions about things?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less capable</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

#### Q46
felt constantly under strain?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>Not at all</th>
<th>No more than usual</th>
<th>Rather more than usual</th>
<th>Much more than usual</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Q47
felt you couldn’t overcome your difficulties?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>

#### Q48
been able to enjoy your normal day-to-day activities?

<table>
<thead>
<tr>
<th>Sugar</th>
<th>More so than usual</th>
<th>Same as usual</th>
<th>Less able than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tbody>
</table>
EVERYONE PLEASE ANSWER

Q54. Have you spent any money on any of the following activities in the last 12 months?
Please tick ONE box for each activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
<td></td>
<td></td>
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<tr>
<td>The football pools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Fruit or slot machines</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual gaming machines in a bookmaker to bet on virtual roulette, poker, blackjack or other games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing poker in a pub tournament/league or at a club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting exchange (betting exchange, there is no bookmaker to determine the odds, sometimes called ‘peer to peer’ betting)</td>
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<td></td>
</tr>
<tr>
<td>Betting on horse races in a bookmaker’s, by phone or at the track</td>
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<td></td>
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<tr>
<td>Betting on dog races in a bookmaker’s, by phone or at the track</td>
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<td></td>
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<tr>
<td>Betting on sports events in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on other events in a bookmaker’s, by phone or at the venue</td>
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<td></td>
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<tr>
<td>Spread betting (in spread betting you bet that the outcome of an event will be higher or lower than the bookmaker’s prediction)</td>
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<tr>
<td>Private betting, playing cards or games for money with friends, family or colleagues</td>
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<tr>
<td>Another form of gambling in the last 12 months</td>
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</tbody>
</table>

If you ticked ‘yes’ for any of the activities at Q54, please go to Q55. Otherwise go to Q74 on page 19.

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

In the last 12 months...

<table>
<thead>
<tr>
<th>Question</th>
<th>Every time</th>
<th>Most of the time</th>
<th>Some of the time (less than half the time I lost)</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q55</td>
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<td>Q56</td>
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<td>Q67</td>
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<td>Q68</td>
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</tbody>
</table>

EVERYONE PLEASE ANSWER
Q74 The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

EVERYONE PLEASE ANSWER

Q75 Have you ever had a test for Chlamydia?

Tick ONE box

Yes  Go to Q76
No  Go to Q79

Q76 When did you have your last test for Chlamydia?

Tick ONE box

Less than 3 months ago
At least 3 months, less than 6 months ago
At least 6 months, less than 1 year ago
At least 1 year, less than 2 years ago
At least 2 years, less than 5 years ago
At least 5 years ago

Q77 Where were you (last) tested for Chlamydia?

Tick ONE box

General practice (GP) surgery
Sexual health clinic/ GUM clinic
NHS Family planning clinic/ contraceptive clinic/ reproductive health clinic
NHS ante-natal clinic/ midwife
Private non-NHS doctor or clinic
Youth advisory clinic (e.g. Brook clinic)
Self-collected test from pharmacy / chemist
Self-collected test from internet
Self-collected test from somewhere else
Hospital accident and emergency (A&E) department
Somewhere else WRITE IN

Spare 478-489
EVERYONE PLEASE ANSWER

Q78 Why were you (last) tested for Chlamydia?  

Tick ALL that apply

- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with Chlamydia
- I wanted a general sexual health check-up
- Check-up after previous positive test
- I had no symptoms but I was worried about the risk of Chlamydia
- I was offered a routine test

EVERYONE PLEASE ANSWER

Q79 Have you ever attended a sexual health clinic (GUM clinic)?  

Tick ONE box

- Yes  Go to Q80
- No    Go to Q81

EVERYONE PLEASE ANSWER

Q80 When did you last attend a sexual health clinic (GUM clinic)?  

Tick ONE box

- Less than 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- Between 3 years and 4 years ago
- Between 4 years and 5 years ago
- Between 5 years and 10 years ago
- Longer than 10 years ago

EVERYONE PLEASE ANSWER

Q81 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

(a)  (b)

<table>
<thead>
<tr>
<th></th>
<th>Chlamydia</th>
<th>Gonorrhoea</th>
<th>Genital warts (venereal warts)</th>
<th>Syphilis</th>
<th>Trichomonas vaginalis (Trich, TV)</th>
<th>Herpes (genital herpes)</th>
<th>Pubic lice / crabs</th>
<th>Hepatitis B</th>
<th>NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)</th>
<th>Epiddymitis</th>
<th>An infection transmitted by sex – can’t remember which</th>
<th>None of these</th>
</tr>
</thead>
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</tbody>
</table>

Go to Q79

IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q84 ON PAGE 23, OTHERWISE PLEASE GO TO THE NEXT QUESTION.
Q82  When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

Less than 1 year ago
Between 1 year and 2 years ago
Between 2 years and 3 years ago
Between 3 years and 4 years ago
Between 4 years and 5 years ago
Longer than 5 years ago

Go to Q83

Q83  Where were you (last) treated for an infection transmitted by sex?

Tick ONE box

A doctor or nurse at your GP's surgery
Sexual health clinic/ GUM clinic
NHS Family planning clinic/contraceptive clinic/reproductive health clinic
NHS ante-natal clinic/midwife
Private non-NHS doctor or clinic
Youth advisory clinic (e.g. Brook clinic)
Pharmacy / chemist
Internet site offering treatment
Hospital accident and emergency (A&E) department
Somewhere else WRITE IN

Go to Q84

EVERYONE PLEASE ANSWER

Q84  How old were you when you first had sexual intercourse with a woman?

Write in Go to Q85

Q85  Altogether in your life so far, with how many women have you had sexual intercourse?

Write in number

Q86  Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain
Estimate

Q87  Altogether in the last year, with how many women have you had sexual intercourse?

Write in number

Q88  Was a condom/sheath used on any occasions of having vaginal or anal sex with a woman in the last 4 weeks?

Tick ONE box

Yes, used on every occasion
Yes, used on some occasions
No, not used in the last 4 weeks
Not had vaginal or anal sex in last 4 weeks

Go to Q89
EVERYONE PLEASE ANSWER

Q94 What is your religion or belief?
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)
____________________________________

Q95 Do you have a mobile telephone number we can contact you on?
Tick ONE box

- [ ] Yes
- [ ] No

What is your mobile telephone number?

Q96 Do you have an e-mail address we can contact you on?
Tick ONE box

- [ ] Yes
- [ ] No

What is your e-mail address? Please print clearly.

INFORMATION ABOUT YOURSELF
EVERYONE PLEASE ANSWER

Q93 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

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.
EVERYONE PLEASE ANSWER

Q97 Given your age and height, would you say that you are...

Tick ONE box

- About the right weight
- too heavy
- or too light?
- Not sure

Go to next question

Q98 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

- Trying to lose weight
- Trying to gain weight
- Not trying to change weight

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q99 Given your child's age and height, would you say that your child is...

Tick ONE box

- About the right weight
- too heavy
- or too light?
- Not sure

Thank you for answering these questions.

Please give the booklet back to the interviewer.
SMOKING

Q1 Have you ever smoked a cigarette, a cigar or a pipe?

Tick ONE box

Yes ➔ Go to next question
No ➔ Go to Q12 on page 4

Q2 Have you ever smoked a cigarette?

Tick ONE box

Yes ➔ Go to next question
No ➔ Go to Q12 on page 4

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

Yes ➔ Go to Q7 on page 3
No ➔ Go to next question

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:

Tick one box

Very healthy life  Fairly healthy life  Not very healthy life  An unhealthy life

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

Yes ✓ Go to Q4
No  ➔ Go to Q5
**CURRENT SMOKERS**

**Q7** About how many cigarettes a day do you usually smoke on **weekdays**?  
*Write in number smoked a day*

**Q8** And about how many cigarettes a day do you usually smoke at **weekends**?  
*Write in number smoked a day*

**Q9** Do you **mainly** smoke...

- Filter-tipped cigarettes, ____________
- Plain or untipped cigarettes, ____________
- Hand-rolled cigarettes, ____________

**Q10** Would you like to give up smoking altogether?  
*Tick ONE box*

- Yes ____________ Go to next question  
- No ____________ Go to Q12 on page 4

**Q11** What are your main reasons for wanting to give up?  
*Tick ALL that apply*

- Because of a health problem I have at present ____________
- Better for my health in general ____________
- Less risk of getting smoking related illnesses ____________
- Family/friends wanted me to stop ____________
- Financial reasons (can't afford it) ____________
- Worried about the effect on my children ____________
- Because of the smoking ban in all enclosed public places, including pubs and restaurants ____________
- I knew someone else who was stopping ____________
- Seeing a health warning on a cigarette packet ____________
- Hearing about a new stop smoking treatment ____________
- Advice from a GP/health professional ____________
- Advert for a nicotine replacement product ____________
- Government TV, radio or press advert ____________
- Financial reasons (couldn’t afford it) ____________
- Worried about future health problems ____________
- Worried about the effect on my children ____________
- Worried about the effect on other family members ____________
- My own motivation ____________
- Something else ____________
- Cannot remember ____________

**Q5** Why did you decide to give up smoking?  
*Tick ALL that apply*

- Advice from a GP/health professional ____________
- Advert for a nicotine replacement product ____________
- Government TV, radio or press advert ____________
- Hearing about a new stop smoking treatment ____________
- Financial reasons (couldn’t afford it) ____________
- Because of the smoking ban in all enclosed public places, including pubs and restaurants ____________
- I knew someone else who was stopping ____________
- Seeing a health warning on a cigarette packet ____________
- Family or friends wanted me to stop ____________
- Being contacted by my local NHS Stop Smoking Services ____________
- Health problems I had at the time ____________
- Worried about future health problems ____________
- Pregnancy ____________
- Worried about the effect on my children ____________
- Worried about the effect on other family members ____________
- My own motivation ____________
- Something else ____________
- Cannot remember ____________

**Q6** Did you smoke cigarettes regularly or occasionally?  
*Tick ONE box*

- Regularly, that is at least one cigarette a day ____________
- Occasionally ____________
- I never really smoked cigarettes, just tried them once or twice ____________

Go to Q12 on page 4
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

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

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

EVERYONE PLEASE ANSWER

Q16 Do you ever drink alcohol nowadays, including drinks you brew or make at home?

Tick ONE box
Yes → Go to Q19
No → 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 → Go to Q19
Never → 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 How often do you drink alcohol nowadays?

Tick ONE box

Always

Often

Sometimes

Rarely

Never

Q21 How many standard units of alcohol do you drink on average on a day when you do drink?

Tick ONE box

0 units

1-4 units

5-8 units

9-12 units

13+ units

Q22 How do you usually feel when you drink alcohol?

Tick ONE box

Never

Sometimes

Often

Always

Not sure

Q23 As a result of drinking alcohol, do you ever feel physically unwell?

Tick ONE box

Never

Sometimes

Often

Always

Not sure

Q24 As a result of drinking alcohol, do you ever feel mentally unwell?

Tick ONE box

Never

Sometimes

Often

Always

Not sure

Q25 I want to get some more details about the alcoholic drinks you drink.

Tick ONE box

Beer or cider

Wine

Spirit

Other alcohol

None

Q26 What is the usual strength of the alcoholic drink(s) you drink?

Tick ONE box

Less than 4% alcohol

4%-7% alcohol

7%-11% alcohol

More than 11% alcohol

Don't know

Q27 How do you usually feel after you drink alcohol?

Tick ONE box

Never

Sometimes

Often

Always

Not sure
Q20  Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

<table>
<thead>
<tr>
<th>Tick ONE box</th>
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<tbody>
<tr>
<td></td>
<td>Almost every day</td>
<td>Five or six days a week</td>
<td>Three or four days a week</td>
<td>Once or twice a week</td>
<td>Once or twice a month</td>
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</table>

Go to next question

Q21  Did you have an alcoholic drink in the seven days ending yesterday?

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<tr>
<th>Tick ONE box</th>
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<tbody>
<tr>
<td>Yes</td>
<td>Go to next question</td>
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<tr>
<td>No</td>
<td>Go to Q24 on page 8</td>
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</tbody>
</table>

Q22  On how many days out of the last seven did you have an alcoholic drink?

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<th>Tick ONE box</th>
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<td>One</td>
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<td>Three</td>
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<td>Six</td>
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<td>Seven</td>
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</tbody>
</table>

Go to Q36 on page 12

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.

<table>
<thead>
<tr>
<th>WRITE IN HOW MUCH DRUNK ON THAT DAY</th>
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</thead>
<tbody>
<tr>
<td>Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol)</td>
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<tr>
<td>Strong beer, lager, stout or cider (6% alcohol or more, such as Tennents Super, Special Brew, Diamond White)</td>
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<td></td>
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<tr>
<td>Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails</td>
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<tr>
<td>Sherry or martini (including port, vermouth, cinzano, dubonnet)</td>
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<tr>
<td>Wine (including babycham and champagne)</td>
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<tr>
<td>Alcoholic soft drink (&quot;alcopop&quot;) or a pre-mixed alcoholic drink such as Bacardi Breezer, WKD or Smirnoff Ice</td>
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<tr>
<td>Other kinds of alcoholic drink</td>
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</table>

WRITE IN NAME OF DRINK

<table>
<thead>
<tr>
<th>WRITE IN NAME OF DRINK</th>
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</table>
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.

**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
- Once or twice a year
- Not all in the last 12 months

Go to Q26 on page 9

**Q25** 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?

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

<table>
<thead>
<tr>
<th>Pints</th>
<th>Large cans or bottles</th>
<th>Small cans or bottles</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</tr>
</tbody>
</table>

**Q26** How 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 Q28 on page 10

**Q27** How much strong beer, lager, stout or cider have you usually drunk on any one day during the last 12 months? Pints

WRITE IN HOW MUCH USUALLY DRUNK ON ANY ONE DAY

**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 every couple of months
- Once or twice a month
- Once or twice a year
- Not all in the last 12 months

Go to Q30 on page 10
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**

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 Q32 on page 11

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**

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 Q34

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**

Q34 How often have you had a drink of **alcopops** (i.e. alcoholic lemonade, alcoholic colas 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 Q36 on page 12
Q40 Anxiety/Depression

Tick one box

I am not anxious or depressed
I am moderately anxious or depressed
I am extremely anxious or depressed

Q41

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 current health state is today.
GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Q42 been able to concentrate on whatever you’re doing?

Q43 lost much sleep over worry?

Q44 felt you were playing a useful part in things?

Q45 felt capable of making decisions about things?

Q46 felt constantly under strain?

Q47 felt you couldn’t overcome your difficulties?

Q48 been able to enjoy your normal day-to-day activities?

Q49 been able to face up to your problems?

Q50 been feeling unhappy and depressed?

Q51 been losing confidence in yourself?

Q52 been thinking of yourself as a worthless person?

Q53 been feeling reasonably happy, all things considered?
EVERYONE PLEASE ANSWER

Q54 Have you spent any money on any of the following activities in the last 12 months? Please tick ONE box for each activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online (but not online or newspaper or magazine scratchcards)</td>
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</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
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<tr>
<td>The football pools</td>
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<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
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<tr>
<td>Fruit or slot machines</td>
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<tr>
<td>Virtual gaming machines in a bookmakers’ to bet on virtual roulette, poker, blackjack or other games</td>
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<td></td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
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</tr>
<tr>
<td>Playing poker in a pub tournament/ league or at a club</td>
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</tr>
<tr>
<td>Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money</td>
<td></td>
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</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</td>
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<tr>
<td>Betting exchange - this is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called peer to peer betting</td>
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</tr>
<tr>
<td>Betting on horse races in a bookmaker’s, by phone or at the track</td>
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<tr>
<td>Betting on dog races in a bookmaker’s, by phone or at the track</td>
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<tr>
<td>Betting on sports events in a bookmaker’s, by phone or at the venue</td>
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<tr>
<td>Betting on other events in a bookmaker’s, by phone or at the venue</td>
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<tr>
<td>Spread-betting In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker’s prediction. The amount you win or lose depends on how right or wrong you are.</td>
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<tr>
<td>Private betting, playing cards or games for money with friends, family or colleagues</td>
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<tr>
<td>Another form of gambling in the last 12 months</td>
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</table>
The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

Q74: Have you ever had a test for Chlamydia?

Tick ONE box

Yes → Go to Q76
No → Go to Q79

Q75: When did you have your last test for Chlamydia?

Tick ONE box

Less than 3 months ago
At least 3 months, less than 6 months ago
At least 6 months, less than 1 year ago
At least 1 year, less than 2 years ago
At least 2 years, less than 5 years ago
At least 5 years ago

Q76: Where were you (last) tested for Chlamydia?

Tick ONE box

General practice (GP) surgery
Sexual health clinic/GUM clinic
NHS Family planning clininc/contraceptive clinic/reproductive health clinic
NHS ante-natal clinic/midwife
Private non-NHS doctor or clinic
Youth advisory clinic (e.g. Brook clinic)
Self-collected test from pharmacy/chemist
Self-collected test from internet
Self-collected test from somewhere else
Termination of pregnancy (abortion) clinic
Hospital accident and emergency (A&E) department
Somewhere else
WRITE IN
EVERYONE PLEASE ANSWER

Q81  (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

   (b) If you have had more than one of these, which were you told about most recently?

   (a)  (b)

   Q81
   Ever Most recent
   
   Tick ALL that apply
   Tick ONE box
   
   Chlamydia
   [ ] [ ]
   
   Gonorrhoea
   [ ] [ ]
   
   Genital warts (venereal warts)
   [ ] [ ]
   
   Syphilis
   [ ] [ ]
   
   Trichomonas vaginalis (Trich, TV)
   [ ] [ ]
   
   Herpes (genital herpes)
   [ ] [ ]
   
   Pubic lice / crabs
   [ ] [ ]
   
   Hepatitis B
   [ ] [ ]
   
   Pelvic Inflammatory Disease (PID, salpingitis)
   [ ] [ ]
   
   Bacterial vaginosis
   [ ] [ ]
   
   An infection transmitted by sex – can’t remember which
   [ ] [ ]
   
   None of these
   [ ] [ ]
   
   IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q84 ON PAGE 23, OTHERS PLEASE GO TO THE NEXT QUESTION
EVERYONE PLEASE ANSWER

Q82 When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

   Tick ONE box

   Less than 1 year ago  
   Between 1 year and 2 years ago  
   Between 2 years and 3 years ago  
   Between 3 years and 4 years ago  
   Between 4 years and 5 years ago  
   Longer than 5 years ago  

   Go to Q83

Q83 Where were you (last) treated for an infection transmitted by sex?

   Tick ONE box

   A doctor or nurse at your GP's surgery  
   Sexual health clinic/ GUM clinic  
   NHS Family planning clinic/contraceptive clinic/reproductive health clinic  
   NHS ante-natal clinic/midwife  
   Private non-NHS doctor or clinic  
   Youth advisory clinic (e.g. Brook clinic)  
   Pharmacy / chemist  
   Internet site offering treatment  
   Termination of pregnancy (abortion) clinic  
   Hospital accident and emergency (A&E) department  
   Somewhere else, WRITE IN  

   Go to Q84

Q84 How old were you when you first had sexual intercourse with a man?

   Write in  

   Go to Q85

Q85 Altogether in your life so far, with how many men have you had sexual intercourse?

   Write in number  

   Go to Q89

Q86 Are you certain of that number or have you had to estimate it?

   Tick ONE box

   Certain  
   Estimate  

   Go to Q87

Q87 Altogether in the last year, with how many men have you had sexual intercourse?

   Write in number  

   Go to Q89

Q88 Was a condom/sheath used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

   Tick ONE box

   Yes, used on every occasion  
   Yes, used on some occasions  
   No, not used in the last 4 weeks  
   Not had vaginal or anal sex in last 4 weeks  

   Go to Q89
EVERYONE PLEASE ANSWER

Q89 Have you ever had sex with a woman? That is, oral sex or any other forms of genital contact.

Tick ONE box

Yes → Go to Q90
No → Go to Q93

Q90 Altogether in your life so far, with how many women have you had sex?

Write in number

Q91 Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain
Estimate

Q92 Altogether in the last five years, with how many women have you had sex?

Write in number

INFORMATION ABOUT YOURSELF

EVERYONE PLEASE ANSWER

Q93 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

Q94 What is your religion or belief?

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)

Q95 Do you have a mobile telephone number we can contact you on?

Tick ONE box

No → Go to next question
Yes

Q96 Do you have an e-mail address we can contact you on?

Tick ONE box

No → Go to Q97
Yes

What is your mobile telephone number? Please print clearly.

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.
**YOUR WEIGHT**

**EVERYONE PLEASE ANSWER**

**Q97** Given your age and height, would you say that you are...

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>About the right weight</td>
<td>1</td>
</tr>
<tr>
<td>too heavy</td>
<td>2</td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
</tr>
</tbody>
</table>

Go to next question

**Q98** At the present time are you trying to **lose** weight, trying to **gain** weight, or are you not trying to change your weight?

<table>
<thead>
<tr>
<th>Tick ONE box</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Trying to lose weight</td>
<td>1</td>
</tr>
<tr>
<td>Trying to gain weight</td>
<td>2</td>
</tr>
<tr>
<td>Not trying to change weight</td>
<td>3</td>
</tr>
</tbody>
</table>

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q99** Given your child’s age and height, would you say that your child is...

<table>
<thead>
<tr>
<th>Child Name</th>
<th>Child Person No</th>
<th>Child Name</th>
<th>Child Person No</th>
</tr>
</thead>
<tbody>
<tr>
<td>78-79</td>
<td></td>
<td>80-81</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>82-83</td>
<td></td>
</tr>
<tr>
<td>About the right weight</td>
<td>1</td>
<td></td>
<td></td>
</tr>
<tr>
<td>too heavy</td>
<td>2</td>
<td></td>
<td></td>
</tr>
<tr>
<td>or too light?</td>
<td>3</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Not sure</td>
<td>8</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Thank you for answering these questions.

Please give the booklet back to the interviewer.
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:

Do you feel that you lead a ...

- Very healthy life
- Fairly healthy life
- Not very healthy life
- An unhealthy life

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

Yes ➔ Go to Q4

No ➔ Go to Q5

Thank you for taking part in this survey
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.

Q6 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.

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**GENERAL HEALTH OVER THE LAST FEW WEEKS**

Please read this carefully: We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q7</td>
<td>Better than usual</td>
</tr>
<tr>
<td>Q8</td>
<td>Not at all</td>
</tr>
<tr>
<td>Q9</td>
<td>More so than usual</td>
</tr>
<tr>
<td>Q10</td>
<td>Not at all</td>
</tr>
<tr>
<td>Q11</td>
<td>More so than usual</td>
</tr>
<tr>
<td>Q12</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

---

**HAVE YOU RECENTLY:**

<table>
<thead>
<tr>
<th>Question</th>
<th>Tick ONE box</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q13</td>
<td>More so than usual</td>
</tr>
<tr>
<td>Q14</td>
<td>Not at all</td>
</tr>
<tr>
<td>Q15</td>
<td>More so than usual</td>
</tr>
<tr>
<td>Q16</td>
<td>Not at all</td>
</tr>
<tr>
<td>Q17</td>
<td>More so than usual</td>
</tr>
<tr>
<td>Q18</td>
<td>Not at all</td>
</tr>
</tbody>
</table>

---

**General Health Questionnaire (GHQ – 12)**

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The Chiswick Centre, 414 Chiswick High Road, London W4
This edition published 1992.

GL Assessment is part of the Granada Learning Group
EVERYONE PLEASE ANSWER

Q19 Have you spent any money on any of the following activities in the last 12 months? Please tick ONE box for each activity

Tick ONE box

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
<td></td>
<td></td>
</tr>
<tr>
<td>The football pools</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Virtual gaming machines in a bookmaker to bet on virtual roulette, poker, blackjack or other games</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Playing poker in a pub tournament/league or at a club</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online gambling like playing poker, bingo, instant win/scratchcard games, slot machine style games or casino games for money</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Online betting with a bookmaker on any event or sport</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting exchange This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called peer to peer betting.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on horse races in a bookmaker’s, by phone or at the track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on dog races in a bookmaker’s, by phone or at the track</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on sports events in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Betting on other events in a bookmaker’s, by phone or at the venue</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Spread betting In spread-betting you bet that the outcome of an event will be higher or lower than the bookmaker’s prediction. The amount you win or lose depends on how right or wrong you are.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Private betting, playing cards or games for money with friends, family or colleagues</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Another form of gambling in the last 12 months</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Q20 When you gamble, how often do you go back another day to win back money you lost?

Tick ONE box for each question

<table>
<thead>
<tr>
<th>Frequency</th>
<th>Every time I lost</th>
<th>Most of the time</th>
<th>Some of the time (less than half the time I lost)</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q21 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q22 Have you needed to gamble with more and more money to get the excitement you are looking for?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q23 Have you felt restless or irritable when trying to cut down gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q24 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q25 Have you felt restless or irritable when trying to cut down gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q26 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q27 Have you asked others to provide money to help with a desperate financial situation caused by gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
### In the past 12 months, how often...

<table>
<thead>
<tr>
<th>Question</th>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td>Q30 Have you bet more than you could really afford to lose?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q31 Have you needed to gamble with larger amounts of money to get the same excitement?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q32 Have you gone back to try to win back the money you'd lost?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q33 Have you borrowed money or sold anything to get money to gamble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q34 Have you felt that you might have a problem with gambling?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q35 Have you felt that gambling has caused you any health problems, including stress or anxiety?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q36 Have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q37 Have you felt your gambling has caused financial problems for you or your household?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Q38 Have you felt guilty about the way you gamble or what happens when you gamble?</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q39 The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

**EVERYONE PLEASE ANSWER**

**Q40** Have you ever had a test for Chlamydia?
- Yes [ ]  → Go to Q41
- No [ ]  → Go to Q44

**Q41** When did you have your last test for Chlamydia?
- Less than 3 months ago [ ]
- At least 3 months, less than 6 months ago [ ]
- At least 6 months, less than 1 year ago [ ]
- At least 1 year, less than 2 years ago [ ]
- At least 2 years, less than 5 years ago [ ]
- At least 5 years ago [ ]

**Q42** Where were you (last) tested for Chlamydia?
- General practice (GP) surgery [ ]
- Sexual health clinic/ GUM clinic [ ]
- NHS Family planning clinic/ contraceptive clinic/ reproductive health clinic [ ]
- NHS ante-natal clinic/ midwife [ ]
- Private non-NHS doctor or clinic [ ]
- Youth advisory clinic (e.g. Brook clinic) [ ]
- Self-collected test from pharmacy / chemist [ ]
- Self-collected test from internet [ ]
- Self-collected test from somewhere else [ ]
- Hospital accident and emergency (A&E) department [ ]
- Somewhere else WRITE IN [ ]
EVERYONE PLEASE ANSWER

Q43 Why were you (last) tested for Chlamydia?

Tick ALL that apply

- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with Chlamydia
- I wanted a general sexual health check-up
- Check-up after previous positive test
- I had no symptoms but I was worried about the risk of Chlamydia
- I was offered a routine test

Go to Q44

EVERYONE PLEASE ANSWER

Q44 Have you ever attended a sexual health clinic (GUM clinic)?

Tick ONE box

- Yes
- No

Go to Q45

EVERYONE PLEASE ANSWER

Q45 When did you last attend a sexual health clinic (GUM clinic)?

Tick ONE box

- Less than 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- Between 3 years and 4 years ago
- Between 4 years and 5 years ago
- Between 5 years and 10 years ago
- Longer than 10 years ago

Go to Q46

EVERYONE PLEASE ANSWER

Q46 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

Tick ALL that apply

- Chlamydia
- Gonorrhoea
- Genital warts (venereal warts)
- Syphilis
- Trichomonas vaginalis (Trich, TV)
- Herpes (genital herpes)
- Pubic lice / crabs
- Hepatitis B
- NSU (Non Specific Urethritis), NGU (Non Gonococcal Urethritis)
- Epididymitis
- An infection transmitted by sex – can’t remember which
- None of these

Tick ONE box

- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
- 10
- 11
- 12
- 13
- 14
- 15

IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q49 ON PAGE 13, OTHERS PLEASE GO TO THE NEXT QUESTION
Q47 When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

Less than 1 year ago
Between 1 year and 2 years ago
Between 2 years and 3 years ago
Between 3 years and 4 years ago
Between 4 years and 5 years ago
Longer than 5 years ago

Go to Q48

Q48 Where were you (last) treated for an infection transmitted by sex?

Tick ONE box

A doctor or nurse at your GP’s surgery
Sexual health clinic/ GUM clinic
NHS Family planning clinic/ contraceptive clinic/ reproductive health clinic
NHS ante-natal clinic/ midwife
Private non-NHS doctor or clinic
Youth advisory clinic (e.g. Brook clinic)
Pharmacy / chemist
Internet site offering treatment
Hospital accident and emergency (A&E) department

Somewhere else
WRITE IN

Go to Q49

Everyone please answer

Q49 How old were you when you first had sexual intercourse with a woman?

Write in

Go to Q50

This hasn’t happened

Go to Q54

Q50 Altogether in your life so far, with how many women have you had sexual intercourse?

Write in number

Go to Q51

Q51 Are you certain of that number or have you had to estimate it?

Tick ONE box

Certain
Estimate

Q52 Altogether in the last year, with how many women have you had sexual intercourse?

Write in number

Q53 Was a condom/sheath used on any occasions of having vaginal or anal sex with a woman in the last 4 weeks?

Tick ONE box

Yes, used on every occasion
Yes, used on some occasions
No, not used in the last 4 weeks

Not had vaginal or anal sex in last 4 weeks

Go to Q54
Q54 What is your religion or belief?  
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)

Q55 Altogether in your life so far, with how many men have you had sex?
Write in number

Q56 Are you certain of that number or have you had to estimate it?

Q57 Altogether in the last five years, with how many men have you had sex?
Write in number

INFORMATION ABOUT YOURSELF

Q58 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
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.

Q60 Do you have a mobile telephone number we can contact you on?

Tick ONE box

No

Go to next question

Yes

What is your mobile telephone number?

Q61 Do you have an e-mail address we can contact you on?

Tick ONE box

No

Go to Q62

Yes

What is your e-mail address? Please print clearly.

Q62 Given your age and height, would you say that you are...

Tick ONE box

About the right weight

too heavy

or too light?

Not sure

Go to next question

Q63 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

Trying to lose weight

Trying to gain weight

Not trying to change weight

PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW

Q64 Given your child’s age and height, would you say that your child is...

Tick ONE box

Child Name

Child Person No

About the right weight

too heavy

or too light?

Not sure

Spare 2

Spare 7
Thank you for answering these questions.

Please give the booklet back to the interviewer.
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:

Tick one box

Do you feel that you lead a ....

Very healthy life ✔️

Fairly healthy life

Not very healthy life

An unhealthy life

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

Yes ✔️ → Go to Q4

No → Go to Q5

Thank you for taking part in this survey
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.

Q1 Mobility

Tick ONE box

- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Q2 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

Q3 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

Q4 Pain/Discomfort

Tick ONE box

- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Q5 Anxiety/Depression

Tick ONE box

- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed

Q6

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.

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GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Q7 been able to concentrate on whatever you’re doing?

Q8 lost much sleep over worry?

Q9 felt you were playing a useful part in things?

Q10 felt capable of making decisions about things?

Q11 felt constantly under strain?

Q12 felt you couldn’t overcome your difficulties?

Q13 been able to enjoy your normal day-to-day activities?

Q14 been able to face up to your problems?

Q15 been feeling unhappy and depressed?

Q16 been losing confidence in yourself?

Q17 been thinking of yourself as a worthless person?

Q18 been feeling reasonably happy, all things considered?

---

General Health Questionnaire (GHQ – 12)

David Goldberg, 1978

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EVERYONE PLEASE ANSWER

Q19 Have you spent any money on any of the following activities in the last 12 months? Please tick ONE box for each activity

<table>
<thead>
<tr>
<th>Activity</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tickets for the National Lottery Draw, including Thunderball and EuroMillions and tickets bought online</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Scratchcards (but not online or newspaper or magazine scratchcards)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Tickets for any other lottery, including charity lotteries</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>The football pools</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Bingo cards or tickets, including playing at a bingo hall (not online)</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Fruit or slot machines</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Table games (roulette, cards or dice) in a casino</td>
<td>Yes</td>
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</tr>
<tr>
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<td>Yes</td>
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<td>Yes</td>
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<tr>
<td>Online betting with a bookmaker on any event or sport</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Betting exchange This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called 'peer to peer' betting.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Betting on horse races in a bookmaker's, by phone or at the track</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Betting on dog races in a bookmaker's, by phone or at the track</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Betting on sports events in a bookmaker's, by phone or at the venue</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Betting on other events in a bookmaker's, by phone or at the venue</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Spread betting In spread betting you bet that the outcome of an event will be higher or lower than the bookmaker's prediction. The amount you win or lose depends on how right or wrong you are.</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Private betting, playing cards or games for money with friends, family or colleagues</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Another form of gambling in the last 12 months</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

IF YOU TICKED ‘YES’ FOR ANY OF THE ACTIVITIES AT Q19, PLEASE GO TO Q20 OTHERWISE GO TO Q39.

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

In the last 12 months...

Every time I lost  | Most of the time  | Some of the time (less than half the time I lost)  | Never

Q20 When you gamble, how often do you go back another day to win back money you lost?

Tick ONE box for each question

Very often  | Fairly often  | Occasionally  | Never

Q21 How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?

Q22 Have you needed to gamble with more and more money to get the excitement you are looking for?

Q23 Have you felt restless or irritable when trying to cut down gambling?

Q24 Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?

Q25 Have you lied to family, or others, to hide the extent of your gambling?

Q26 Have you made unsuccessful attempts to control, cut back or stop gambling?

Q27 Have you committed a crime in order to finance gambling or to pay gambling debts?

Q28 Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?

Q29 Have you asked others to provide money to help with a desperate financial situation caused by gambling?
### Q30
Have you bet more than you could really afford to lose?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
</tr>
</tbody>
</table>

### Q31
Have you needed to gamble with larger amounts of money to get the same excitement?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Q32
Have you gone back to try to win back the money you'd lost?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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<td></td>
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</tbody>
</table>

### Q33
Have you borrowed money or sold anything to get money to gamble?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Q34
Have you felt that you might have a problem with gambling?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

### Q35
Have you felt that gambling has caused you any health problems, including stress or anxiety?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

### Q36
Have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q37
Have you felt your gambling has caused financial problems for you or your household?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

### Q38
Have you felt guilty about the way you gamble or what happens when you gamble?

<table>
<thead>
<tr>
<th>Almost always</th>
<th>Most of the time</th>
<th>Sometimes</th>
<th>Never</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

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### Q39
The next section includes questions that you may find sensitive. We hope that you will answer these because, combined with responses from all others in the survey, they will help us build up a picture of experiences across the whole population. If you do not wish to answer any question, please leave it blank.

### Q40
Have you ever had a test for Chlamydia?

Tick ONE box

- Yes
- Go to Q41
- No
- Go to Q44

### Q41
When did you have your last test for Chlamydia?

Tick ONE box

- Less than 3 months ago
- At least 3 months, less than 6 months ago
- At least 6 months, less than 1 year ago
- At least 1 year, less than 2 years ago
- At least 2 years, less than 5 years ago
- At least 5 years ago

---

### Q42
Where were you (last) tested for Chlamydia?

Tick ONE box

- General practice (GP) surgery
- Sexual health clinic/ GUM clinic
- NHS Family planning clinic/ contraceptive clinic/ reproductive health clinic
- NHS ante-natal clinic/ midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Self-collected test from pharmacy/ chemist
- Self-collected test from internet
- Self-collected test from somewhere else
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else
- WRITE IN

---

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EVERYONE PLEASE ANSWER

Q43 Why were you (last) tested for Chlamydia?

Tick ALL that apply or tick one

- I had symptoms
- My partner had symptoms
- I was notified because a partner was diagnosed with Chlamydia
- I wanted a general sexual health check-up
- Check-up after previous positive test
- I had no symptoms but I was worried about the risk of Chlamydia
- I was offered a routine test
- Other

WRITE IN

Go to Q44

EVERYONE PLEASE ANSWER

Q44 Have you ever attended a sexual health clinic (GUM) clinic?

Tick ONE box

- Yes
- No

Go to Q45

Go to Q46

Q45 When did you last attend a sexual health clinic (GUM clinic)?

Tick ONE box

- Less than 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- Between 3 years and 4 years ago
- Between 4 years and 5 years ago
- Between 5 years and 10 years ago
- Longer than 10 years ago

Go to Q46

EVERYONE PLEASE ANSWER

Q46 (a) Have you ever been told by a doctor or other healthcare professional, that you had any of the following?

(b) If you have had more than one of these, which were you told about most recently?

(a) (b)

---

EVERYONE PLEASE ANSWER

Q43 Why were you (last) tested for Chlamydia?

Tick ALL that apply

- Chlamydia
- Gonorrhoea
- Genital warts (venereal warts)
- Syphilis
- Trichomonas vaginalis (Trich, TV)
- Herpes (genital herpes)
- Pubic lice / crabs
- Hepatitis B
- Pelvic Inflammatory Disease (PID, salpingitis)
- Bacterial vaginosis
- An infection transmitted by sex – can’t remember which
- None of these

Tick ONE box

- Chlamydia
- Gonorrhoea
- Genital warts (venereal warts)
- Syphilis
- Trichomonas vaginalis (Trich, TV)
- Herpes (genital herpes)
- Pubic lice / crabs
- Hepatitis B
- Pelvic Inflammatory Disease (PID, salpingitis)
- Bacterial vaginosis
- An infection transmitted by sex – can’t remember which
- None of these

IF YOU HAVE HAD NONE OF THESE PLEASE GO TO Q49 ON PAGE 13, OTHERS PLEASE GO TO THE NEXT QUESTION
Q47  When were you (last) told by a doctor or health professional that you had an infection transmitted by sex?

Tick ONE box

- Less than 1 year ago
- Between 1 year and 2 years ago
- Between 2 years and 3 years ago
- Between 3 years and 4 years ago
- Between 4 years and 5 years ago
- Longer than 5 years ago

Go to Q48

Q48  Where were you (last) treated for an infection transmitted by sex?

Tick ONE box

- A doctor or nurse at your GP's surgery
- Sexual health clinic/GUM clinic
- NHS Family planning clinic/contraceptive clinic/reproductive health clinic
- NHS ante-natal clinic/midwife
- Private non-NHS doctor or clinic
- Youth advisory clinic (e.g. Brook clinic)
- Pharmacy/chemist
- Internet site offering treatment
- Termination of pregnancy (abortion) clinic
- Hospital accident and emergency (A&E) department
- Somewhere else

WRITE IN

Go to Q49

Everyone please answer

Q49  How old were you when you first had sexual intercourse with a man?

Write in

This hasn't happened

Go to Q50

Q50  Altogether in your life so far, with how many men have you had sexual intercourse?

Write in number

Q51  Are you certain of that number or have you had to estimate it?

Tick ONE box

- Certain
- Estimate

Q52  Altogether in the last year, with how many men have you had sexual intercourse?

Write in number

Q53  Was a condom/sheath used on any occasions of having vaginal or anal sex with a man in the last 4 weeks?

Tick ONE box

- Yes, used on every occasion
- Yes, used on some occasions
- No, not used in the last 4 weeks
- Not had vaginal or anal sex in last 4 weeks

Go to Q54
Q59 What is your religion or belief?

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)
____________________________________
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.

**Q60** Do you have a mobile telephone number we can contact you on?  
Tick ONE box

<table>
<thead>
<tr>
<th>1</th>
<th>No</th>
<th>Go to next question</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

What is your mobile telephone number?  

**Q61** Do you have an e-mail address we can contact you on?  
Tick ONE box

<table>
<thead>
<tr>
<th>1</th>
<th>No</th>
<th>Go to Q62</th>
</tr>
</thead>
<tbody>
<tr>
<td>2</td>
<td>Yes</td>
<td></td>
</tr>
</tbody>
</table>

What is your e-mail address? Please print clearly.

**Q62** 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

Go to next question

**Q63** 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

**PLEASE ANSWER IF YOU ARE A PARENT/GUARDIAN OF A CHILD AGED UNDER 16 TAKING PART IN THE INTERVIEW**

**Q64** Given your child’s age and height, would you say that your child is...

<table>
<thead>
<tr>
<th>1</th>
<th>Yes</th>
<th>2</th>
<th>No</th>
</tr>
</thead>
</table>

About the right weight  
1. Too heavy  
2. Too light?  
3. Not sure
Thank you for answering these questions.
Please give the booklet back to the interviewer.
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.

Q1 Mobility
Tick ONE box
- I have no problems in walking about
- I have some problems in walking about
- I am confined to bed

Q2 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

Q3 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

Q4 Pain/Discomfort
Tick ONE box
- I have no pain or discomfort
- I have moderate pain or discomfort
- I have extreme pain or discomfort

Q5 Anxiety/Depression
Tick ONE box
- I am not anxious or depressed
- I am moderately anxious or depressed
- I am extremely anxious or depressed
GENERAL HEALTH OVER THE LAST FEW WEEKS

Please read this carefully:
We should like to know how your health has been in general over the past few weeks. Please answer ALL the questions by ticking the box below the answer which you think most applies to you.

HAVE YOU RECENTLY:

Q7 been able to concentrate on whatever you're doing?

Tick ONE box

Better than usual
Same as usual
Less than usual
Much less than usual

Q8 lost much sleep over worry?

Tick ONE box

More so than usual
Same as usual
Less useful than usual
Much less useful

Q9 felt you were playing a useful part in things?

Tick ONE box

More so than usual
Same as usual
Less so than usual
Much less capable

Q10 felt capable of making decisions about things?

Tick ONE box

Not at all
No more than usual
Rather more than usual
Much more than usual

Q11 felt constantly under strain?

Tick ONE box

Not at all
No more than usual
Rather more than usual
Much more than usual

Q12 felt you couldn't overcome your difficulties?

Tick ONE box

Not at all
No more than usual
Rather more than usual
Much more than usual

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Your own health state today
Q19 Have you spent any money on any of the following activities in the last 12 months? Please tick ONE box for each activity

- Tickets for the National Lottery Draw, including Thunderball and Euromillions and tickets bought online
- Scratchcards (but not online or newspaper or magazine scratchcards)
- Tickets for any other lottery, including charity lotteries
- The football pools
- Bingo cards or tickets, including playing at a bingo hall (not online)
- Fruit or slot machines
- Virtual gaming machines in a bookmakers to bet on virtual roulette, poker, blackjack or other games
- Table games (roulette, cards or dice) in a casino
- Playing poker in a pub tournament or at a club
- Online gambling like playing poker, bingo, instant win scratchcard games, slot machine style games or casino games for money
- Online betting with a bookmaker on any event or sport
- Betting exchange
  - This is where you lay or back bets against other people using a betting exchange. There is no bookmaker to determine the odds. This is sometimes called ‘peer to peer’ betting.
- Betting on horse races in a bookmaker’s, by phone or at the track
- Betting on dog races in a bookmaker’s, by phone or at the track
- Betting on sports events in a bookmaker’s, by phone or at the track
- Betting on other events in a bookmaker’s, by phone or at the track
- Spread betting
  - In spread betting you bet that the outcome of an event will be higher or lower than the bookmaker’s prediction. The amount you win or lose depends on how right or wrong you are.
- Private betting, playing cards or games for money with friends, family or colleagues
- Another form of gambling in the last 12 months
**IF YOU TICKED 'YES' FOR ANY OF THE ACTIVITIES AT Q19, PLEASE GO TO Q20
OTHERWISE GO TO Q39.**

For the next set of questions about gambling, please indicate the extent to which each one has applied to you in the last 12 months.

**In the last 12 months...**

<table>
<thead>
<tr>
<th>Q20</th>
<th>How often have you bet more than you could really afford to lose?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
</tr>
<tr>
<td>Some of the time (less than half the time I lost)</td>
<td><img src="some_of_the_time_less_than_half_the_time_I_lost" alt="Some of the time (less than half the time I lost)" /></td>
</tr>
<tr>
<td>Most of the time</td>
<td><img src="most_of_the_time" alt="Most of the time" /></td>
</tr>
<tr>
<td>Every time I lost</td>
<td><img src="every_time_I_lost" alt="Every time I lost" /></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q21</th>
<th>How often have you found yourself thinking about gambling (that is reliving past gambling experiences, planning the next time you will play, or thinking of ways to get money to gamble)?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
</tr>
<tr>
<td>Occasionally</td>
<td><img src="occasionally" alt="Occasionally" /></td>
</tr>
<tr>
<td>Fairly often</td>
<td><img src="fairly_often" alt="Fairly often" /></td>
</tr>
<tr>
<td>Very often</td>
<td><img src="very_often" alt="Very often" /></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Q22</th>
<th>Have you needed to gamble with more and more money to get the excitement you are looking for?</th>
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<table>
<thead>
<tr>
<th>Q23</th>
<th>Have you felt restless or irritable when trying to cut down gambling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Q24</th>
<th>Have you gambled to escape from problems or when you are feeling depressed, anxious or bad about yourself?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<tr>
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<table>
<thead>
<tr>
<th>Q25</th>
<th>Have you lied to family, or others, to hide the extent of your gambling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<table>
<thead>
<tr>
<th>Q26</th>
<th>Have you made unsuccessful attempts to control, cut back or stop gambling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<tr>
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<table>
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<tr>
<th>Q27</th>
<th>Have you committed a crime in order to finance gambling or to pay gambling debts?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<table>
<thead>
<tr>
<th>Q28</th>
<th>Have you risked or lost an important relationship, job, educational or work opportunity because of gambling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<tr>
<td>Some of the time (less than half the time I lost)</td>
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</tbody>
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<tr>
<th>Q29</th>
<th>Have you asked others to provide money to help with a desperate financial situation caused by gambling?</th>
</tr>
</thead>
<tbody>
<tr>
<td>Never</td>
<td><img src="never" alt="Never" /></td>
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<tr>
<td>Some of the time (less than half the time I lost)</td>
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<tr>
<td>Most of the time</td>
<td><img src="most_of_the_time" alt="Most of the time" /></td>
</tr>
<tr>
<td>Every time I lost</td>
<td><img src="every_time_I_lost" alt="Every time I lost" /></td>
</tr>
</tbody>
</table>

---

**In the past 12 months, how often...**

Tick ONE box for each question

- **Almost always**
- **Most of the time**
- **Sometimes**
- **Never**

Q30: Have you bet more than you could really afford to lose?

Q31: Have you needed to gamble with larger amounts of money to get the same excitement?

Q32: Have you gone back to try to win back the money you’d lost?

Q33: Have you borrowed money or sold anything to get money to gamble?

Q34: Have you felt that you might have a problem with gambling?

Q35: Have you felt that gambling has caused you any health problems, including stress or anxiety?

Q36: Have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?

Q37: Have you felt your gambling has caused financial problems for you or your household?

Q38: Have you felt guilty about the way you gamble or what happens when you gamble?

---

**INFORMATION ABOUT YOURSELF**

**EVERYONE PLEASE ANSWER**

Q39: Which of the following options best describes how you think of yourself?

- Heterosexual or Straight
- Gay or Lesbian
- Bisexual
- Other
- Prefer not to say
Q40  What is your religion or belief?

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)

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.

Q41  Do you have a mobile telephone number we can contact you on?

Tick ONE box

Go to next question
No
Yes

What is your mobile telephone number?

Q42  Do you have an e-mail address we can contact you on?

Tick ONE box

Go to Q43
No
Yes

What is your e-mail address? Please print clearly.

Q43  Given your age and height, would you say that you are...

Tick ONE box

About the right weight
too heavy
or too light?
Not sure

Q44  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

Trying to lose weight
Trying to gain weight
Not trying to change weight

Q45  Given your child’s age and height, would you say that your child is...

Tick ONE box

About the right weight
too heavy
or too light?
Not sure

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.
EVERYONE PLEASE ANSWER

Q46  What is your age?

Tick ONE box

45-64
65 or over

Thank you, you do not need to answer any more questions

Go to Q47

Q47  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

Q48  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.
Linking survey answers to other information

- The National Health Service (NHS) maintains medical and health records on all patients who use their services. These include:
  - In-patient and out-patient visits to hospital, length of stay and waiting times
  - Information about specific medical conditions such as cancer
  - Details about when people pass away, the date and cause of their death.

- We would like to ask for your consent to link some of your NHS health records with your survey answers. These are the Hospital Episode Statistics and National Health Service Central Register.

- To link this information we need to send your name, address and date of birth to the NHS Central Register so they can identify your health records.

- We will be able to find information about any hospital treatment you may have such as length of stay or reason for visit. 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 statistical and research purposes only. The information will not identify you and it cannot be used by anyone treating you as a patient.

- By signing this form you are only giving permission to link survey information to routine administrative data and nothing else.

You can cancel this permission at any time in the future by writing to: NatCen Social Research, 35 Northampton Square, London EC1V 0AX, or you can telephone: 0300 326 397 and ask for Emma Fenn. You do not need to give a reason to cancel this.

Your consent:
I consent to NatCen 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 and managed by The Health and Social Care Information Centre and other central UK NHS bodies may be used in order to provide information about my hospital admissions and my health status.

___________________________     ___________________________     _________________
Respondent signature     Respondent name           Date

____________________________     ___________________________     ________________
Interviewer signature Interviewer name                   Date

I understand that these details will be used for statistical and research purposes only.

Point Address HHLD       CKL Person No
The Health Survey for England 2012

Program Documentation

Nurse Schedule

P8227

The Health Survey for England 2012 - Nurse Interview

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

IF AGE <= 15 THEN
P1
Person number of child's Parent 1.
Range: 1..12

P1Name
Name of child's Parent 1.
Text:

NatPs1
Parent type of Parent 1.
1 Parent
2 Legal parental responsibility

P2
Person number of child's Parent 2
(code 97=no Parent 2 in household)
Range: 01..97

P2Name
Name of child's Parent 2.
Text:

IF P2 IN [1..12] THEN
NatPs2
Parent type of Parent 2.
1 Parent
2 Legal parental responsibility
ENDIF
ENDIF

HHDate
NURSE: ENTER THE DATE OF THE ORIGINAL HOUSEHOLD INTERVIEW.
Prescribed medicines, drug coding and folic acid

ALL WITH A NURSE VISIT

MedCNJD
Are you taking or using any medicines, pills, syrups, ointments, puffers or injections prescribed for you by a doctor or nurse?
NURSE: IF STATINS HAVE BEEN PRESCRIBED BY A DOCTOR PLEASE CODE THEM HERE. IF THEY HAVE BEEN BOUGHT WITHOUT A PRESCRIPTION CODE AT THE STATINS QUESTION.

1. Yes
2. No
3. Yes, but unable to code as name of drug(s) not available.

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.

Collect details of up to 22 prescribed medicines

FOR i:= 1 TO 22 DO

IF (i = 1) OR (MedBIC[i-1] = Yes) THEN

MedBI[i]
NURSE: ENTER NAME OF DRUG NO. (1, 2, 3, etc.)

ASK IF YOU CAN SEE THE CONTAINERS FOR ALL PRESCRIBED MEDICATIONS CURRENTLY BEING TAKEN. IF ASPIRIN, RECORD DOSAGE AS WELL AS NAME.

Text: Maximum 30 characters

MedBIA[i]
Have you taken/used (name of medicine) in the last 7 days?

1. Yes
2. No

MedBIC[i]
NURSE CHECK: ANY MORE DRUGS TO ENTER?

1. Yes
2. No

ENDIF

ENDIF

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.

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
The Health Survey for England 2012 - Nurse Interview  

Prescribed medications

IF age >= 16 AND MedCNJD = 2, 3 OR MedBic = 2 THEN
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 (Lozol)
Roseruvastatin (Crestor) and Simvastatin (Zocor)
  1 Yes
  2 No
ENDIF

IF MedCNJD = Yes THEN
Drug coding block
DrCod1
NURSE: PLEASE COMPLETE DRUG CODING FOR Person (person no.) (person name).
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?
  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):
Text: Maximum 255 characters
ENDIF
ENDIF
ENDDO
ENDIF

IF age >= 16 AND MedCNJD = 2, 3 OR MedBic = 2 THEN
Cholesterol levels
Are you taking cholesterol-lowering medicines bought over the counter from a pharmacist, without prescription from a doctor?
NURSE: HERE ARE SOME EXAMPLES OF COMMON CHOLESTEROL-LOWERING DRUGS, WHICH MAY BE BOUGHT OVER THE COUNTER:
  - Atorvastatin (Lipitor)
  - Fluvastatin (Lescol, Lescol XL)
  - Pravastatin (Lozol)
Roseruvastatin (Crestor) and Simvastatin (Zocor)
  1 Yes
  2 No
ENDIF

IF Sex = Female AND Age = 18-49 THEN
Folic
At present, are you taking any folic 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
ENDIF

IF PreNTJ = Yes AND Folic = Yes
FolPreg
Did you start taking folic acid supplements before becoming pregnant?
  1 Yes
  2 No
ENDIF

IF FolPreg = Yes
FolPreg12
Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?
  1 Yes
  2 No
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

ASK ALL ADULTS (16+)
FluVac
Can I check, have you ever been vaccinated for any type of flu (influenza)?
  1. Yes,
  2. No,
  3. Not sure
IF FluVac = Yes
VacWhn
When was your most recent flu vaccination? Was it ...
  1. Within the last 12 months,
  2. More than one year, up to 2 years ago,
  3. More than two years, up to 3 years ago,
  4. More than 3 years, up to 5 years ago,
  5. More than 5, up to 10 years ago,
  6. or, More than 10 years ago?
IF VacWhn = [1 or 2] (up to 2 years ago)
VacMth
In which month did you have your most recent vaccination for flu?
NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if January or February, code January).
RECORD MONTH

The Health Survey for England 2012 - Nurse Interview  

Prescribed medications

IF Sex = Female AND Age = 18-49 THEN
Folic
At present, are you taking any folic 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
ENDIF

IF PreNTJ = Yes AND Folic = Yes
FolPreg
Did you start taking folic acid supplements before becoming pregnant?
  1 Yes
  2 No
ENDIF

IF FolPreg = Yes
FolPreg12
Have you been taking folic acid supplements for the first 12 weeks of your pregnancy?
  1 Yes
  2 No
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

ASK ALL ADULTS (16+)
FluVac
Can I check, have you ever been vaccinated for any type of flu (influenza)?
  1. Yes,
  2. No,
  3. Not sure
IF FluVac = Yes
VacWhn
When was your most recent flu vaccination? Was it ...
  1. Within the last 12 months,
  2. More than one year, up to 2 years ago,
  3. More than two years, up to 3 years ago,
  4. More than 3 years, up to 5 years ago,
  5. More than 5, up to 10 years ago,
  6. or, More than 10 years ago?
IF VacWhn = [1 or 2] (up to 2 years ago)
VacMth
In which month did you have your most recent vaccination for flu?
NURSE: If respondent is unsure in which month they had their vaccination but knows it was either one month or another, code the earlier of the 2 months (e.g. if January or February, code January).
RECORD MONTH

The Health Survey for England 2012 - Nurse Interview  

Prescribed medications

IF age >= 16 AND MedCNJD = 2, 3 OR MedBic = 2 THEN
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 (Lozol)
Roseruvastatin (Crestor) and Simvastatin (Zocor)
  1 Yes
  2 No
ENDIF

IF MedCNJD = Yes THEN
Drug coding block
DrCod1
NURSE: PLEASE COMPLETE DRUG CODING FOR Person (person no.) (person name).
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?
  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):
Text: Maximum 255 characters
ENDIF
ENDIF
ENDDO
ENDIF

IF age >= 16 AND MedCNJD = 2, 3 OR MedBic = 2 THEN
Cholesterol levels
Are you taking cholesterol-lowering medicines bought over the counter from a pharmacist, without prescription from a doctor?
NURSE: HERE ARE SOME EXAMPLES OF COMMON CHOLESTEROL-LOWERING DRUGS, WHICH MAY BE BOUGHT OVER THE COUNTER:
  - Atorvastatin (Lipitor)
  - Fluvastatin (Lescol, Lescol XL)
  - Pravastatin (Lozol)
Roseruvastatin (Crestor) and Simvastatin (Zocor)
  1 Yes
  2 No
ENDIF
The Health Survey for England 2012 - Nurse Interview

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, 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

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 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?
CODE ONE ONLY. IF BOTH - WHICH MOST RECENTLY? IF CAN’T SAY - ASK TO SEE PACKET
1 2mg  2 4mg  3 Can’t say (and no packet available)

ENDIF

UsePat
In the last seven days have you used nicotine patches that you stick on your skin?
1 Yes  2 No

VacYr
In which year did you have your most recent flu vaccination?
RECORD YEAR:
IF blood sample obtained AND respondent consents to storage THEN

RespIll
Have you had a cough, cold or flu in the last month?
1. Yes,  2. No
The Health Survey for England 2012 - Nurse Interview

Nicotine replacement products

IF UsePat = Yes THEN
BNicPats
Can you tell me which brand and strength of nicotine patches you use?
CODE ONE ONLY. DO NOT PROMPT
IF MORE THAN ONE TYPE - WHICH MOST RECENTLY? IF NOT SURE - ASK TO SEE PACKET
1 Nicorette: 5mg
2 Nicorette: 10mg
3 Nicorette: 15mg
4 Nicotinell TTS: 10 (7mg)
5 Nicotinell TTS: 20 (14mg)
6 Nicotinell TTS: 30 (21mg)
7 Nicorail: 7mg
8 NiQuitin: 14mg
9 Nicotinell: 21mg
95 Other (SPECIFY AT NEXT QUESTION)
96 Can’t say (and no packet available)
ENDIF

ENDIF

UseNas
In the last seven days, have you used nicotine nasal spray or a nicotine inhaler?
1 Yes
2 No
ENDIF

Blood pressure

IF Age of Respondent 0 to 4 years THEN
NoBP
NO BLOOD PRESSURE READING TO BE DONE. ENTER ’1’ TO 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.

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 (name of child’s) blood pressure should be measured again.
1 Continue
ELSE (Respondent aged 5-15)
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
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

IF BPConst = Yes THEN
IF Age of Respondent is 15 years or over THEN
ConSubX
May I just check, have you eaten, smoked, drunk alcohol or done any vigorous exercise in the past 30 minutes?
CODE ALL THAT APPLY.
1 Eaten
2 Smoked
3 Drunk alcohol
4 Done vigorous exercise
5 (None of these)
Blood pressure

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.

Map to Dias repeated for up to 3 blood pressure measurements.

FOR I=1 TO 3 DO
Map[i]
TAKE THREE MEASUREMENTS FROM RIGHT ARM. ENTER (FIRST/SECOND/THIRD) MAP 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

Pulse[i]
Enter (FIRST/SECOND/THIRD) PULSE READING (bpm).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

Sys[i]
Enter (FIRST/SECOND/THIRD) SYSTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

Dias[i]
Enter (FIRST/SECOND/THIRD) DIASTOLIC READING (mmHg).
IF READING NOT OBTAINED, ENTER 999.
Range: 001..999

ENDIF

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

IF BLOOD PRESSURE MEASUREMENT REFUSED OR NOT ATTEMPTED, OR FEWER THAN THREE FULL READINGS OBTAINED THEN:
NAttBPD
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)
The Health Survey for England 2012 - Nurse Interview

**Blood pressure**

IF NattBP = Other THEN

OthNBP

ENTER FULL DETAILS OF OTHER REASON(S) FOR NOT OBTAINING/ATTEMPTING THREE BP READINGS:

Text: Maximum 140 characters

ENDIF ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

DifBPC

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)

ENDIF

IF One, Two or Three Full Blood Pressure Readings Obtained Then

GPRegB

Are you registered with a GP?

1. Yes
2. No

ENDIF

IF GPRegB = Yes THEN

GPSend

May we send your blood pressure readings to your GP?

1. Yes
2. No

ENDIF

IF GPSend = No THEN

GPRefC

NURSE: SPECIFY REASON(S) FOR REFUSAL TO ALLOW BP READINGS TO BE SENT TO GP. CODE ALL THAT APPLY.

1. Hardly/Never sees GP
2. GP knows respondent's BP level
3. Does not want to bother GP
95. Other (SPECIFY AT NEXT QUESTION)

ENDIF

IF GPRefM = Other THEN

OthRefC

NURSE: GIVE FULL DETAILS OF REASON(S) FOR REFUSAL:

Text: Maximum 140 characters

ENDIF ENDIF

IF ONE, TWO OR THREE FULL BLOOD PRESSURE READINGS OBTAINED THEN

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 ON [name of participant's]

MEASUREMENT RECORD CARD

(COMPLETE NEW RECORD CARD IF REQUIRED).

ADVICE TO RESPONDENTS ON BLOOD PRESSURE READING

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 once-off finding or not.

NURSE: IF RESPONDENT IS ELDERLY, ADVISE HIM/HER TO CONTACT GP WITHIN NEXT 7-10 DAYS.

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 MODERATELY 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 once-off finding or not.

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 once-off finding or not.
The Health Survey for England 2012 - Nurse Interview

**Blood pressure**

**IF** Systolic reading <140 AND Diastolic reading <85 (Men aged 16-49 OR Women aged 16+)
**OR** IF Systolic reading <160 AND Diastolic reading <95 (Men aged 50+)
**THEN**

**TICK THE NORMAL BOX AND READ OUT TO RESPONDENT:** Your blood pressure is normal.

**ENDIF**

**ENDIF**

**ENDIF**

---

**Waist and hip circumference**

**ASK ALL Respondents aged 11+ AND PregNt=No THEN**

**WHMod**

NURSE: NOW FOLLOWS THE WAIST AND HIP CIRCUMFERENCE MEASUREMENT.

**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.

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 (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**

**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**
The Health Survey for England 2012 - Nurse Interview

Waist and hip

**IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR ONLY one waist/hip measurement obtained) THEN**

**WHPNABM**

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/ FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.
1. Respondent is in a wheelchair
2. Respondent is confined to bed
3. Respondent is too stooped
4. Respondent did not understand the procedure
5. Respondent is embarrassed/sensitive about their size
6. No time/buzy/already spent enough time on this survey
95. Other (SPECIFY AT NEXT QUESTION)

**ENDIF**

**IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN**

**WHRes**

NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Waist measurements 1 and 2)
Hip: (Hip measurements 1 and 2)

**ENDIF**

**IF NO OR ONE MEASUREMENT OBTAINED ((WHIntro=Refuse OR Unable) OR ONLY one waist/hip measurement obtained) THEN**

**WHPNABM**

GIVE REASON(S) (FOR REFUSAL/WHY UNABLE/ FOR NOT OBTAINING MEASUREMENT/FOR NOT ATTEMPTING/WHY ONLY ONE MEASUREMENT OBTAINED). CODE ALL THAT APPLY.
1. Respondent is in a wheelchair
2. Respondent is confined to bed
3. Respondent is too stooped
4. Respondent did not understand the procedure
5. Respondent is embarrassed/sensitive about their size
6. No time/buzy/already spent enough time on this survey
95. Other (SPECIFY AT NEXT QUESTION)

**ENDIF**

**IF AT LEAST ONE WAIST MEASUREMENT OBTAINED (IF (Waist1 <> 999.9 AND Waist1 <> EMPTY) OR (Waist2 <> 999.9 AND Waist2 <> EMPTY)) THEN**

**WJRel**

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**

**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**

**IF ONE OR TWO WAIST/HIP MEASUREMENTS OBTAINED THEN**

**WHRes**

NURSE: OFFER TO WRITE RESULTS OF WAIST AND HIP MEASUREMENTS, WHERE APPLICABLE, ONTO RESPONDENT'S MEASUREMENT RECORD CARD.

Waist: (Waist measurements 1 and 2)
Hip: (Hip measurements 1 and 2)

**ENDIF**
### Blood sample

**ASK ALL aged 16+ (EXCEPT PREGNANT WOMEN)**

<table>
<thead>
<tr>
<th>ClotB</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Yes</td>
<td>May I just check, do you have a clotting or bleeding disorder or are you currently on anti-coagulant drugs such as Warfarin? See F9 for more information</td>
</tr>
<tr>
<td>2 No</td>
<td></td>
</tr>
</tbody>
</table>

**NURSE:** 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? See F9 for more information.

- 1 Yes
- 2 No

**NURSE:** May I just check, have you had a fit (including epileptic fit, convulsion) in the last five years?

- 1 Yes
- 2 No

**NURSE:** 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)

**NURSE:** Before I can take any blood, I have to obtain written consent from you.

- 1 Continue

**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)

**NURSE:** GIVE FULL DETAILS OF REASON(S) WHY BLOOD SAMPLE NOT OBTAINED. Text: Maximum 135 characters.

**NURSE:** ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE. WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.

**NURSE:** Ask the respondent to read and initial the ‘Urine sample’ section of the consent booklet. Circle code 15 on front of the consent booklet.

**NURSE:** Circle code 16 on front of the consent booklet. Cross a line through the ‘urine sample’ section inside the consent booklet to make clear that the respondent has not consented.

**NURSE:** GIVE FULL DETAILS OF REASON(S) WHY URINE SAMPLE NOT OBTAINED. Text: Maximum 140 characters.

### Urine sample

**ASK IF Age of Respondent 16+**

**NURSE READ OUT:** I would like to take a sample of your urine. This simply involves you collecting a small amount of urine (mid-flow) in this container. The sample will be analysed for sodium (salt), so we can measure the amount of salt in people’s diets. High dietary salt levels are related to high blood pressure, so this is important information for assessing the health of the population. Would you be willing to provide a urine sample?

1. Respondent agrees to give urine sample
2. Respondent refuses to give urine sample
3. Unable to obtain urine sample for reason other than refusal

**NURSE:** Would you be willing to provide a urine sample?

- 1 Respondent agrees to give urine sample
- 2 Respondent refuses to give urine sample
- 3 Unable to obtain urine sample for reason other than refusal

**NURSE:** Ask the respondent to read and initial the ‘Urine sample’ section of the consent booklet. Circle code 15 on front of the consent booklet.

**NURSE:** Circle code 16 on front of the consent booklet. Cross a line through the ‘urine sample’ section inside the consent booklet to make clear that the respondent has not consented.

**END**

**NURSE:** ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE. WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.

**NURSE:** Ask the respondent to read and initial the ‘Urine sample’ section of the consent booklet. Circle code 15 on front of the consent booklet.

**NURSE:** Circle code 16 on front of the consent booklet. Cross a line through the ‘urine sample’ section inside the consent booklet to make clear that the respondent has not consented.

**END**

**NURSE:** ASK RESPONDENT TO TAKE CONTAINER AND PROVIDE A URINE SAMPLE. WRITE THE SERIAL NUMBER AND DATE OF BIRTH ON A BLUE LABEL AND ATTACH TO URINE SAMPLE TUBE OVER PRE-EXISTING LABEL.
ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
1 Storage consent given
2 Consent refused

IF ConStorB = Yes THEN
BSStor
NURSE:
- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER THREE IN THE ‘BLOOD SAMPLE’ SECTION OF THE BLUE CONSENT BOOKLET.
- CIRCLE CONSENT CODE [09] ON THE FRONT OF THE CONSENT BOOKLET.

ELSEIF ConStorB = No THEN
NoBSStor
NURSE: CIRCLE CONSENT CODE 10 ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE. CROSS A LINE THROUGH POINT NUMBER 3 OF THE ‘BLOOD SAMPLE’ SECTION TO MAKE CLEAR THAT THE RESPONDENT HAS NOT CONSENTED TO THIS.

ENDIF

TakeSam
NURSE:
- CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
- TAKE BLOOD SAMPLES:
FILL 1/2 PLAIN (RED) TUBES, 1 EDTA (PURPLE) TUBE.
- WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BIRO. (ONE LABEL PER TUBE.)

SampF1
CODE HOW MANY PLAIN RED TUBE WERE FILLED (INCLUDE PARTIALLY FILLED TUBES):
1 Yes
2 No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBES):
1 One tube
2 Two tubes
3 No tubes filled

The Health Survey for England 2012 - Nurse Interview Blood sample

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
1 Storage consent given
2 Consent refused

IF ConStorB = Yes THEN
BSStor
NURSE:
- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER THREE IN THE ‘BLOOD SAMPLE’ SECTION OF THE BLUE CONSENT BOOKLET.
- CIRCLE CONSENT CODE [09] ON THE FRONT OF THE CONSENT BOOKLET.

ELSEIF ConStorB = No THEN
NoBSStor
NURSE: CIRCLE CONSENT CODE 10 ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE. CROSS A LINE THROUGH POINT NUMBER 3 OF THE ‘BLOOD SAMPLE’ SECTION TO MAKE CLEAR THAT THE RESPONDENT HAS NOT CONSENTED TO THIS.

ENDIF

TakeSam
NURSE:
- CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
- TAKE BLOOD SAMPLES:
FILL 1/2 PLAIN (RED) TUBES, 1 EDTA (PURPLE) TUBE.
- WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BIRO. (ONE LABEL PER TUBE.)

SampF1
CODE HOW MANY PLAIN RED TUBE WERE FILLED (INCLUDE PARTIALLY FILLED TUBES):
1 Yes
2 No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBES):
1 One tube
2 Two tubes
3 No tubes filled

The Health Survey for England 2012 - Nurse Interview Blood sample

ConStorB
ASK RESPONDENT: May we have your consent to store any remaining blood for future analysis?
1 Storage consent given
2 Consent refused

IF ConStorB = Yes THEN
BSStor
NURSE:
- ASK THE RESPONDENT TO READ AND INITIAL POINT NUMBER THREE IN THE ‘BLOOD SAMPLE’ SECTION OF THE BLUE CONSENT BOOKLET.
- CIRCLE CONSENT CODE [09] ON THE FRONT OF THE CONSENT BOOKLET.

ELSEIF ConStorB = No THEN
NoBSStor
NURSE: CIRCLE CONSENT CODE 10 ON FRONT OF THE CONSENT BOOKLET.
PRESS <1> AND <ENTER> TO CONTINUE. CROSS A LINE THROUGH POINT NUMBER 3 OF THE ‘BLOOD SAMPLE’ SECTION TO MAKE CLEAR THAT THE RESPONDENT HAS NOT CONSENTED TO THIS.

ENDIF

TakeSam
NURSE:
- CHECK YOU HAVE ALL APPLICABLE SIGNATURES.
- TAKE BLOOD SAMPLES:
FILL 1/2 PLAIN (RED) TUBES, 1 EDTA (PURPLE) TUBE.
- WRITE THE SERIAL NUMBER AND DATE OF BIRTH ONTO THE BLUE LABEL USING A BIRO. (ONE LABEL PER TUBE.)

SampF1
CODE HOW MANY PLAIN RED TUBE WERE FILLED (INCLUDE PARTIALLY FILLED TUBES):
1 Yes
2 No

SampF2
CODE IF EDTA PURPLE TUBE FILLED (INCLUDE PARTIALLY FILLED TUBES):
1 One tube
2 Two tubes
3 No tubes filled
**Nurse Interview Blood sample**

**DisNote**

**NURSE** COMPLETE THE DETAILS ON THE GREEN LABORATORY DISPATCH NOTE: SERIAL NUMBER, DATE OF BIRTH, SEX, REGION, DATE OF LAST FLU VACCINATION, RESPIRATORY ILLNESS. CHECK THE DATE OF BIRTH AGAIN WITH RESPONDENT.

ELSEIF SnDrSam = No THEN

**NoBSRsp**

NURSE: CODE CONSENT CODE 12 ON FRONT OF THE CONSENT BOOKLET. COMPLETE THE VENEPUNCTURE INFORMATION BOX ON THE INSIDE COVER OF THE CONSENT BOOKLET.

ENDIF

ELSEIF SampTak = No THEN

**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)

IF NoBSM = Other THEN

**OthNoBSM**

NURSE: GIVE FULL DETAILS OF REASON(S) NO BLOOD OBTAINED. Text: Maximum 140 characters

ENDIF

NoObt

NURSE: CROSS OUT CONSENT CODES 05, 07, 09, AND 11 IF ALREADY CIRCLED ON THE FRONT OF THE CONSENT BOOKLET. REPLACE WITH CONSENT CODES 06, 08, 10, AND 12 ON THE FRONT OF THE CONSENT BOOKLET.

ENDIF

ENDIF

ENDIF

ENDF

IF SampF1 = Yes OR SampF2 = Yes THEN

**SampTak** = Yes
ELSEIF **SampTak** = No
ENDIF

SampTak

COMPUTED: Blood sample outcome.

1 Blood sample obtained
2 No blood sample obtained

IF SampTak = Yes THEN

**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
9 5 Other (SPECIFY AT NEXT QUESTION)

IF SamDifC = Other THEN

**OthSamDif**

NURSE: GIVE FULL DETAILS OF OTHER PROBLEM(S) IN TAKING BLOOD SAMPLE. Text: Maximum 140 characters

ENDIF

SnDrSam

Would you like to be sent the results of your blood sample analysis?

1 Yes
2 No

IF SnDrSam = Yes THEN

**BSRsp**

NURSE: CIRCLE CONSENT CODE 11 ON FRONT OF THE CONSENT BOOKLET. PRESS <1> AND <ENTER> TO CONTINUE.

RepIll

In the last month, have you had a cough, cold or flu which gave you a temperature or made you feel feverish?

1 Yes
2 No

Venepuncture checklist

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
The Health Survey for England 2012 - Nurse Interview Blood sample

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

ASK ALL

ASK ALL

CHECK BEFORE LEAVING THE RESPONDENT:
1. PUNCTURE SITE AFTER TAKING BLOOD (IF APPLICABLE)
2. CONSENT BOOKLET PRESENT IF APPLICABLE
3. CHECK BOOKLET FOR: INITIALS FOR ALL SECTIONS RESPONDENT AGREED TO SIGNATURES
FULL GP AND RESPONDENT DETAILS

The Health Survey for England 2012 - Nurse Interview Blood sample

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

VpSam
NURSE: Code the number of attempts made to take blood.
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

VpPress
NURSE: Code who applied pressure to the puncture site.
CODE ALL THAT APPLY
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.

ENDIF
The Health Survey for England 2012 - Nurse Interview

Saliva sample

IF Respondent aged 4-15

SalInt1

NURSE: NOW FOLLOWS THE SALIVA SAMPLE.

SalInt1

NURSE: ASK RESPONDENT FOR A SALIVA SAMPLE.
Read out: I would like to take a sample of saliva (spit). This simply involves using a straw to dribble saliva into a tube. 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.

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 SalInt1=Agree AND Age=4-15 THEN

SalWinC

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.

ENDIF

IF SalInt1=Refuse

SalCode

NURSE: Circle code 04 on front of the Consent Booklet

ENDIF

IF SalInt1=Agree

SalInst

NURSE: Ask respondent to dribble through straw into the tube. Write the serial number and date of birth on the label using a biro.

Serial number:  Date of birth:

ENDIF

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

ENDIF

IF (SalObt1= Not attempted or Attempted, not obtained) OR (SalInt1=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)
Self completion placement

NSClntro
NURSE: Prepare cream self-completion booklet by entering serial numbers. Check you have the correct person number.
Name, Point, Address, Hhold, Check letter, Person number
NURSE: USE PALE GREEN SELF COMPLETIONS IN OCTOBER, NOVEMBER, DECEMBER POINTS ONLY (INCLUDES IPAQ Physical Activity questions as well as WEMWBS)

NSComp2
I would now like you to answer some questions by completing this booklet on your own.
NURSE: Explain how to complete the booklet.
Press <1> and <Enter> to continue.

NSComp3
NURSE CHECK: Was the booklet completed?
1 FULLY COMPLETED
2 PARTIALLY COMPLETED
3 NOT COMPLETED

NSC3Acc
NURSE: Was it completed without assistance?
1 Completed independently
2 Assistance from other household member
3 Assistance from nurse
4 Nurse administered

NSComp6
NURSE: Record why booklet not completed/partially completed.
CODE ALL THAT APPLY:
1 Eyesight problems
2 Language problems
3 Reading/writing/comprehension problems
4 Respondent bored/tired
5 Questions too sensitive/invasion of privacy
6 Too long/too busy/taken long enough already
7 Refused to complete booklet (no other reason given)
8 Other (SPECIFY)

NSComp60
NURSE: Please specify other reason.
Text Maximum: 60 characters
The Health Survey for England 2012
CONSENT BOOKLET

Please use capital letters and write in ink:

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: ________________ Female: ________________

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: ____________________________
   Town: ____________________________ County: ____________________________ Postcode: ____________________________
   Telephone no: ____________________________

8. GP ADDRESS OUTCOME
   GP address provided: ________________
   GP address not found: ________________
   No GP: ________________

9. SUMMARY OF CONSENTS - RING CODE FOR EACH ITEM
   YES NO
   a) Blood pressure to GP: ________________ ________________
   b) Urine sample to be collected: ________________ ________________
   c) Sample of blood to be taken: ________________ ________________
   d) Blood sample results to GP: ________________ ________________
   e) Blood sample for storage: ________________ ________________
   f) Blood sample results to respondent: ________________ ________________

DISPATCH NOTE FOR BLOOD and URINE SAMPLES
(OFFICE COPY)

1. AGE GROUP:
   WRITE IN THE NUMBER OF TUBES OBTAINED:
   16+ ________________

2. BLOOD/ URINE TAKEN:
   Day: ________________ Month: ________________ Year: ________________

3. BLOOD/ URINE DISPATCHED:
   Day: ________________ Month: ________________ Year: ________________

Venepuncture

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.
BLOOD SAMPLE CONSENT

1. I consent to a qualified nurse/midwife taking a sample of my blood on behalf of NatCen 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.

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:
NatCen Social Research, 35 Northampton Square, London EC1V 0AX.
Telephone: 0800 526 397 and ask for Emma Fenn

OFFICE COPY
THE HEALTH SURVEY FOR ENGLAND 2012 (8227)
DISPATCH NOTE FOR BLOOD AND URINE SAMPLES
(LABORATORY COPY)

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

<table>
<thead>
<tr>
<th>POINT</th>
<th>ADDRESS</th>
<th>HHLD</th>
<th>CHL</th>
<th>PERSON</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

1. SERIAL NUMBER: [M]

2. SEX: Male 1  Female 2

3. AGE GROUP: 16+ 1

4. DATE OF BIRTH: Day [ ] Month [ ] Year [ ]

5. NUMBER OF TUBES OBTAINED

Plain EDTA

Urine

6. DATE BLOODS/ URINE TAKEN: Day [ ] Month [ ] Year [ ]

7. STORAGE CONSENT: Given 1  Not given/not applicable 2

Fill in the additional green dispatch note, if prompted by CAPI

8. NURSE NUMBER

LABELLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY

<table>
<thead>
<tr>
<th>TUBES ENCLOSED</th>
<th>ACTION REQUIRED</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st Plain</td>
<td></td>
</tr>
<tr>
<td>2nd Plain</td>
<td></td>
</tr>
<tr>
<td>EDTA Purple</td>
<td></td>
</tr>
<tr>
<td>2nd Red</td>
<td></td>
</tr>
</tbody>
</table>

1. Total cholesterol STORE IF ITEM 3 ABOVE = 1
   HDL cholesterol

2. Glycated haemoglobin

3. IF ITEM 7 ABOVE = 1
   Store 2 aliquots of serum from tube for transfer to UCL

4. Sodium, potassium, Creatinine
The Health Survey for England 2012

CHILD CONSENT BOOKLET 4-15 years

Please use capital letters and write in ink

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) ____________________________________________

7. GP NAME AND ADDRESS (Please complete fully)
Dr: …………………………………………………………
Practice Name: ……………………………………………
Address: ……………………………………………………
Town: ……………………………………………………
County: …………………………………………………
Postcode: ………………………………………………
Telephone no: …………………………………………………

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

a) Blood pressure to GP
b) Saliva sample to be collected

Yes No
01 02
03 04

1. AGE GROUP: 4-15

2. SALIVA TAKEN: Day _______ Month _______ Year _______

3. SALIVA DISPATCHED: Day _______ Month _______ Year _______
**BLOOD PRESSURE TO GP CONSENT (Child aged 5-15)**

1. I am the parent/guardian of the child named on this booklet and I consent to NatCen Social Research/UCL Joint Health Surveys Unit informing his/her General Practitioner (GP) of his/her blood pressure results.

2. I am aware that the results of his/her blood pressure measurement may be used by his/her GP to help monitor his/her health and that his/her GP may wish to include the results in any future report about him/her.

**SALIVA CONSENT (Child aged 4-15)**

1. I am the parent/guardian of the child named on this booklet and I consent to a qualified nurse/midwife collecting a sample of his/her saliva on behalf of NatCen Social Research/ UCL.

2. 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.

Child gave assent for:  
Blood pressure to GP  
Saliva sample

INITIALS  INITIALS

Parent/Guardian Name  Date  Parent/Guardian Signature

Nurse Name  Date  Nurse Signature

You can cancel this permission at any time in the future by writing to us at the following address: NatCen Social Research, 35 Northampton Square, London EC1V 0AX.  
Telephone: 0800 526 397 and ask for Emma Fenn

**DISPATCH NOTE FOR SALIVA SAMPLE CHILD AGED 4-15**

Complete all sections CLEARLY and LEGIBLY and enclose with samples to lab.

1. SERIAL NUMBER  M  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

2. SEX:  MALE  [ ]  FEMALE  [ ]

3. DATE OF BIRTH  [ ]  [ ]  [ ]

4. AGE GROUP:  4-15  [ ]

5. SALIVA TAKEN:  [ ]  [ ]  [ ]

6. STORAGE CONSENT: Not applicable  [ ]

7. NURSE NUMBER:  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]  [ ]

LABLING ON SAMPLE TUBES AND THIS FORM MUST CORRESPOND
CHECK ALL DETAILS ABOVE ARE CORRECT BEFORE POSTING

LAB USE ONLY:

ACTION REQUIRED

TUBES ENCLOSED  [ ]  if rec’d

SALIVA  [ ]

THIS SAMPLE IS NOT FOR STORAGE
Appendix B

Measurement protocols

Height and weight measurement
Recording ambient air temperature
Blood pressure measurement
Measurement of waist and hip circumferences
Urine sample collection
Blood sample collection
Saliva sample collection
1.3.1 Caring for the stadiometer

The stadiometer will be sent to you in a box. Always store the stadiometer in the box when it is not in use and always pack the stadiometer carefully in the box whenever you are sending it on by courier. Inside the box with the stadiometer is a special bag that you should use for carrying the stadiometer around when you are out on assignment. You may also request a wheeled holdall from the Equipment Supervisor at Brentwood to transport the stadiometer and weighing scales.

The rods

There are four plastic connecting rods marked with a measuring scale divided into centimetres and then further subdivided into millimetres. They should be put together in the correct order with the same coloured markings running along each side. The rods are made of plastic and are susceptible to bending if any pressure is put on them. Be careful not to damage the corners of the rods as this will prevent them from fitting together properly and will lead to a loss of accuracy in the measurements.

The base plate

Be careful not to damage the corners of the base plate as this could lead to a loss of accuracy in the measurements.

Practise assembling your stadiometer before you visit a respondent’s home. You will receive your stadiometer with the four rods stored into the base plate and the head plate attached to the base plate so that the blade lies flat against the base plate. Once working you should store the head plate in the jiffy bag given to you to protect it further – as this is the component likely to break first with use.

1.3.2 Assembling the stadiometer

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1.3.2 Assembling the stadiometer

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3. Ask the respondent to stand with their feet flat on the centre of the base plate, feet together and heels against the back of the base plate as this helps people to be "at their highest". 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 Figure 3). 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, and without moving their head position, to breathe in deeply and stretch to their fullest height. Bring the head plate gently down onto the respondent's head. If after stretching up the respondent's head is no longer horizontal, repeat the procedure. It can be difficult to determine whether the stadiometer head plate is resting on the respondent's head. If so, ask the respondent to tell you when s/he feels it touching their head.

6. Once the head plate is in place tell the respondent to relax and ask them to step forwards away from the Stadiometer. 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 middle of the head plate cuff. There is a red or black arrowhead pointing to the measuring scale. Take the reading from this point and record the respondent's height in centimetres and millimetres. If a measurement falls between two millimetres, it should be recorded to the nearest even millimetre (see section 2.4).

8. If the respondent wishes, record their height onto the measurement record card.

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. Once you have finished measuring everyone, lower the head plate to its lowest position, ready for dismantling.

1.5 Procedure for children
The procedure for measuring children aged 2-15 differs slightly from that for adults. You must get the co-operation of an adult household member. You will need their assistance in order to carry out the protocol, as children are more likely to be cooperative 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.

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 tiptoes.

3. Assemble the stadiometer and raise the head plate to allow sufficient room for the child to stand underneath it.

4. Ask the child to 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 Figure 3). 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. 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 tiptoes. Ask them to look straight ahead.

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 Figure 4).
2. WEIGHT MEASUREMENT

2.1 Introduction

Similar to the height measurement, the weight measurement is an indicator of and can predict the nutritional status and health of a population. When used in conjunction with the height measurement it can be used to derive the Body Mass Index, a statistical measure used to determine if an individual’s weight falls within a healthy range.

2.2 Exclusion criteria

Respondents are excluded from this measurement if they are:
• Pregnant
  If the woman wishes to be weighed, you can but do not enter the results into the computer.
• Too frail or unable to stand upright
  If you are concerned that being on the scales may cause them to be too unsteady on their feet then do not weigh them. Alternatively you can place the scales next to something that they can steady themselves on.
• Over 200kg (3 ½ stone) in weight as the maximum weight registering accurately on the scales is 130kg. If you think that the respondent exceeds the limit for the scales, then code it appropriately in CAPI and follow the prompts. Do not attempt to weigh them.

2.3 Equipment

• Seca 877 scales

  The weight is displayed in a window on the scales. The scales are switched on by briefly covering the solar cell (for no more than one second). The solar cell is on the right hand side of the weight display panel. NB You may experience difficulties switching the scales on if there is insufficient light for the solar cell. Make sure that the room is well lit.

  The scales have a fixed battery which cannot be removed.

  You will also need a pack of Milton antibacterial wipes.

2.3.1 Calibrating the scales

The scales will need to be sent to Brentwood at regular intervals to be recalibrated to ensure that they provide accurate measurements. On each set of scales there is a label with a date that they need to be recalibrated by, ensure that they have been sent to Brentwood by this date.
2.3.2 Technical faults

Please refer to Table 1 when experiencing technical difficulties with the scales.

Table 1 Troubleshooting for the scales

<table>
<thead>
<tr>
<th>Fault</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>Seca 870 scales</td>
<td></td>
</tr>
<tr>
<td>No '1888' when turned on or will not turn on</td>
<td>Insufficient light to operate solar cell</td>
</tr>
<tr>
<td></td>
<td>If not solved, report to manager/Brentwood</td>
</tr>
<tr>
<td>Inconsistent readings</td>
<td>Make sure on hard flooring</td>
</tr>
<tr>
<td></td>
<td>Ensure 0.0 on display when respondent steps on scales</td>
</tr>
<tr>
<td></td>
<td>Insufficient light to operate solar cell</td>
</tr>
<tr>
<td></td>
<td>If not solved, report to manager / Brentwood</td>
</tr>
</tbody>
</table>

2.4 Procedure for adults

1. Weigh the respondent on a hard and even surface if possible. Carpets may affect measurements.

2. Ask the respondent to remove shoes, heavy outer garments such as jackets and cardigans, heavy jewellery, and to empty their pockets of all items.

3. Switch on the scales and wait for 1888 to be momentarily displayed in the window. Do not attempt to weigh anyone at this point.

4. When the display reads 0.0, ask the respondent to stand with their feet together in the centre and their heels against the back edge of the scales. Their arms should be hanging loosely at their sides and their head should be facing forward. Having the respondent stand in this position means that the most accurate weight measurement can be obtained. 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.

5. The scales will need to stabilise. If the respondent moves excessively while the scales are stabilising you may get a false reading. If you think this is the case reweigh the respondent.

6. The scales are calibrated in kilograms and 100 gram units (0.1 kg). Record the reading in CAPI before the respondent steps off the scales.

7. If the respondent wishes, record the reading on their measurement record card.

8. The scales should switch off automatically a few seconds after the respondent steps off them.

9. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.

2.5 Procedure for children

1. You must get the co-operation of an adult household member. This will help the child to relax and children, especially small children are much more likely to be co-operative themselves if an adult known to them is involved in the procedure.

2. Children who wear nappies should be dry. 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. Weigh the child, following the same procedure for adults. Encourage the child to 'Be as still as a statue' for an accurate reading. If you think that the results are inaccurate, code this in CAPI.

For very young children who are unable to stand unaided or small children who find this difficult follow the procedure below you will need to ask for the assistance of an adult as the following procedure requires you to measure the adult and then the adult holding the child:

1. Explain to the adult what you are going to do and the reasons why.

2. Code in CAPI the procedure used to measure the weight of the child.

3. Weigh the adult as normal following the protocol as set out above. Enter this weight into CAPI.

4. Weigh the adult and child together and enter this into CAPI. CAPI will calculate the difference between the two weights to get the child’s weight.

5. If the respondent wishes record this reading on their measurement record card.

6. Before packing the scales away ensure the footplate is wiped again to reduce potential cross infection between households.
3. RECORDING AMBIENT AIR TEMPERATURE

3.1 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.

3.2 Equipment
You will need:
- A digital thermometer (there are a couple of styles in use that work in the same way)
- A probe
- Spare battery

3.2.1 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.

3.3 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.
4. BLOOD PRESSURE

4.1 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.

4.2 Exclusion criteria

Respondents are excluded from the blood pressure measure if they are:

- Aged 4 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.

4.3 Consent

In addition to the verbal consent required to conduct all NatCen procedures, 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.

4.4 Equipment

You will need:

- An Omron HEM 907 blood pressure monitor
- Child/ small adult cuff (17-22 cm)
- Standard adult cuff (22-32 cm)
- Large adult cuff (32-42 cm)
- An AC adapter (for putting Monitor on charge at home)

You should ensure that the monitor surfaces are cleaned periodically with Milton wipes to reduce risks of cross infection and to ensure the cuffs are also cleaned with wipes. Should cuffs become soiled or damaged then the Equipment store at Brentwood should be informed for a new set to be sent out to you. The soiled set should be disposed of in your household waste.

4.4.1 Using the Omron HEM 907

Figure 1 shows the monitor of the Omron

4.4.2 Charging the battery

The Omron HEM 907 is equipped with a rechargeable battery, which is usable for approximately 300 measurements when fully charged.
4.5 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.

4.5.1 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.

Children

It is important to select the correct cuff size to obtain an accurate reading and avoid injuring the child. The appropriate cuff is the largest cuff which fits between the axilla (underarm) and the antecubital fossa (front of elbow) without obstructing the brachial pulse and so that the index line is within the range marked on the inside of the cuff. You will be provided with a child’s cuff as well as the other adult cuffs. Many children will not need the children’s cuff and instead will require an adult cuff. You should choose the cuff that is appropriate to the circumference of the arm.

4.6 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 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.

11. Press ON/OFF on the Omron to switch the unit off and remove the cuff from the respondent’s arm.

12. If the respondent wishes, you should record details of their readings on the measurement record card.

4.7 Respondent feedback

When answering queries about a respondent’s blood pressure it is very important to remember that it is NOT the purpose of the survey to provide respondents with medical advice, nor are you in a position to do so as you do not have the respondent’s full medical history.

What you may say in each situation has been agreed with the Survey Doctor and CAPI will instruct you to read out the appropriate interpretations of the respondent’s results. It is very important that the agreed script in the CAPI is read word for word and that personal interpretation is never offered.

The respondent feedback protocol should be strictly followed. It is very important that as little anxiety as possible is caused, but at the same time we have a duty to advise people to see their GP if the measurements indicate that blood pressure is raised.

4.7.1 Child respondents

Do not comment on a child’s blood pressure readings to the child or parents. If they seek comment, state that you are not able to interpret a single blood pressure measurement without checking to see whether it is normal for the child’s age and height. Reassure them that if it is found to be markedly abnormal, the Survey Doctor will get in touch with them or their GP and advise them to get it checked. This rule applies for all readings you obtain.

4.7.2 Adult respondents

As stated previously we have a duty to inform people that they need to see their GP if their blood pressure is high. It is important that the instructions below are carefully read and guidelines always followed precisely.

The computer tells you which readings your advice should be based on. This will be based on the lowest systolic and lowest diastolic reading from the last two readings (this is a change from previous practice when the highest readings were used). This will usually, but not always, be from the same reading. For example, occasionally it may be the systolic from the second reading and the diastolic from the third reading. Furthermore if the lowest systolic reading falls in one category and the lowest diastolic reading falls in another category, the higher of the two categories will be used to trigger the advice to respondents. For example the lowest systolic reading is 138 (normal) and the lowest diastolic is 96 (mildly raised) then the advice given will be based on a mildly raised reading. If the first reading is higher than the other two it should be explained that the first reading can be high because people are nervous of having their pressure taken.

Definitions of raised blood pressure differ slightly. The Survey Doctor has recommended the blood pressure ratings given below based on the most recent guidelines from the British Hypertension Society. It is important that you adhere to these definitions, so that all respondents are treated in an identical manner. These are shown in table 2.

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.”
4.8.2 Adults

Table 3 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>
<thead>
<tr>
<th>BLOOD PRESSURE ACTION</th>
<th>ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Normal/mildly raised/raised BP</td>
<td>No further action necessary</td>
</tr>
<tr>
<td>Systolic less than 180 mmHg and Diastolic less than 115 mmHg</td>
<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>
<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>
<td>If the respondent has any symptoms of a hypertensive crisis** contact the survey doctor immediately or call an ambulance. The Survey Doctor must be informed as soon as possible.</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.

4.8 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.

4.8.1 Children

No further action is required after taking blood pressure readings on children. All high readings are viewed routinely by the Survey Doctor. However, in the rare event that you encounter a child with a very high blood pressure, i.e. systolic 160 or above or diastolic 100 or above please call the Survey Doctor.
5. WAIST AND HIP CIRCUMFERENCEs

5.1 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).

5.2 Exclusion criteria

Respondents are excluded from the waist and hip circumference measurement if they:
- Aged 10 years and below
- Are pregnant
- Are chairbound
- Have a colostomy / ileostomy

5.3 Equipment

You will need:
- An 'Easy Check Circumference Measurement' tape calibrated in millimetres
- Milton wipes

5.3.1 Using the Circumference Measurement tape

Pass the tape around the circumference and click the press button in place at the back of the plastic slider. 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.

5.4 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

Pockets 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.

5.5 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. Click the press button in place at the back of the plastic slider.

5.5.1 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 slider flat against the body and read the measurement from the red line.

8. Record the measurement in CAPI 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, CAPI will report an error message. At this point check that you have entered the results into CAPI correctly. Otherwise take a third measurement, following the procedure above. Enter this result into CAPI, the computer will know which two results to use.
6. SPOT URINE

6.1 Introduction
Urine, a waste product of human bodily functioning, can be analysed to provide information on various factors depending on the compound to be analysed (Table 1). The information that is obtained is highly accurate and cannot be taken from any other source.

Table 1 Compounds in urine analysis

<table>
<thead>
<tr>
<th>Chemical</th>
<th>Definition</th>
</tr>
</thead>
<tbody>
<tr>
<td>Potassium</td>
<td>Potassium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Potassium is found in fruit and vegetables and thus also indicates the fruit and vegetable intake of individuals.</td>
</tr>
<tr>
<td>Sodium</td>
<td>Sodium is both an electrolyte and a mineral which works to keep a balance in bodily fluids and has an important role in nerve and muscle functioning. Sodium is found in most foods and has been shown to contribute to high blood pressure which is a major risk factor in the development of cardiovascular disease.</td>
</tr>
</tbody>
</table>

6.2 Exclusion criteria
Respondents are excluded from giving a urine sample if they:
- Aged 15 years and below
- 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.

Women who have their period are not excluded from giving a urine sample.

Respondents with a catheter are also not excluded. If the sample is taken from a catheter bag, this should be recorded in CAPI. It does not matter how long the urine has been in the collection bag.

6.3 Consent
There is a separate consent form for the urine sample. This must be signed and dated by the respondent. Please make it clear to respondents that they will not receive results regarding their urine sample.

6.4 Equipment
You will need:
- A 100ml Polypropylene disposable beaker
- A 10ml Sarstedt urine collection syringe and extension tube containing a small amount of a preservative
- An instruction leaflet on how to use and fill the Sarstedt syringe
6.5 Preparing the respondent

Explain to the respondent that you need a urine sample and why it is important. Explain the equipment to them and show them how to use the Sarstedt syringe. A demonstration consisting of a syringe and a beaker filled with water can be used for this purpose. The instruction leaflet can be left with the respondent for easy reference while performing the urine collection in private, if required. Explain the procedure below to the respondent. Tell them that you need them to follow the procedure as carefully as possible.

6.6 Procedure

1. Respondents are to wash their hands with soap and water prior to voiding to avoid contaminating the sample with substances which may be on their hands. It is important that the inside of the urine collection beaker is not touched or allowed...
7. BLOOD SAMPLING (NON FASTING)

The protocol for taking blood samples set out below is written in accordance with the Clinical Procedure Guidelines: Venepuncture. All nurses are to read this document before carrying out any venepuncture procedure.

7.1 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.

Table 1 shows information regarding the different analytes and what they measure.

<table>
<thead>
<tr>
<th>ANALYTE</th>
<th>WHAT IT MEASURES</th>
</tr>
</thead>
<tbody>
<tr>
<td>Glycated Haemoglobin</td>
<td>Glycated 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>Total, LDL and HDL cholesterol</td>
<td>Total cholesterol and LDL cholesterol increase 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>
</tbody>
</table>

The blood will not be tested for any viruses, such as HIV (AIDS).

7.2 Exclusion criteria

All respondents with the following exceptions are eligible to give blood:

- Aged 15 and under
- Pregnant women
- Respondents who are HIV positive or who have hepatitis B or C
- 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 thrombophlebitis, 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 convulsion) in the last 5 years should not be asked to provide a blood sample.

2. Ask the respondent to collect a mid flow sample of their urine in the disposable collection beaker.

3. Immediately after voiding they need to collect a sample of the urine by using the syringe as you have demonstrated to them and by following the instructions on the card. The collection of the urine sample needs to happen immediately after voiding to minimise specimen exposure to air.

4. Ask the respondent to wash the outside of the filled and sealed syringe and dry it using toilet roll, once the sample collection is complete.

5. If the respondent is unable to fill the syringe him/herself, or would rather not do so, you can do this for them. Emphasise that the sample needs to be taken from the sample straight away in order to minimise specimen exposure to air, so as soon as they have finished they need to bring it to you or leave it in the bathroom and notify you that the sample is ready. Please ensure that you are wearing gloves before attempting to fill the syringe for this respondent, you should wear gloves at all times when you come in contact with a urine sample.

6. Make sure that the plastic cap is securely sealed and the syringe plunger stalk snapped.

7. Label and package the sample according to the project specific instructions.

8. To dispose of the sample, pour the remaining urine in the toilet and throw the beaker and used equipment in the rubbish bin (if the respondent prefers, this can be put in a polythene bag first and then thrown in the rubbish bin).
7.3 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 valuable 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 two further written consents we wish to obtain in respect to blood sampling:

a. Consent to send the results to the GP (verbal consent only is required for results to be sent back to the respondent)

b. Consent to store a small amount of the blood, anonymously, for future research purposes

You should seek to obtain all of the required 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). 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:

- Ask the respondent if they would be willing to have a blood sample taken. Try to reassure respondents about the process, and be prepared to answer their concerns. You will need to explain the importance of written consent to the respondent.
- Obtain written consents on the appropriate consent form (including initials and full signature).

7.4 Equipment

The equipment required is listed in the Clinical Practice Guideline for Venepuncture (CPG).

7.5 Preparing the respondent

Protocol on preparing the respondent can be found in the Venepuncture CPG.

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

7.6 Procedure

The procedure for taking the blood sample can be found in the Venepuncture CPG. This procedure is to be followed. It is to be used in conjunction with CAPI which will guide you through the blood sampling process.

- The vacutainer blood tubes should be filled to the specified capacity in turn (according to the order of draw specified in the project instructions) and inverted gently 5 times on removal to ensure complete mixing of blood and preservatives.

7.7 Labelling & packaging the sample(s)

Label the tubes according to your CAPI instructions, immediately after completing the venepuncture procedure. Refer to the project specific instructions for further guidance about 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.
7.8 Other important points

7.8.1 '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.

7.8.2 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’s venepuncture site just before you leave and note any changes in their physical appearance in CAPI.

7.8.3 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.

If a respondent fully faints, then you should apply the principles of first aid by:

• Calling for help / assistance, if there is another adult relative within the house.
• Ensure the respondent is supported safely or eased into a position lying down on their side, where they can recover.
• Remain with the respondent until they come round, monitor their level of response, pulse and breathing.
• Discontinue the interview unless, in your professional opinion you and the respondent feels it is safe to continue.
• Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

7.8.4 Fitting respondents

It is rare for a respondent to experience a fit or experience a convulsion during the venepuncture procedure, especially as those with a declared history of fitting or convulsion within the previous 5 yrs will have been excluded.

If a respondent appears to have an episode of fitting or convulsion during or immediately after venepuncture procedure, then you should apply the principles of first aid by:

• Calling for help / assistance, if there is another adult relative within the house.
• Ensure the respondent is supported safely or eased into a position lying down on their side, with their airway supported open and where they can recover safely.
• Remain with the respondent until they come round, monitor their level of response, pulse and breathing.
• Ensure you submit a Special Report Form to the Freelance Resources Unit detailing what happened, what course of action you took and how the respondent appeared when leaving.

7.8.5 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. NatCen’s policy is that only safety sharps will be provided for use on projects and therefore the safety sharps should be used as a matter of course, within a nurse’s field work.

Precautions

• Wear gloves at all times when performing the venepuncture procedure to reduce blood transmission load if a needlestick injury occurs.
• Sharps should be disposed of at the point of use.
• 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-sheathed by hand.
• Never lay sharps down on beds or work surfaces, or leave lying amongst paper towels or linen.
• Never hand sharps to anyone.

Disposal

Do’s:

• Continue to wear gloves when disposing of sharps and related contaminated waste.
• Sharps must always be disposed of in the approved orange top 1L ‘sharps bins’ provided by NatCen immediately after use.
• A sharps bin should be available beside you before opening and using the sharp.
• Dispose of the sharp bin when the manufacturer’s marked line has been reached or when it is three quarters full.
• Check to ensure that the sharps bin lid is securely closed and sealed as per Sharps Disposal Policy.

Don’ts:

• Overfill sharps bins.
• Fill sharps containers above the manufacturer’s marked line.
8. SALIVA

8.1 Introduction

Saliva samples are taken from respondents for analysis to detect Cotinine, a derivative of nicotine showing levels of exposure to tobacco smoke.

8.2 Exclusion criteria

Respondents are excluded from giving a saliva sample if they:

- Are aged 3 and under or aged 16 and over
- 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.

8.3 Consent

There is a separate consent form for the saliva sample. This must be signed and dated by the parent or legal guardian of any respondents under the age of 15 years and below. Please make it clear to respondents that they will not receive results regarding their saliva sample.

8.4 Preparing the respondent

Explain to the respondent what you will require them to do and the reasons behind why saliva samples are taken.

8.4.1 Equipment

You will need:

- A plain 5ml tube
- A short wide bore straw
- Kitchen paper
- Gloves

8.4.2 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 when you come in contact with a saliva sample.

6. Label and package as directed in the project specific instructions.
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 2011 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**
Analysis of non fasting blood samples. See **Cholesterol (total and HDL)**, **Glycated haemoglobin (HbA1c)**

**Blood pressure**
Systolic (SBP) and diastolic (DBP) blood pressure was measured in participants aged 5 and over 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 centile cut-offs based on reference populations. In this report, overweight and obesity prevalence for children have been estimated using the 85th and 95th BMI centiles of the 1990 UK reference curves as cut-offs respectively for overweight and obesity.

Centile

Centiles are values of a distribution that divide it into 100 equal parts. For example, the 20th centile is the value of a distribution where 20% of the cases have values at or below the 20th centile and 80% have values above it. The 50th centile is the **median**. See also **Quintile**, **Tertile**.

Cholesterol (total and HDL)

Measured in non-fasting blood samples. 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 most recent to examine blood analytes, 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 was also 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.

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.

Creatinine

This is excreted in urine. Unlike sodium and potassium, the quantity of creatinine excreted is relatively stable over time. Therefore in the analysis of urinary salt, the ratios of sodium to creatinine and of potassium to creatinine are analysed as proxy measures for dietary sodium and potassium. See also **Potassium**, **Sodium**, **Urine analysis**.

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.

Income has been included in the Health Survey Survey for England (HSE) 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 HSE. 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 HSE. 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.

<table>
<thead>
<tr>
<th>Category</th>
<th>Score</th>
</tr>
</thead>
<tbody>
<tr>
<td>First adult (HRP)</td>
<td>0.61</td>
</tr>
<tr>
<td>Spouse/partner of HRP</td>
<td>0.39</td>
</tr>
<tr>
<td>Other second adult</td>
<td>0.46</td>
</tr>
<tr>
<td>Third adult</td>
<td>0.42</td>
</tr>
<tr>
<td>Subsequent adults</td>
<td>0.36</td>
</tr>
<tr>
<td>Dependant aged 0-1</td>
<td>0.09</td>
</tr>
<tr>
<td>Dependant aged 2-4</td>
<td>0.18</td>
</tr>
<tr>
<td>Dependant aged 5-7</td>
<td>0.21</td>
</tr>
<tr>
<td>Dependant aged 8-10</td>
<td>0.23</td>
</tr>
<tr>
<td>Dependant aged 11-12</td>
<td>0.25</td>
</tr>
<tr>
<td>Dependant aged 13-15</td>
<td>0.27</td>
</tr>
<tr>
<td>Dependant aged 16+</td>
<td>0.36</td>
</tr>
</tbody>
</table>

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**

The geometric mean is a measure of the central tendency of a distribution, which minimises the effects of extreme values. It is therefore useful in a skewed distribution (with most values at one end of the distribution), or a distribution that has a number of very high and/or very low values which can distort the arithmetic mean. For example, a geometric mean is useful in the distribution of cotinine values where most values (for non-smokers, the majority of the population) are below 12, but where the values for smokers are often in the hundreds.

The geometric mean is the mean of n numbers expressed as the n-th root of their product.

**GHQ-12**

The General Health Questionnaire (GHQ-12) 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 GHQ-12 score of 4 or more is referred to as a ‘high GHQ-12 score’, indicating probable psychological disturbance or mental ill health.


**Glycated haemoglobin (HbA1c)**

Measured from non-fasting blood samples. 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 is used 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, the most recent where blood analytes were examined, 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 HSE 2009. However, Government Offices for the regions
closed in March 2011, and from 2010 strategic health authorities were used for HSE sampling and weighting. See Strategic health authority (SHA)

**High blood pressure**
See Blood pressure

**Household**
A household is defined as one person or a group of people (not necessarily related) living at the same address who share cooking facilities AND share a living room or sitting room or dining area.

**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

**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.


**Limiting longstanding illness**
See Longstanding illness

**Logistic regression**
Logistic regression was used to investigate the effect of two or more independent or predictor variables on a two-category (binary) outcome variable. The independent variables can be continuous or categorical (grouped) variables. The parameter estimates from a logistic regression model for each independent variable give an estimate of the effect of that variable on the outcome variable, adjusted for all other independent variables in the model.

Logistic regression models the log ‘odds’ of a binary outcome variable. The ‘odds’ of an outcome is the ratio of the probability of its occurring to the probability of its not occurring. The parameter estimates obtained from a logistic regression model have been presented as odds ratios for ease of interpretation.

For continuous independent variables, the odds ratio gives the change in the odds of the outcome occurring for a one unit change in the value of the independent variable.
Odds ratios for categorical independent variables (those where responses are divided into discrete categories) are calculated as follows. One category of the variable is selected as a reference category, and all other categories are compared to it. The reference category is given a value of 1, and the odds ratio for each of the other categories represents the probability of the outcome occurring for that category in relation to the probability of the outcome occurring in the reference category. For example, assume an independent variable for a particular outcome was marital status, with the ‘single’ group as the reference category with a value of 1. If the ‘married’ group had an odds ratio of 2.0, and the ‘widowed’ group had an odds ratio of 0.5, this would mean that those who were married were twice as likely as those who were single to experience the outcome, while those who were widowed were half as likely as those who were single. These odds ratios are calculated after adjustment for all other independent variables in the model.

The statistical significance of independent variables in models was assessed by the likelihood ratio test and its associated p value. 95% confidence intervals were also calculated for the odds ratios. These can be interpreted as meaning that there is a 95% chance that the given interval for the sample will contain the true population parameter of interest. In logistic regression a 95% confidence interval which does not include 1.0 indicates the given odds ratio is statistically significant.

**Longstanding illness**

Longstanding illness is defined as ‘any physical or mental health conditions or illnesses lasting or expected to last 12 months or more’. This definition changed in 2012; in previous years the question referred to ‘an illness, disability or infirmity… that has troubled you over a period of time or that is likely to affect you over a period of time’. This change was to bring the HSE questions in line with harmonised disability questions for social surveys. The harmonised standards are designed to be consistent with a conceptual framework of disability, taking account of the needs of national and European administrations for data continuity and the definitions and guidelines contained in UK and EU legislation, including the Equality Act and the EU-SILC (EU-Statistics on Income and Living Conditions) regulation. See Appendix D for details of the full set of new and former questions.

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.

**MET**

The standard metabolic equivalent (MET) is a unit used to estimate the intensity of physical activity. It is based on the amount of oxygen consumed during physical activity. The baseline energy used by the body at rest in one minute is defined as 1 MET. MET levels can be linked to specific activities in various settings. Moderate physical activity (MPA) includes 3-6 METs; vigorous physical activities (VPA) more than 6 METs. See also **MPA, MPVA, VPA**
**Moderate physical activity/MPA**

Physical activity that is of at least moderate intensity is included in government recommendations to bring about health benefit. Examples of moderate physical activity include brisk walking, athletics, cricket, netball, cycling, aerobics or swimming. The intensity of activity can be measured in METs, and moderate physical activity (MPA) includes 3-6 METs. See also MET, MVPA, VPA.

**Morbid obesity**

See Body mass index

**Moderate to vigorous physical activity/MVPA**

Physical activity that is of moderate to vigorous intensity is included in government recommendations to bring about health benefit. The intensity of activity can be measured in METs, and moderate physical activity (MPA) includes 3-6 METs, while vigorous physical activity (VPA) includes more than 6 METs. See also MET, MPA, VPA.

**NS-SEC**

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 of NS-SEC categories*

| Large employers and higher managerial occupations | L1, L2 |
| Higher professional occupations | L3 |
| Lower managerial and professional occupations | L4, L5, L6 |
| Intermediate occupations | L7 |
| Small employers and own account workers | L8, L9 |
| Lower supervisory and technical occupations | L10, L11 |
| Semi-routine occupations | L12 |
| Routine occupations | L13 |
| Never worked and long-term unemployed | L14 |

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**

**Odds ratio**

See **Logistic regression**

**Overweight**

See **Body mass index**

**Percentile**

An alternative term for **Centile**.

**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.

**Potassium**

The intake of potassium (K) can be estimated by measuring urinary excretion. This was analysed using a spot urine sample. There is an inverse association between potassium intake and blood pressure, that is, an increased intake of potassium may help to reduce high blood pressure. See also **Creatinine, Sodium, Urine analysis**

**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. See also **Centile, Tertile**

**Region**

The regions used in the 2012 report use the definitions of the former **Government Office Regions**. Previous reports have presented data analysed by **Strategic health authority**

**Sodium**

The intake of sodium (Na) can be estimated by measuring urinary excretion. This was analysed using a spot urine sample. There is an association between sodium intake and blood pressure, that is, a
reduced intake of sodium may help to reduce high blood pressure. See also Creatinine, Potassium, Urine analysis

**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 2012 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 and 2012, the smaller SHAs (the North East, 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. See also Centile, Quintile

**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.hscic.gov.uk/pubs/hse07healthylifestyles

**Urine analysis**

A spot urine sample was collected from adults (aged 16 and over). This was used for the analysis of dietary sodium, potassium and creatinine. Epidemiological, clinical and animal-experimental evidence shows a direct relationship between dietary electrolyte consumption and blood pressure (BP).

**Vigorous physical activity/ VPA**

Physical activity that is of vigorous intensity is included in government recommendations to bring about health benefit. Vigorous activity includes for example football, hockey or wheelchair basketball; or activities such as cycling or swimming if they make the individual breathless or sweaty. The intensity of activity can be measured in METs, and vigorous physical activity (VPA) includes more than 6 METs. See also MET, MPA, MVPA

**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 94cm is defined as ‘low’ waist measurement, between 94cm 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 80cm 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.


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.
Appendix D

Previous and new questions on longstanding illness

In 2012 the questions on longstanding illness were changed. The questions used in the HSE up to 2011 on longstanding illness and whether it limits daily activities are shown below. These are followed by the new questions introduced in 2012. Information about the introduction of the new questions is provided in Volume 2, Section 3.4.

**Longstanding illness questions up to 2011**

**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, RECORD UP TO SIX LONG-STANDING ILLNESSES**

**IllsTxt[i]**
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY, PROBE FOR DETAIL.
[Open Answer: up to 60 characters]

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

**IF More[i] = Yes**
REPEAT IllsTxt, More FOR UP TO 6 ILLNESSES/CONDITIONS

**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

**New disability questions from 2012**

**Ill12m**
Do you have any have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?
1 Yes
2 No

[Existing HSE question retained, though not in harmonised suite of questions]

**IF LongIll = Yes, RECORD UP TO SIX LONG-STANDING ILLNESSES**

**IllsTxt[i]**
What (else) is the matter with you?
INTERVIEWER: RECORD FULLY, PROBE FOR DETAIL.
[Open Answer: up to 60 characters]
More[i]
(Can I check) do you have any other long-standing illness, disability or infirmity?
1 Yes
2 No

IF More[i] = Yes
REPEAT IllsTxt, More FOR UP TO 6 ILLNESSES/CONDITIONS]

IF Ill12m = Yes
IllAff
SHOW CARD B1
Do any of your conditions or illnesses affect you in any of the following areas? Please read out the number that applies.
INTERVIEWER EXPLAIN: Please tell us whether you are affected in any of these areas while receiving any treatment or medication or using devices (such as a hearing aid) to help you.
CODE ALL THAT APPLY
1 Vision (for example blindness or partial sight)
2 Hearing (for example deafness or partial hearing)
3 Mobility (for example walking short distances or climbing stairs)
4 Dexterity (for example lifting and carrying objects, using a keyboard)
5 Learning or understanding or concentrating
6 Memory
7 Mental health
8 Stamina or breathing or fatigue
9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger’s syndrome)
10 Other (PLEASE SPECIFY)
11 None of the above (spontaneous only)
12 Refusal (spontaneous only)

IF IllAff = Other THEN
ILLOth
What other area(s) do any of your conditions or illnesses affect you in?
Text : Maximum 100 characters

IF Ill12m = Yes
ReducAct
Do any of your conditions or illnesses reduce your ability to carry out day-to-day activities...
READ OUT...
1 ...Yes, a lot
2 Yes, a little
3 or, Not at all

IF ReducAct = Yes a lot OR Yes a little
AffLng
For how long has your ability to carry out day-to-day activities been reduced...
READ OUT...
1 ...Less than six months
2 Between six months and 12 months
3 or, 12 months or more?
### Variables in the dataset from the longstanding illness/disability questions

#### Up to 2011

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>LONGILL</td>
<td>Whether has longstanding illness</td>
</tr>
<tr>
<td>ILLSM1 – ILLSM6</td>
<td>Type of illness – first to sixth</td>
</tr>
<tr>
<td>LIMITACT</td>
<td>Whether activities limited due to illness</td>
</tr>
<tr>
<td>LIMITILL</td>
<td>(Derived) Limiting longstanding illness</td>
</tr>
<tr>
<td>COMPM1 – COMPM18, COMPM99</td>
<td>(Derived) Type of longstanding illness, based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) chapters</td>
</tr>
</tbody>
</table>

#### From 2012

<table>
<thead>
<tr>
<th>Variable</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>ILL12M</td>
<td>Whether has any physical or mental health conditions or illnesses lasting or expected to last 12 months or more</td>
</tr>
<tr>
<td>ILL12M1 – ILL12M6</td>
<td>Type of illness for 12 months or more - first to sixth</td>
</tr>
<tr>
<td>LIMLAST</td>
<td>(Derived) Limiting longlasting illness</td>
</tr>
<tr>
<td>ILLAFF1 – ILLAFF9, ILLAFF96, ILLAFF97</td>
<td>Whether conditions or illnesses affect: [areas 1-9 of health from IllAff], Other, None, Refusal</td>
</tr>
<tr>
<td>REDUCACT</td>
<td>Whether day-to-day activities reduced due to illness</td>
</tr>
<tr>
<td>AFFLNG</td>
<td>How long day-to-day activities have been reduced</td>
</tr>
<tr>
<td>COMPLST1 – COMPLST18, COMPLST99</td>
<td>(Derived) Type of illness for 12 months or more, based on International Statistical Classification of Diseases and Related Health Problems 10th Revision (ICD-10) chapters</td>
</tr>
</tbody>
</table>
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 research 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. As well as research staff, NatCen has 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, and has a strong interdisciplinary structure. The Department houses 180 staff in 11 main research groups, including the Joint Health Surveys Unit, part of the Health and Social Surveys Research Group (HSSRG). The HSSRG studies population health (including health behaviours and treatments) and inequalities in health. Much of the group’s research is carried out using large population surveys that collect data on health, economic and social issues, using a variety of survey methods and statistical techniques, while qualitative methods are also used by the group. The group is multidisciplinary, with epidemiology, sociology, statistics, public health nutrition, demography and geography all represented.

The Joint Health Surveys Unit has been created by NatCen Social Research and the Health and Social Surveys Research Group within the Research Department of Epidemiology and Public Health at UCL. The JHSU enables collaborative working, combining the strengths and talents of each organisation, to carry out major health surveys such as the Health Survey for England.