

UK BIOBANK TOUCHSCREEN QUESTIONNAIRE

Q. No	Stem	Responses / Categorical Label	Action Branches
INTRO1	<p>You are now ready to start the touch screen interview.</p> <p>Please be reassured that all of your answers will be treated with absolute confidentiality. The information you give us will have your name and address removed, so that no individual could ever be identified by researchers using the data.</p> <p>Press the NEXT button on the screen to continue.</p>	<p>Selection</p> <ul style="list-style-type: none"> - Next - Help - Back 	<p>Go to INTRO1D</p> <p>Go to Section 5 - INTRO1</p> <p>Abandon Quiz without saving any data. Go to Tactus home page.</p>
INTRO1D	<p>If you do not wish to answer a question you can select 'Prefer not to answer'.</p> <p>If you want to see previous questions and change your answers use the BACK button.</p> <p>If you have any difficulties with completing this you can use the HELP button or ask a staff member for assistance.</p> <p>Remember if you cannot find an exact answer please select the closest response.</p> <p>Press the NEXT button on the screen to continue</p>	<p>Selection</p> <ul style="list-style-type: none"> - DA Prefer not to answer - Next - Help - Back 	<p>Go to INTRO1E</p> <p>Go to Section 5 - INTRO1D</p> <p>Return to INTRO1</p>
INTRO1E	<p>The touch screen interview will start by asking you some questions about your home and personal details.</p> <p>Please touch NEXT to continue.</p>	<p>Selection</p> <ul style="list-style-type: none"> - Next - Help - Back 	<p>Go to INTRO1F</p> <p>Go to Section 5 - INTRO1E</p> <p>Return to INTRO1D</p>
D4	<p>What type of accommodation do you live in?</p>	<p>Select one from</p> <ul style="list-style-type: none"> - 01 A house or bungalow - 02 A flat, maisonette or apartment - 03 Mobile or temporary structure (i.e. caravan) - 04 Sheltered accommodation - 05 Care home - NN None of the above - DA Prefer not to answer 	<p>If 04, 05, go to D5A</p> <p>Otherwise go to D5</p>

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D5	Do you own or rent the accommodation that you live in?	Select one from <ul style="list-style-type: none"> - 01 Own outright (by you or someone in your household) - 02 Own with a mortgage - 03 Rent – from local authority, local council, housing association - 04 Rent – from private landlord or letting agency - 05 Pay part rent and part mortgage (shared ownership) - 06 Live in accommodation rent free - NN None of the above - DA Prefer not to answer 	Go to D5A
D5A	Do you have any of the following in your home? (You can select more than one answer)	Select from: <ul style="list-style-type: none"> - 01 A gas hob or gas cooker - 02 A gas fire that you use regularly in winter time - 03 An open solid fuel fire that you use regularly in winter time - NN None of the above - UN Do not know - DA Prefer not to answer 	Go to D5A1
D5A1	How is your home mainly heated? (You can select more than one answer)	Select from: <ul style="list-style-type: none"> - 01 Gas Central Heating - 02 Electric Storage Heaters - 03 Oil (Kerosene) central heating - 04 Portable gas or paraffin heaters - 05 Solid fuel central heating - 06 Open fire without central heating - NN None of the above - UN Do not know - DA Prefer not to answer 	If 06 do not allow 01, 02, 03, 05. If 01, 02, 03, 04, 05 do not allow 06.

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D5B	How many years have you lived at your current address?	Enter number OR FR Less than a year OR UN Do not know OR DA Prefer not to answer	If D4= 04 or 05 go to D9 Otherwise go to D7
D7	Including yourself, how many people are living together in your household? (Include those who usually live in the house such as students living away from home during term, partners in the armed forces or professions such as pilots)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to D8 if 1 Otherwise go to D7A
D7A	How are the other people who live with you related to you? (You can select more than one answer)	Select from - 01 Husband, wife or partner - 02 Son and/or daughter (include step-children) - 03 Brother and/or sister - 04 Mother and/or father - 05 Grandparent - 06 Grandchild - 07 Other related - 08 Other unrelated - DA Prefer not to answer	Go to D8
D8	How many cars or vans are owned, or available for use, by you or members of your household? (please include company vehicles if available for private use)	Select one from - 01 None - 02 One - 03 Two - 04 Three - 05 Four or more - UN Do not know - DA Prefer not to answer	Go to D10

Q. No	Stem	Responses / Categorical Label	Action Branches
D10	What is the average total income before tax received by your HOUSEHOLD?	Select one from - 01 Less than £18,000 - 02 £18,000 to £30,999 - 03 £31,000 to £51,999 - 04 £52,000 to £100,000 - 05 Greater than £100,000 - UN Do not know - DA Prefer not to answer	Go to D9
D9	Which of the following describes your current situation? (You can select more than one answer)	Select from - 01 In paid employment or self-employed - 02 Retired - 03 Looking after home and/or family - 04 Unable to work because of sickness or disability - 05 Unemployed - 06 Doing unpaid or voluntary work - 07 Full or part-time student - NN None of the above - DA Prefer not to answer	If 01, go to D9AA Otherwise Go to D12
D9AA	How many years have you worked in your current job? (If you have more than one job please answer this, and the following questions on work, for your MAIN job only)	Enter number OR FR Less than a year OR UN Do not know OR DA Prefer not to answer	Go to D9A
D9A	In a typical WEEK, how many hours do you spend at work? (Do not include hours travelling to and from work)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to D9G

Q. No	Stem	Responses / Categorical Label	Action Branches
D9G	How many times a WEEK do you travel from home to your main work? (count outward journeys only; put 0 if you always work from home)	Enter number OR FR Less than once a week OR UN Do not know OR DA Prefer not to answer	If '0' go to D9B Otherwise go to D9E
D9E	What types of transport do you use to get to and from work? (You can select more than one answer)	Select from - 01 Car/motor vehicle - 02 Walk - 03 Public transport - 04 Cycle - NN None of the above - DA Prefer not to answer	Go to D9F
D9F	About how many miles is it between your home and your work?	Enter number OR FR Less than one mile OR UN Do not know OR DA Prefer not to answer	Go to D9B
D9B	Does your work involve walking or standing for most of the time?	Select one from - 01 Never/rarely - 02 Sometimes - 03 Usually - 04 Always - UN Do not know - DA Prefer not to answer	Go to D9C

Q. No	Stem	Responses / Categorical Label	Action Branches
D9C	Does your work involve heavy manual or physical work?	Select one from <ul style="list-style-type: none"> - 01 Never/rarely - 02 Sometimes - 03 Usually - 04 Always - UN Do not know - DA Prefer not to answer 	Go to D9D
D9D	Does your work involve shift work?	Select one from <ul style="list-style-type: none"> - 01 Never/rarely - 02 Sometimes - 03 Usually - 04 Always - UN Do not know - DA Prefer not to answer 	If never/rarely go to D12 Otherwise go to D9DA
D9DA	Does your work involve night shifts?	Select one from <ul style="list-style-type: none"> - 01 Never/rarely - 02 Sometimes - 03 Usually - 04 Always - UN Do not know - DA Prefer not to answer 	Go to D12
D12	Which of the following qualifications do you have? (You can select more than one)	Select from <ul style="list-style-type: none"> - 01 College or university degree - 02 A levels/AS levels or equivalent - 03 O levels/GCSEs or equivalent - 04 CSEs or equivalent - 05 NVQ or HND or HNC or equivalent - 06 Other professional qualifications eg: nursing, teaching - NN None of the above - DA Prefer not to answer 	If 'College or university degree' selected Go to next section Otherwise go to D11

Q. No	Stem	Responses / Categorical Label	Action Branches
D11	At what age did you complete your continuous full time education?	Enter number OR NA Never went to school OR UN Do not know OR DA Prefer not to answer	Go to next section

Q. No	Stem	Responses / Categorical Label	Action Branches
INTRO2	Next are some questions about your day to day activities. We know it may be difficult to answer some of these questions exactly but an approximate answer is better than none. The first few questions ask about the time you have spent being physically active in the last 4 weeks. To answer these questions, think about all the activities that you do at work, as part of your house work, to get from place to place and in your leisure time. Please touch 'next' to continue.	Only one selection - Next	Go to WP1
WP1	In a typical WEEK, on how many days did you walk for at least 10 minutes at a time? (include walking that you do at work, travelling to and from work, and for sport or leisure)	Enter number OR UN Do not know OR NA Unable to walk OR DA Prefer not to answer	If 'unable to walk' or DNK or 0 or DA go to WP2 Otherwise go to WP1A
WP1A	How many minutes did you usually spend walking on a typical DAY?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to WP2

Q. No	Stem	Responses / Categorical Label	Action Branches
WP2	In a typical WEEK, on how many days did you do 10 minutes or more of moderate physical activities like carrying light loads, cycling at normal pace? (do not include walking)	Enter number OR UN Do not know OR DA Prefer not to answer	If do not know or 0 or DA Go to WP3 Otherwise go to WP2A
WP2A	How many minutes did you usually spend doing moderate activities on a typical DAY?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to WP3
WP3	In a typical WEEK, how many days did you do 10 minutes or more of vigorous physical activity? (these are activities that make you sweat or breathe hard such as fast cycling, aerobics, heavy lifting)	Enter number OR UN Do not know OR DA Prefer not to answer	If >0 go to WP3A If (0 or DA or UN) & (WP1=unable to walk), go to WP11 If (0 or DA or UN) & (WP1=/unable to walk), go to WP4
WP3A	How many minutes did you usually spend doing vigorous activities on a typical DAY?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to WP4 unless WP1=unable to walk then go to WP4B1
WP4	How would you describe your usual walking pace?	Select one from - 01 Slow pace - 02 Steady average pace - 03 Brisk pace - NN None of the above - DA Prefer not to answer	Go to INTROWP4

Q. No	Stem	Responses / Categorical Label	Action Branches
INTROWP4	The next few questions ask you about the time you spend being active at home and in your leisure time only. Please touch NEXT to continue.	Only one selection - NEXT	Go to WP4A
WP4A	At home, during the last 4 weeks, about how many times a DAY do you climb a flight of stairs? (approx 10 steps)	Select one from - 00 None - 01 1-5 times a day - 02 6-10 times a day - 03 11-15 times a day - 04 16-20 times a day - 05 More than 20 times a day - UN Do not know - DA Prefer not to answer	Go to WP4AA
WP4AA	In the last 4 weeks, which forms of transport have you used most often to get about? (Not including any journeys to and from work; you can select more than one answer)	Select from - 01 Car/motor vehicle - 02 Walk - 03 Public transport - 04 Cycle - NN None of the above - DA Prefer not to answer	Allow multiple selection of 01-04 OR NN OR DA [Bug #4501] Go to WP4B1
WP4B1	In the last 4 weeks did you spend any time doing the following? (You can select more than one answer)	Select from - 01 Walking for pleasure (not as a means of transport) - 02 Other exercises (eg: swimming, cycling, keep fit, bowling) - 03 Strenuous sports - 04 Light DIY (eg: pruning, watering the lawn) - 05 Heavy DIY (eg: weeding, lawn mowing, carpentry, digging) - NN None of the above - DA Prefer not to answer	For each activity selected from WP4B1 loop through WP4C and WP4E. If WP4B1=NN or DA go to WP11

Q. No	Stem	Responses / Categorical Label	Action Branches
WP4C	<p>How many times in the last 4 weeks did you ** (insert activity from WP4B1)?</p> <p><i>Note: if "02 Other exercises" selected, please allow question to read, "How many times in the last 4 weeks did you do other exercises such as swimming, cycling, keep fit?"</i></p>	<p>Select one from</p> <ul style="list-style-type: none"> - 01 Once in the last 4 weeks - 02 2-3 times in the last 4 weeks - 03 Once a week - 04 2-3 times a week - 05 4-5 times a week - 06 Every day - UN Do not know - DA Prefer not to answer 	Go to WP4E
WP4E	<p>Each time you ** (insert activity from WP4B1) about how long did you spend doing it?</p> <p><i>Note: if "02 Other exercises" selected, please allow question to read, "Each time you did other exercises such as swimming, cycling, keep fit, about how long did you spend doing them?"</i></p>	<p>Select one from</p> <ul style="list-style-type: none"> - 01 Less than 15 minutes - 02 Between 15 and 30 minutes - 03 Between 30 minutes and 1 hour - 04 Between 1 hour and 1½ hours - 05 Between 1½ hours and 2 hours - 06 Between 2 and 3 hours - 07 Over 3 hours - UN Do not know - DA Prefer not to answer 	<p>Loop through WP4C and WP4E for each activity selected from WP4B1.</p> <p>When finished go to WP11</p>
WP11	How often do you visit friends or family or have them visit you?	<p>Select one from</p> <ul style="list-style-type: none"> - 01 Almost daily - 02 2-4 times a week - 03 About once a week - 04 About once a month - 05 Once every few months - 06 Never or almost never - 07 No friends/family outside household - UN Do not know - DA Prefer not to answer 	Go to WP12

Q. No	Stem	Responses / Categorical Label	Action Branches
WP12	Which of the following do you attend once a week or more often? (You can select more than one)	Select from - 01 Sports club or gym - 02 Pub or social club - 03 Religious group - 04 Adult education class - 05 Other group activity - NN None of the above - DA Prefer not to answer	Go to WP12A
WP12A	In a typical DAY in summer, how many hours do you spend outdoors?	Enter number OR FR Less than an hour a day OR UN Do not know OR DA Prefer not to answer	Go to WP12B
WP12B	In a typical DAY in winter, how many hours do you spend outdoors?	Enter number OR FR Less than an hour a day OR UN Do not know OR DA Prefer not to answer	Go to WP5
WP5	In a typical DAY, how many hours do you spend watching TV? Include time spent watching videos & DVDs. (Put 0 if you do not spend any time doing it)	Enter number OR FR Less than an hour a day OR UN Do not know OR DA Prefer not to answer	Go to WP5A

Q. No	Stem	Responses / Categorical Label	Action Branches
WP5A	In a typical DAY, how many hours do you spend using the computer (do not include using a computer at work; put 0 if you do not spend any time doing it)	Enter number OR FR Less than an hour a day OR UN Do not know OR DA Prefer not to answer	Go to WP7
WP7	In a typical DAY, how many hours do you spend driving?	Enter number OR FR Less than an hour a day OR UN Do not know OR DA Prefer not to answer	go to WP8
WP8	How often do you drive faster than the speed limit on the motorway?	Select one from - 01 Never/rarely - 02 Sometimes - 03 Often - 04 Most of the time - 05 Do not drive on the motorway - UN Do not know - DA Prefer not to answer	Go to MB1
MB1	For approximately how many years have you been using a mobile phone at least once per week to make or receive calls?	Select one from - 00 Never used mobile phone at least once per week - 01 One year or less - 02 Two to four years - 03 Five to eight years - 04 More than eight years - UN Do not know - DA Prefer not to answer	If 00 or DA go to SL1 Otherwise, go to MB2

Q. No	Stem	Responses / Categorical Label	Action Branches
MB2	Over the last 3 months, on average how much time per week did you spend making or receiving calls on a mobile phone?	Select one from <ul style="list-style-type: none"> - 00 Less than 5mins - 01 5-29 mins - 02 30-59 mins - 03 1-3 hours - 04 4-6 hours - 05 More than 6 hours - UN Do not know - DA Prefer not to answer 	Go to MB2A
MB2A	Over the last 3 months, how often have you used a hands- free device/speakerphone when making or receiving calls on your mobile?	Select one from <ul style="list-style-type: none"> - 00 Never or almost never - 01 Less than half the time - 02 About half the time - 03 More than half the time - 04 Always or almost always - UN Do not know - DA Prefer not to answer 	Go to MB3
MB3	Is there any difference between your mobile phone use now compared to two years ago?	Select one from <ul style="list-style-type: none"> - 00 No - 01 Yes, use is now less frequent - 02 Yes, use is now more frequent - 03 I didn't use a mobile phone two years ago - UN Do not know - DA Prefer not to answer 	Go to MB3A
MB3A	On what side of the head do you usually use a mobile phone?	Select one from <ul style="list-style-type: none"> - 01 Left - 02 Right - 03 Equally left and right - UN Do not know - DA Prefer not to answer 	Go to SL1

Q. No	Stem	Responses / Categorical Label	Action Branches
SL1	About how many hours sleep do you get in every 24 hours? (please include naps)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to SL1AA
SL1AA	On an average day, how easy do you find getting up in the morning?	Select one from - 01 Not at all easy - 02 Not very easy - 03 Fairly easy - 04 Very easy - UN Do not know - DA Prefer not to answer	Go to SL1AB
SL1AB	Do you consider yourself to be?	Select one from - 01 Definitely a 'morning' person - 02 More a 'morning' than 'evening' person - 03 More an 'evening' than a 'morning' person - 04 Definitely an 'evening' person - UN Do not know - DA Prefer not to answer	Go to SL1A
SL1A	Do you have a nap during the day?	Select one from - 01 Never/Rarely - 02 Sometimes - 03 Usually - DA Prefer not to answer	Go to SL2
SL2	Do you have trouble falling asleep at night or do you wake up in the middle of the night?	Select one from - 01 Never/Rarely - 02 Sometimes - 03 Usually - DA Prefer not to answer	Go to SL3

Q. No	Stem	Responses / Categorical Label	Action Branches
SL3	Does your partner or a close relative or friend complain about your snoring?	Select one from <ul style="list-style-type: none"> - 01 Yes - 02 No - UN Do not know - DA Prefer not to answer 	go to SL4
SL4	How likely are you to doze off or fall asleep during the daytime when you don't mean to? (eg: when working, reading or driving)	Select one from <ul style="list-style-type: none"> - 00 Never/rarely - 01 Sometimes - 02 Often - UN Do not know - DA Prefer not to answer 	Go to next section

Q. No	Stem	Responses	Action Branches
INTRO3	Now we would like to ask some questions about smoking. Please touch 'next' to continue.	Only one selection <ul style="list-style-type: none"> - Next 	Go to S1
S1	Do you smoke tobacco now?	Select one from <ul style="list-style-type: none"> - 01 Yes, on most or all days - 02 Only occasionally - 00 No - DA Prefer not to answer 	If no or only occasionally or DA go to S2 If yes go to S3
S2	In the past, how often have you smoked tobacco?	Select one from <ul style="list-style-type: none"> - 01 Smoked on most or all days - 02 Smoked occasionally - 03 Just tried once or twice - 04 I have never smoked - DA Prefer not to answer 	If smoked on most or all days go to S6 If never smoked or DA go to S11 Otherwise go to S2A

Q. No	Stem	Responses	Action Branches
S2A	In your lifetime, have you smoked a total of at least 100 times?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to S11
S3	How old were you when you first started smoking on most days?	Enter age OR UN Do not know OR DA Prefer not to answer	Go to S4
S4	What type of tobacco do you mainly smoke?	Select one from - 01 Manufactured cigarettes - 02 Hand-rolled cigarettes - 03 Cigars or pipes - NN None of the above - DA Prefer not to answer	If manufactured or hand-rolled go to S4A If none of the above or DA go to S5 If cigars or pipes go to S4AA
S4AA	Did you previously smoke cigarettes on most or all days?	Select one from - YE Yes - NO No - DA Prefer not to answer	If yes go to S4AB If no or DA go to S5
S4AB	About how many cigarettes did you smoke on average each day? (Include hand rolled cigarettes if smoked).	Enter number OR FR Less than one a day OR UN Do not know	Go to S4AC

Q. No	Stem	Responses	Action Branches
S4AC	How old were you when you last smoked cigarettes on most days?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to S5
S4A	About how many cigarettes do you smoke on average each day? (Include hand rolled cigarettes if smoked).	Enter number OR FR Less than one a day OR UN Do not know OR DA Prefer not to answer	Go to S4B
S4B	How soon after waking do you smoke your first cigarette of the day?	Select one from - 01 Less than 5 minutes - 02 Between 5-15 minutes - 03 Between 30mins – 1hour - 04 Between 1 and 2 hours - 05 Longer than 2 hours - UN Do not know - DA Prefer not to answer	Go to S4C
S4C	How easy or difficult would you find it to go without smoking for a whole day?	Select one from - 01 Very easy - 02 Fairly easy - 03 Fairly difficult - 04 Very difficult - DA Prefer not to answer	Go to S5

Q. No	Stem	Responses	Action Branches
S5	Have you tried to give up smoking?	Select one from - 01 Yes, tried but was not able to stop or stopped for less than 6 months - 02 Yes, tried and stopped for at least 6 months - 00 No - DA Prefer not to answer	Go to S5AA
S5AA	Do you want to stop smoking?	Select one from - 01 Yes, definitely - 02 Yes, probably - 03 No, probably not - 04 No, definitely not - DA Prefer not to answer	Go to S5A
S5A	Compared to 10 years ago do you smoke?	Select one form - 01 More nowadays - 02 About the same - 03 Less nowadays - DA Prefer not to answer	If less nowadays go to S5B Otherwise go to next section (DT1)
S5B	Why did you reduce your smoking? (You can select more than one answer)	Select from - 01 Illness or ill health - 02 Doctors advice - 03 Health precaution - 04 Financial reasons - NN None of the above - UN Do not know - DA Prefer not to answer	Go to next section (DT1)

Q. No	Stem	Responses	Action Branches
S6	How old were you when you first started smoking on most days?	Enter age OR UN Do not know OR DA Prefer not to answer	Go to S7
S7	What type of tobacco did you usually smoke?	Select one from - 01 Manufactured cigarettes - 02 Hand-rolled cigarettes - 03 Cigars or pipes - NN None of the above - DA Prefer not to answer	Go to S7A If none of the above or DA or cigars or pipes go to S8
S7A	About how many cigarettes did you smoke on average each day? (Include hand rolled cigarettes if smoked).	Enter number OR FR Less than one a day OR UN Do not know	Go to S8
S8	How old were you when you last smoked on most days?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to S9
S9	In the time that you smoked, did you ever stop for more than 6 months?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If Yes go to S10, Otherwise go to S11
S10	Why did you stop smoking? (You can select more than one answer)	Select from - 01 Illness or ill health - 02 Doctors advice	Go to S10A

Q. No	Stem	Responses	Action Branches
		<ul style="list-style-type: none"> - 03 Health precaution - 04 Financial reasons - NN None of the above - UN Do not know - DA Prefer not to answer 	
S10A	How many times did you try to give up smoking before you were successful?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to S10B
S10B	Do you think you may start smoking again?	Select one from <ul style="list-style-type: none"> - 01 Yes, definitely - 02 Yes, probably - 03 No, probably not - 04 No, definitely not - UN Do not know - DA Prefer not to answer 	Go to S11
S11	Does anyone in your household smoke?	Select one from <ul style="list-style-type: none"> - 01 Yes, one household member smokes - 02 Yes, more than one household member smokes - NO No - DA Prefer not to answer 	Go to S12
S12	At home, about how many hours per WEEK are you exposed to other people's tobacco smoke?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to S13
S13	Outside of your home, about how many hours per WEEK are you exposed to other people's tobacco smoke?	Enter number OR	Go to next section

Q. No	Stem	Responses	Action Branches
		UN Do not know OR DA Prefer not to answer	

Q. No	Stem	Responses	Action Branches
DT1	On average how many heaped tablespoons of COOKED vegetables would you eat per DAY? (do not include potatoes; put '0' if you do not eat any)	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	Go to DT2
DT2	On average, how many heaped tablespoons of SALAD or RAW vegetables would you eat per DAY? (include lettuce, tomato in sandwiches; put '0' if you do not eat any)	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	Go to DT3
DT3	About how many pieces of FRESH fruit would you eat per DAY? (Count one apple, one banana, 10 grapes etc as one piece; put '0' if you do not eat any)	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	Go to DT2A

Q. No	Stem	Responses	Action Branches
DT2A	About how many pieces of DRIED fruit would you eat per DAY? (Count one prune, one dried apricot, 10 raisins as one piece; put '0' if you do not eat any)	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	Go to DT4

Q. No	Stem	Responses	Action Branches
DT4	How often do you eat oily fish? (eg: sardines, salmon, mackerel, herring)	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT5
DT5	How often do you eat other types of fish? (eg: cod, tinned tuna, haddock)	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT8

Q. No	Stem	Responses	Action Branches
DT8	How often do you eat processed meats (such as bacon, ham, sausages, meat pies, kebabs, burgers, chicken nuggets)?	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT6
DT6	How often do you eat chicken, turkey or other poultry (do not count processed meats)?	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT7
DT7	How often do you eat beef (do not count processed meats)?	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT7A

Q. No	Stem	Responses	Action Branches
DT7A	How often do you eat lamb/mutton (do not count processed meats)?	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT7B
DT7B	How often do you eat pork (do not count processed meats such as bacon or ham)?	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	If DT6, DT7, DT7A, DT7B and DT8 = never, then go to DT8A Otherwise DT8B
DT8A	How old were you when you last ate any kind of meat? (Enter "0" if you have never eaten meat in your lifetime)	Enter age OR UN Do not know OR DA Prefer not to answer	Go to DT8B
DT8B	Which of the following do you NEVER eat? (you can select more than one answer)	Select from - 01 Eggs or foods containing eggs - 02 Dairy products - 03 Wheat products - 04 Sugar or foods/drinks containing sugar - 05 I eat all of the above - DA Prefer not to answer	If DT8B = dairy, go to DT10 Otherwise go to DT9

Q. No	Stem	Responses	Action Branches
DT9	How often do you eat cheese (include cheese in pizzas, quiches, cheese sauce)	Select one from - 00 Never - 01 Less than once a week - 02 Once a week - 03 2-4 times a week - 04 5-6 times a week - 05 Once or more daily - UN Do not know - DA Prefer not to answer	Go to DT10
DT10	What type of milk do you mainly use?	Select one from - 01 Full cream - 02 Semi-skimmed - 03 Skimmed - 04 Soya - 05 Other type of milk - 06 Never/Rarely have milk - UN Do not know - DA Prefer not to answer	Go to DT10A
DT10A	What type of spread do you mainly use?	Select one from - 01 Butter/spreadable butter - 03 Other type of spread/margarine - 00 Never/Rarely use spread - UN Do not know - DA Prefer not to answer	If other type of spread/margarine or UN go to DT10AA Otherwise Go to DT10B

Q. No	Stem	Responses	Action Branches
DT10AA	What type of spread do you mainly use?	Select one from - 04 Soft (tub) margarine - 05 Hard (block) margarine - 06 Olive oil based spread (eg: Bertolli) - 07 Polyunsaturated/sunflower oil based spread (eg: Flora) - 02 Flora Pro-Active or Benecol - 08 Other low or reduced fat spread - 09 Other type of spread/margarine - UN Do not know - DA Prefer not to answer	Go to DT10B
DT10B	How many slices of bread do you eat each WEEK?	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	If 0 or less than one go to DT11A1, otherwise go to DT11
DT11	What type of bread do you mainly eat? (You can select more than one answer).	Select one from - 01 White - 02 Brown - 03 Wholemeal or wholegrain - 04 Other type of bread - UN Do not know - DA Prefer not to answer	Go to DT11A1

Q. No	Stem	Responses	Action Branches
DT11A1	How many bowls of cereal do you eat a WEEK?	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	If 0 or less than one go to DT11B Otherwise Go to DT11A
DT11A	What type of cereal do you mainly eat? (You can select more than one answer).	Select one from - 01 Bran cereal (eg: All Bran, Branflakes) - 02 Biscuit cereal (eg: Weetabix) [Bug #4524] - 03 Oat cereal (eg: Ready brek, porridge) - 04 Muesli - 05 Other (eg: Cornflakes, Frosties) - UN Do not know - DA Prefer not to answer	Go to DT11B
DT11B	Do you add salt to your food? (do not include salt used in cooking)	Select one from - 01 Never/rarely - 02 Sometimes - 03 Usually - 04 Always - DA Prefer not to answer	Go to DT12
DT12	How many cups of tea do you drink each DAY? (include black and green tea)	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	Go to DT13

Q. No	Stem	Responses	Action Branches
DT13	How many cups of coffee do you drink each DAY? (include decaffeinated coffee)	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	If 0, UN or DA go to DT13A If >0 or FR go to DT13AA
DT13AA	What type of coffee do you usually drink?	Select one from - 01 Decaffeinated coffee (any type) - 02 Instant coffee - 03 Ground coffee (include espresso, filter etc) - 04 Other type of coffee - UN Do not know - DA Prefer not to answer	Go to DT13A
DT13A	How do you like your hot drinks? (such as coffee or tea)	Select one from - 01 Very hot - 02 Hot - 03 Warm - NA Do not drink hot drinks - DA Prefer not to answer	Go to DT14
DT14	How many glasses of water do you drink each DAY?	Enter number OR FR Less than one OR UN Do not know OR DA Prefer not to answer	Go to DT15

Q. No	Stem	Responses	Action Branches
DT15	Have you made any major changes to your diet in the last 5 years?	Select one from <ul style="list-style-type: none"> - 00 No - 01 Yes, because of illness - 02 Yes, because of other reasons - DA Prefer not to answer 	Go to DT16
DT16	Does your diet vary much from week to week?	Select one from <ul style="list-style-type: none"> - 01 Never/rarely - 02 Sometimes - 03 Often - UN Do not know - DA Prefer not to answer 	Go to next section

Q. No	Stem	Responses	Action Branches
A1	About how often do you drink alcohol?	Select one from <ul style="list-style-type: none"> - 01 Daily or almost daily - 02 Three or four times a week - 03 Once or twice a week - 04 One to three times a month - 05 Special occasions only - 06 Never - DA Prefer not to answer 	If 'never' go to A1A If 'prefer not to answer' go to next section If 'special occasions' or 'one to three times a month' go to A2B If any other option selected go to A3B
A1A	Did you previously drink alcohol?	Select one from <ul style="list-style-type: none"> - 01 Yes - 00 No - DA Prefer not to answer 	If 'yes' go to A7A If 'no' or DA finish ALCOHOL section and go to next section

Q. No	Stem	Responses	Action Branches
A2B	In an average MONTH, how many glasses of RED wine would you drink? (there are six glasses in an average bottle)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A2C
A2C	In an average MONTH, how many glasses of WHITE wine or champagne would you drink? (there are six glasses in an average bottle)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A2E
A2E	In an average MONTH, how many pints of beer or cider would you drink? (Include bitter, lager, stout, ale, Guinness)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A2A
A2A	In an average MONTH, how many measures of spirits or liqueurs would you drink? (there are 25 standard measures in a normal sized bottle; spirits include drinks such as whisky, gin, rum, vodka, brandy)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A2F
A2F	In an average MONTH, how many glasses of fortified wine would you drink? (there are 12 glasses in an average bottle). (Fortified wines include drinks such as sherry, port, vermouth)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A2G

Q. No	Stem	Responses	Action Branches
A2G	In an average MONTH, how many glasses of other alcoholic drinks (such as alcopops) would you drink?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A5
A3B	In an average WEEK, how many glasses of RED wine would you drink? (there are six glasses in an average bottle)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A3C
A3C	In an average WEEK, how many glasses of WHITE wine or champagne would you drink? (there are six glasses in an average bottle)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A3E
A3E	In an average WEEK, how many pints of beer or cider would you drink? (Include bitter, lager, stout, ale, Guinness)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A3A
A3A	In an average WEEK, how many measures of spirits or liqueurs would you drink? (there are 25 standard measures in a normal sized bottle; spirits include drinks such as whisky, gin, rum, vodka, brandy)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A3F

Q. No	Stem	Responses	Action Branches
A3F	In an average WEEK, how many glasses of fortified wine would you drink? (there are 12 glasses in an average bottle) (Fortified wines include drinks such as sherry, port, vermouth)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A3G
A3G	In an average WEEK, how many glasses of other alcoholic drinks (such as alcopops) would you drink?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to A5
A5	When you drink alcohol is it usually with meals?	Select from - YE Yes - NO No - IR It varies - UN Do not know - DA Prefer not to answer	Go to A6
A6	Compared to 10 years ago, do you drink?	Select one from - 01 More nowadays - 02 About the same - 03 Less nowadays - UN Do not know - DA Prefer not to answer	If 'less nowadays' go to A7 If 'more nowadays' or 'about the same' or DA or UN go to next section.

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Q. No	Stem	Responses	Action Branches
A7	Why did you reduce the amount you drank?	Select one from <ul style="list-style-type: none"> - 01 Illness or ill health - 02 Doctor's advice - 03 Health precaution - 04 Financial reasons - 05 Other reason - UN Do not know - DA Prefer not to answer 	Go to next section
A7A	Why did you stop drinking alcohol?	Select one from <ul style="list-style-type: none"> - 01 Illness or ill health - 02 Doctor's advice - 03 Health precaution - 04 Financial reasons - 05 Other reason - UN Do not know - DA Prefer not to answer 	Go to next section

Q. No	Stem	Responses	Action Branches
INTRO 5	Now, some questions about you and your family. Touch 'next' to continue.	Only one selection <ul style="list-style-type: none"> - Next 	Go to D2
D2	Where were you born?	Select one from <ul style="list-style-type: none"> - 01 England - 02 Wales - 03 Scotland - 04 Northern Ireland - 05 Republic of Ireland - 06 Elsewhere - UN Do not know - DA Prefer not to answer 	If 05 or 06 go to D2A Otherwise go to YE1

Q. No	Stem	Responses	Action Branches
D2A	What year did you first come to live in the United Kingdom?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to YE1
YE1	What is your ethnic group?	Select one from - 01 White - 02 Mixed - 03 Asian or Asian British - 04 Black or Black British - 05 Chinese - 06 Other ethnic group - UN Do not know - DA Prefer not to answer	If 'white' go to YE1A If 'mixed' go to YE1B If 'Asian or Asian British' go to YE1C If 'Black or Black British' go to YE1D If 'Chinese' or 'other ethnic group' or 'Prefer not' or UN go to Y3
YE1A	What is your ethnic background?	Select one from - 01 British - 02 Irish - 03 Any other white background - DA Prefer not to answer	Go to Y3
YE1B	What is your ethnic background?	Select one from - 01 White and Black Caribbean - 02 White and Black African - 03 White and Asian - 04 Any other mixed background - DA Prefer not to answer	Go to Y3

Q. No	Stem	Responses	Action Branches
YE1C	What is your ethnic background?	Select one from <ul style="list-style-type: none"> - 01 Indian - 02 Pakistani - 03 Bangladeshi - 04 Any other Asian background - DA Prefer not to answer 	Go to Y3
YE1D	What is your ethnic background?	Select one from <ul style="list-style-type: none"> - 01 Caribbean - 02 African - 03 Any other Black background - DA Prefer not to answer 	Go to Y3
Y3	Were you breastfed when you were a baby?	Select one from <ul style="list-style-type: none"> - 01 Yes - 00 No - UN Do not know - DA Prefer not to answer 	Go to Y4
Y4	When you were 10 years old, compared to average would you describe yourself as:	Select one from <ul style="list-style-type: none"> - 01 Thinner - 02 Plumper - 03 About average - UN Do not know - DA Prefer not to answer 	Go to Y5
Y5	When you were 10 years old, compared to average would you describe yourself as:	Select one from <ul style="list-style-type: none"> - 01 Shorter - 02 Taller - 03 About average - UN Do not know - DA Prefer not to answer 	Go to Y6

Q. No	Stem	Responses	Action Branches
Y6	Are you right or left handed?	Select one from - 01 Right-handed - 02 Left-handed - 03 Use both right and left hands equally - DA Prefer not to answer	Go to Y6A
Y6A	What best describes the colour of your skin without tanning?	Select one from - 01 very fair - 02 fair - 03 light olive - 04 dark olive - 05 brown - 06 black - UN Do not know - DA Prefer not to answer	Go to Y6AA
Y6AA	What would happen to your skin if it was repeatedly exposed to bright sunlight without any protection?	Select one from - 01 Get very tanned - 02 Get moderately tanned - 03 Get mildly or occasionally tanned - 04 Never tan, only burn - UN Do not know - DA Prefer not to answer	Go to Y5A
Y5A	Before the age of 15, how many times did you suffer sunburn that was painful for at least 2 days or caused blistering?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y6B

Q. No	Stem	Responses	Action Branches
Y6B	What best describes your natural hair colour? (If your hair colour is grey, before you went grey)	Select one from <ul style="list-style-type: none"> - 01 blonde - 02 red - 03 light brown - 04 dark brown - 05 black - 06 other - UN Do not know - DA Prefer not to answer 	Go to Y6C
Y6C	Do people say that you look:	Select one from <ul style="list-style-type: none"> - 01 younger than you are - 02 older than you are - 03 about your age - UN Do not know - DA Prefer not to answer 	Go to Y1
Y1	Were you adopted as a child?	Select one from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	If yes go to Y13AD Otherwise go to Y1A
Y1A	Are you a twin, triplet or other multiple birth?	Select one from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go to Y7

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Q. No	Stem	Responses	Action Branches
Y7	Did your mother smoke regularly around the time when you were born?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to Y13
Y13	Is your father still alive?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to Y13A If no go to Y13B If UN or DA go to Y16
Y13AD	Is your ADOPTED father still alive	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to Y13A If no go to Y13B If UN or DA go to Y16AD
Y13A	What is his age now?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y13DAD if Y1=yes Otherwise go to Y13D
Y13B	What was his age when he died?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y13DAD if Y1=yes Otherwise go to Y13D

Q. No	Stem	Responses	Action Branches
Y13D	Has/did your father ever suffer from? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - HE Heart disease - ST Stroke - BP High blood pressure - DB Diabetes - EM Chronic bronchitis/emphysema - AZ Alzheimer's disease/dementia - NN None of the above - UN Do not know - DA Prefer not to answer 	If DA go to Y16 Otherwise Go to Y13E
Y13DAD	Has/did your ADOPTED father ever suffer from? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - HE Heart disease - ST Stroke - BP High blood pressure - DB Diabetes - EM Chronic bronchitis/emphysema - AZ Alzheimer's disease/dementia - NN None of the above - UN Do not know - DA Prefer not to answer 	If DA go to Y16AD Otherwise Go to Y13EAD
Y13E	Has/did your father ever suffer from? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - PA Parkinson's disease - DP Severe depression - LU Lung cancer - BO Bowel cancer - PR Prostate cancer - NN None of the above - UN Do not know - DA Prefer not to answer 	Go to Y16

Q. No	Stem	Responses	Action Branches
Y13EAD	Has/did your ADOPTED father ever suffer from? (You can select more than one answer)	Select from - PA Parkinson's disease - DP Severe depression - LU Lung cancer - BO Bowel cancer - PR Prostate cancer - NN None of the above - UN Do not know - DA Prefer not to answer	Go to Y16AD
Y16	Is your mother still alive?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to Y16A If no go to Y16B If UN or DA go to Y17
Y16AD	Is your ADOPTED mother still alive?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to Y16A If no go to Y16B If UN or DA go to Y17AD
Y16A	What is her age now?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y16DAD if Y1=yes Otherwise go to Y16D
Y16B	What was her age when she died?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y16DAD if Y1=yes Otherwise go to Y16D

Q. No	Stem	Responses	Action Branches
Y16D	Has/did your mother ever suffer from? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - HE Heart disease - ST Stroke - BP High blood pressure - DB Diabetes - EM Chronic bronchitis/emphysema - AZ Alzheimer's disease/dementia - NN None of the above - UN Do not know - DA Prefer not to answer 	If DA go to Y17 Otherwise Go to Y16E
Y16DAD	Has/Did your ADOPTED mother ever suffer from? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - HE Heart disease - ST Stroke - BP High blood pressure - DB Diabetes - EM Chronic bronchitis/emphysema - AZ Alzheimer's disease/dementia - NN None of the above - UN Do not know - DA Prefer not to answer 	If DA go to Y17AD Otherwise Go to Y16EAD
Y16E	Has/did your mother ever suffer from? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - PA Parkinson's disease - DP Severe depression - LU Lung cancer - BO Bowel cancer - BR Breast cancer - NN None of the above - UN Do not know - DA Prefer not to answer 	Go to Y17

Q. No	Stem	Responses	Action Branches
Y16EAD	Has/Did your ADOPTED mother ever suffer from? (You can select more than one answer)	Select from - PA Parkinson's disease - DP Severe depression - LU Lung cancer - BO Bowel cancer - BR Breast cancer - NN None of the above - UN Do not know - DA Prefer not to answer	Go to Y17AD
Y17	How many brothers do you have? (Please include those who have died, and twin-bothers. Do not include half-brothers, step-brothers or adopted brothers)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y18
Y17AD	How many ADOPTED brothers do you have? (Please include those who have died)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y18AD
Y18	How many sisters do you have? (Please include those who have died, and twin-sisters. Do not include half-sisters, step-sisters or adopted sisters)	Enter number OR UN Do not know OR DA Prefer not to answer	If Y17 >= 1 OR Y18 >= 1 then go to Y19 If Y17 = 0 or UN or DA, AND Y18 = 0 or UN or DA, AND (Y13 = NO or Y16 = NO), then go to Y22 Else go to next section

Q. No	Stem	Responses	Action Branches
Y18AD	How many ADOPTED sisters do you have? (Please include those who have died)	Enter number OR UN Do not know OR DA Prefer not to answer	If Y17AD >= 1 OR Y18AD >= 1 then go to Y19AD If Y17AD = 0 or UN or DA, AND Y18AD = 0 or UN or DA, AND (Y13AD = NO or Y16AD = NO), then go to Y22 Else go to next section
Y19	Have any of your brothers or sisters suffered from any of the following illnesses? (You can select more than one answer)	Select from - HE Heart disease - ST Stroke - BP High blood pressure - DB Diabetes - EM Chronic bronchitis/emphysema - AZ Alzheimer's disease/dementia - NN None of the above - UN Do not know - DA Prefer not to answer	If DA go to Y21 Otherwise Go to Y20
Y19AD	Have any of your ADOPTED brothers or sisters suffered from any of the following illnesses? (You can select more than one answer)	Select from - HE Heart disease - ST Stroke - BP High blood pressure - DB Diabetes - EM Chronic bronchitis/emphysema - AZ Alzheimer's disease/dementia - NN None of the above - UN Do not know - DA Prefer not to answer	If DA go to Y21 Otherwise Go to Y20AD

Q. No	Stem	Responses	Action Branches
Y20	Have any of your brothers or sisters suffered from any of the following illnesses? (You can select more than one)	Select from - PA Parkinson's disease - DP Severe depression - LU Lung cancer - BO Bowel cancer - BR Breast cancer - PR Prostate cancer - NN None of the above - UN Do not know - DA Prefer not to answer	Go to Y21
Y20AD	Have any of your ADOPTED brothers or sisters suffered from any of the following illnesses? (You can select more than one)	Select from - PA Parkinson's disease - DP Severe depression - LU Lung cancer - BO Bowel cancer - BR Breast cancer - PR Prostate cancer - NN None of the above - UN Do not know - DA Prefer not to answer	Go to Y21
Y21	How many older brothers and sisters do you have? (Please include those who have died, and twins. Do not include half-, step- or adopted brothers and sisters)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to Y22
Y22	Have any of your mother, father, brothers or sisters died suddenly from a non-accidental cause? (Do not include half-, step- or adopted brothers and sisters).	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to next section

Q. No	Stem	Responses	Action Branches
INTRO6	Now some questions about your feelings and your mood. Work quickly and do not think about the exact meaning of the question. Touch next to continue.	Only one selection - Next	Go to P18
P18	Does your mood often go up and down?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go To P19
P19	Do you ever feel 'just miserable' for no reason?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to P20
P20	Are you an irritable person?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go To P21
P21	Are your feelings easily hurt?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go To P22
P22	Do you often feel 'fed-up'?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go To P23

Q. No	Stem	Responses	Action Branches
P23	Would you call yourself a nervous person?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go To P24
P24	Are you a worrier?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go To P25
P25	Would you call yourself tense or 'highly strung'?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go To P26
P26	Do you worry too long after an embarrassing experience?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go to P27
P27	Do you suffer from 'nerves'?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN do not know - DA Prefer not to answer 	Go to P28

Q. No	Stem	Responses	Action Branches
P28	Do you often feel lonely?	Select from - YE Yes - NO No - UN do not know - DA Prefer not to answer	Go To P29
P29	Are you often troubled by feelings of guilt?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to P30
P30	Would you describe yourself as someone who takes risks?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go To P31
P31	In general how happy are you?	Select from - Extremely happy - Very happy - Moderately happy - Moderately unhappy - Very unhappy - Extremely unhappy - UN Do not know - DA Prefer not to answer	Go to P31A

Q. No	Stem	Responses	Action Branches
P31A	In general how satisfied are you with the WORK that you do?	Select from <ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - 07 I am not employed - UN Do not know - DA Prefer not to answer 	Go to P31B
P31B	In general how satisfied are you with your HEALTH?	Select from <ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - UN Do not know - DA Prefer not to answer 	Go to P31C
P31C	In general how satisfied are you with your FAMILY RELATIONSHIPS?	Select from <ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - UN Do not know - DA Prefer not to answer 	Go to P31D

Q. No	Stem	Responses	Action Branches
P31D	In general how satisfied are you with your FRIENDSHIPS?	Select from <ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - UN Do not know - DA Prefer not to answer 	Go to P31E
P31E	In general how satisfied are you with your FINANCIAL SITUATION?	Select from <ul style="list-style-type: none"> - 01 Extremely happy - 02 Very happy - 03 Moderately happy - 04 Moderately unhappy - 05 Very unhappy - 06 Extremely unhappy - UN Do not know - DA Prefer not to answer 	Go to P1
P1	Over the past two weeks, how often have you felt down, depressed or hopeless?	Select from <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - UN Do not know - DA Prefer not to answer 	Go to P1A

Q. No	Stem	Responses	Action Branches
P1A	Over the past two weeks how often have you had little interest or pleasure in doing things?	Select from <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - UN Do not know - DA Prefer not to answer 	Go to P2
P2	Over the past two weeks, how often have you felt tense, fidgety or restless?	Select from <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - UN Do not know - DA Prefer not to answer 	Go to P3
P3	Over the past two weeks, how often have you felt tired or had little energy?	Select from <ul style="list-style-type: none"> - 01 Not at all - 02 Several days - 03 More than half the days - 04 Nearly every day - UN Do not know - DA Prefer not to answer 	Go to P4
P4	Have you ever seen a general practitioner (GP) for nerves, anxiety, tension or depression?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go to P5

Q. No	Stem	Responses	Action Branches
P5	Have you ever seen a psychiatrist for nerves, anxiety, tension or depression?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to P6
P6	Looking back over your life, have you ever had a time when you were feeling depressed or down for at least a whole week?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to P6A. Otherwise go to P6C
P6A	How many weeks was the longest period when you were feeling depressed or down?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to P6B
P6B	How many periods have you had when you were feeling depressed or down for at least a whole week?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to P6C
P6C	Have you ever had a time when you were uninterested in things or unable to enjoy the things you used to for at least a whole week?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to P6D. Otherwise go to P7

Q. No	Stem	Responses	Action Branches
P6D	How many weeks was the longest period when you were uninterested in things or unable to enjoy the things you used to?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to P6E
P6E	How many periods have you had when you were uninterested in things or unable to enjoy the things you used to for at least a whole week?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to P7
P7	Have you ever had a period of time lasting at least two days when you were feeling so good, "high", excited or "hyper" that other people thought you were not your normal self or you were so "hyper" that you got into trouble?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to P8
P8	Have you ever had a period of time lasting at least two days when you were so irritable that you found yourself shouting at people or starting fights or arguments?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes to P7 and/or P8 go to P8A. If no go to E1
P8A	Please try to remember a period when you were in a "high" or "irritable" state and select which of the following apply	Select: - 11 I was more active than usual - 12 I was more talkative than usual - 13 I needed less sleep than usual - 14 I was more creative or had more ideas than usual - 15 All of the above - NN None of the above	Go to P8B

Q. No	Stem	Responses	Action Branches
P8B	What is the longest time period that these "high" or "irritable" periods have lasted?	Select from - 11 At least two days, but less than a week - 12 Less than a week - 13 A week or more UN Do not know - DA Prefer not to answer	Go to P8C
P8C	How much of a problem have these 'high,' or 'irritable' periods caused you?	Select from - 11 No Problems - 12 Needed treatment or caused problems with work, relationships, finances, the law or other aspects of life. - UN Do not know - DA Prefer not to answer	Go to E1
E1	How often are you able to confide in someone close to you?	Select one from - 05 Almost daily - 04 2-4 times a week - 03 About once a week - 02 About once a month - 01 Once every few months - 00 Never or almost never - UN Do not know - DA Prefer not to answer	Go to E2
E2	In the last 2 years have you experienced any of the following? (You can select more than one answer)	Select from - 01 serious illness, injury or assault to yourself - 02 serious illness, injury or assault of a close relative - 03 death of a close relative - 04 death of a spouse or partner - 05 marital separation/divorce - 06 financial difficulties - NN none of the above - DA Prefer not to answer	Go to next section

Q. No	Stem	Responses / Categorical Label	Action Branches
INTRO7	The next section contains questions about your sexual history. If you feel that a question is too sensitive, you can skip the question or skip the entire section if you prefer.	Select from - 01 Continue - 02 Skip this section	If skip go to next section. If continue go to question SE1
SE1	What was your age when you first had sexual intercourse? (Sexual intercourse includes vaginal, oral or anal intercourse)	Enter number OR NA Never had sex OR UN Do not know OR DA Prefer not to answer	If number entered or 'do not know' or decline go to SE1A If never go to next section
SE1A	About how many sexual partners have you had in your lifetime?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to SE2
SE2	Have you ever had sexual intercourse with someone of the same sex?	Select from - 01 Yes - 00 No - DA Prefer not to answer	If yes go to SE2A If no or prefer not to answer go to next section
SE2A	How many sexual partners of the same sex have you had in your lifetime?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to next section

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Q. No	Stem	Responses	Action Branches
INTRO8	Now some questions about your health. Please touch 'next' to continue.	Only one selection - Next	Go to H3
H3	In general how would you rate your overall health?	Select one from - 01 Excellent - 02 Good - 03 Fair - 04 Poor - UN Do not know - DA Prefer not to answer	Go to H4
H4	Do you have any long-standing illness, disability or infirmity?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	go to H4A
H4A	Do you receive any of the following? (You can select more than one answer)	Select from - 01 Attendance allowance - 02 Disability living allowance - 03 Blue badge - NN None of the above - UN Do not know - DA Prefer not to answer	Go to H4B
H4B	Do you use private healthcare?	- 01 Yes, all of the time - 02 Yes, most of the time - 03 Yes, sometimes - 04 No, never - UN Do not know - DA Prefer not to answer	Go to H5

Q. No	Stem	Responses	Action Branches
H5	Do you wear glasses or contact lenses to correct your vision?	Select from - YE Yes - NO No - DA Prefer not to answer	If yes go to H5AA otherwise go to H5A
H5AA	What age did you first start to wear glasses or contact lenses?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to H5A
H5AB	Why were you prescribed glasses / contacts? (You can select more than one answer)	Select from - 01 For short-sightedness i.e. <i>only</i> or <i>mainly</i> for distance viewing such as driving, cinema etc (called 'myopia') - 02 For long-sightedness i.e. for distance and near, but <i>particularly</i> for near tasks like reading (called 'hypermetropia') - 03 Just for reading / near work as you are getting older (called 'presbyopia') - 04 For 'astigmatism' - 05 For a 'squint' or 'turn' in an eye since childhood (called 'strabismus') - 06 For a 'lazy' eye or an eye with poor vision since childhood (called 'amblyopia') - 07 Other eye condition - UN Do not know - DA Prefer not to answer	If any ailment 01 to 07 selected ask H5ABA for that ailment. If UN or DA go to H5A
H5ABA	Which eye(s) is/are affected?	Select from - 01 Right eye - 02 Left eye - 03 Both eyes	Loop to go through H5AB for each ailment 01 to 07. If more than one ailment continue to ask H5ABA for each ailment selected in H5AB. Otherwise go to H5A

Q. No	Stem	Responses	Action Branches
H5A	Do you have any other problems with your eyes or eyesight?	Select from - YE Yes - NO No - DA Prefer not to answer	If yes go to H5C If no or DA go to Y6AB
H5C	Has a doctor told you that you have any of the following problems with your eyes? (You can select more than one answer)	Select from - 01 Diabetes related eye disease - 02 Glaucoma - 03 Injury or trauma resulting in loss of vision - 04 Cataract - 05 Macular degeneration - 06 Other serious eye condition - NN None of the above - DA Prefer not to answer - UN Do not know	If any problem 01 to 06 selected, ask H5E and H5D for that ailment. If NN, DA or UN go to Y6AB
H5E	Which eye(s) is/are affected?	Select from - 01 Right eye - 02 Left eye - 03 Both eyes	Loop to go through H5E H5D for each problem 01 to 06. Otherwise go to Y6AB
H5D	What was your age when the **** was first diagnosed? <i>**** insert each condition in (01,02,04) from H5C if selected</i>	Enter number OR UN Do not know OR DA Prefer not to answer	If more than one illness continue to ask H5D for each illness selected in H5CL1 Otherwise Go to Y6AB

Q. No	Stem	Responses	Action Branches
Y6AB	Do you wear sun protection (eg: sunscreen lotion, hat) when you spend time outdoors in the summer?	Select one from - 01 Never/rarely - 02 Sometimes - 03 Most of the time - 04 Always - 05 Do not go out in sunshine - UN Do not know - DA Prefer not to answer	Go to Y6AC
Y6AC	How many times a year would you use a solarium or sunlamp?	Enter number OR FR Less than once a year OR UN Do not know OR DA Prefer not to answer	Go to H7C
H7C	Do you have any of the following? (You can select more than one answer)	Select from - 01 Mouth ulcers - 02 Painful gums - 03 Bleeding gums - 04 Loose teeth - 05 Toothache - 06 Dentures - NN None of the above - DA Prefer not to answer	Go to H8
H8	In the last year have you had any falls?	Select one from - 01 No falls - 02 Only one fall - 03 More than one fall - DA Prefer not to answer	Go to H9

Q. No	Stem	Responses	Action Branches
H9	Compared with one year ago, has your weight changed?	Select one from - 00 No – weigh about the same - 02 Yes – gained weight - 03 Yes - lost weight - UN Do not know - DA Prefer not to answer	Go to SY2
SY2	In the last year have you ever had wheeze or whistling in the chest?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to SY3
SY3	Do you get short of breath walking with people of your own age on level ground?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to SY4
SY4	Do you get a pain in either leg on walking?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to SY4A. If no go to SY5
SY4A	Does this pain ever begin when you are standing still or sitting?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to SY4B

Q. No	Stem	Responses	Action Branches
SY4B	Do you get this pain in your calf (calves)?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to Sy4C
SY4C	Do you get pain when you walk uphill or hurry?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to SY4D
SY4D	Do you get pain when you walk at an ordinary pace on the level?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to SY4E. Otherwise go to SY4F
SY4E	Does the pain you get while walking ever disappear when you continue walking?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to SY4F
SY4F	What you do if you get pain when you are walking?	Select from - 01 Stop - 02 Slow down - 03 Continue at same pace - UN Do not know - DA Prefer not to answer	Go to SY4G

Q. No	Stem	Responses	Action Branches
SY4G	What happens to the pain you get while walking if you stand still?	Select from <ul style="list-style-type: none"> - 01 Pain usually continues for more than 10 minutes - 02 Pain usually disappears in less than 10 minutes - UN Do not know - DA Prefer not to answer 	Go to SY4H
SY4H	Have you ever had surgery on the arteries of your legs (other than for varicose veins)?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go to Sy4I
SY4I	Have you ever had surgery to remove any of the following?	Select from <ul style="list-style-type: none"> - 01 Toes - 02 Leg below the knee - 03 Leg above the knee - NO No [Bug#4525] - UN Do not know - DA Prefer not to answer 	Go to SY5
SY5	In the last month have you experienced any of the following that interfered with your usual activities? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - 01 Headache - 02 Facial pain - 03 Neck or shoulder pain - 04 Back pain - 05 Stomach or abdominal pain - 06 Hip pain - 07 Knee pain - 08 Pain all over the body - NN None of the above - DA Prefer not to answer 	If any pain selected ask SY5B for that pain. If none of the above or DA go to SY1

Q. No	Stem	Responses	Action Branches
SY5B	Have you had *** for more than 3 months? <i>*** for each pain selected in SY5 insert the response from SY5 with an 's' following the word pain (eg, Have you had headaches for more than 3 months? Or Have you had neck or shoulder pains for more than 3 months? Or Have you had pains all over the body for more than 3 months?)</i>	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Loop to go through SY5B for each pain selected (except 'pain all over the body' where only one selection allowed in SY5. Go to Sy1 when all selections completed.
SY1	Do you ever have any pain or discomfort in your chest?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to SY1A If no or do not know or DA go to H10
SY1A	Do you get this pain or discomfort when you walk at an ordinary pace on the level?	Select from - YE Yes - NO No - UN Unable to walk on the level - DA Prefer not to answer	If yes go to SY1C If no go to SY1B If unable to walk on the level or DA go to H10
SY1B	Do you get this pain or discomfort when you walk uphill or hurry?	Select from - YE Yes - NO No - UN Unable to walk up hills or to hurry - DA Prefer not to answer	If yes go to SY1C If no or unable to walk up hills or DA go to H10
SY1C	Does this chest pain go away when you stand still?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to H10

Q. No	Stem	Responses	Action Branches
H10	Have you ever had a screening test for bowel (colorectal) cancer? (Please include tests for blood in the stool/faeces or a colonoscopy or a sigmoidoscopy)	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If selects yes go to H10A If no or do not know or DA go to sex specific questions
H10A	How many years ago was the most recent one of these tests?	Enter number Or UN Do not know Or FR Less than 1 year ago OR DA Prefer not to answer	Go to sex specific questions

MEN ONLY QUESTIONS

Q. No	Stem	Responses	Action Branches
MH2	Have you ever had a blood test for prostate cancer (prostate specific antigen or PSA test)?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to MH3 Otherwise go to MH4
MH3	How many years ago was your last test?	Enter number OR UN Do not know OR FR Less than a year ago OR DA Prefer not to answer	Go to MH4

WOMEN ONLY QUESTIONS

Q. No	Stem	Responses	Action Branches
FH7	Have you ever been for breast cancer screening (a mammogram)?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to FH7A Otherwise go to FH8
FH7A	How many years ago was your last screen?	Enter number OR UN Do not know OR FR Less than 1 year ago OR DA Prefer not to answer	Go to FH8
FH8	Have you ever had a cervical smear test?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to FH8b Otherwise go to FH1
FH8B	How many years ago was your last cervical smear test?	Enter number OR UN Do not know OR FR Less than 1 year ago DA Prefer not to answer	Go to FH1
FH1	How old were you when your periods started?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH2

Q. No	Stem	Responses	Action Branches
FH2	Have you had your menopause (periods stopped)?	Select one from <ul style="list-style-type: none"> - YE Yes - NO No - 02 Not sure – had a hysterectomy - 03 Not sure – other reason - DA Prefer not to answer 	If yes go to FH2A If no go to FH2B If not sure had a hysterectomy go to FH3 If not sure other reason or DA go to FH2D
FH2A	How old were you when your periods stopped?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH3
FH2B	How many days since your last menstrual period?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH2C
FH2C	How many days is your usual menstrual cycle? (the number of days between each menstrual period)	Enter number OR IR Irregular cycles OR UN Do not know OR DA Prefer not to answer	Go to FH2D
FH2D	Are you menstruating today? (we are asking this as it may affect the urine sample that you have been asked to provide)	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go to FH3

Q. No	Stem	Responses	Action Branches
FH3	How many children have you given birth to? (please include live births only)	Enter number OR DA Prefer not to answer	If 0 or DA go to FH4 Otherwise go to FH3A
FH3A	What was the birth weight of your first child in pounds? (do not include twins)	Enter number OR NA Only twins OR UN Do not know OR DA Prefer not to answer	If FH3 =1 go to FH3B If FH3>1 go to FH3C
FH3B	How old were you when you had your child?	Enter number OR FO Do not remember OR DA Prefer not to answer	Go to FH4
FH3C	How old were you when you had your FIRST child?	Enter number OR FO Do not remember OR DA Prefer not to answer	Go to FH3D
FH3D	How old were you when you had your LAST child?	Enter number OR FO Do not remember OR DA Prefer not to answer	Go to FH4

Q. No	Stem	Responses	Action Branches
FH4	Have you ever had any stillbirths, spontaneous miscarriages or terminations?	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	If yes go to FH4A If no go to FH5 If UN go to FH5 If DA go to FH5
FH4A	How many stillbirths? (enter 0 if none)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH4B
FH4B	How many spontaneous miscarriages? (enter 0 if none)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH4C
FH4C	How many terminations? (enter 0 if none)	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH5
FH5	Have you ever taken the contraceptive pill? (include the 'mini- pill')	Select from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	If yes go to FH5A If no go to FH6 If do not know or DA go to FH6

Q. No	Stem	Responses	Action Branches
FH5A	About how old were you when you first went on the contraceptive pill?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH5B
FH5B	How old were you when you last used the contraceptive pill?	Enter number OR UN Do not know OR -11 Still taking the pill OR DA Prefer not to answer	Go to FH6
FH6	Have you ever used hormone replacement therapy (HRT)?	Select from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes go to FH6A If no or do not know or DA go to FH9 unless FH2=02, then go to FH9A.
FH6A	How old were you when you first used HRT?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH6B
FH6B	How old were you when you last used HRT?	Enter number OR UN Do not know OR -11 Still taking HRT OR DA Prefer not to answer	If FH2=02 go to FH9A Otherwise Go to FH9

Q. No	Stem	Responses	Action Branches
FH9	Have you had a hysterectomy (womb removed)?	Select from - YE Yes - NO No - NS Not sure - DA Prefer not to answer	If yes go to FH9A If no, not sure, DA go to FH10
FH9A	How old were you when you had your hysterectomy?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to FH10
FH10	Have you had BOTH ovaries removed?	Select from - YE Yes - NO No - NS Not sure - DA Prefer not to answer	If yes go to FH10A If no, not sure, DA go to OP1W
FH10A	How old were you when you had BOTH ovaries removed?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to OP1W

MEN AND WOMEN ONLY QUESTIONS CEASE – ALL PARTICIPANT QUESTIONS – Continued Health

Q. No	Stem	Responses	Action Branches
OP1M	Have you had any major operations? (for example, operations that required an overnight stay in hospital)	Select one from - YE Yes – you will be asked about this later by an interviewer - NO No - UN Do not know - DA Prefer not to answer	Go to L1

Q. No	Stem	Responses	Action Branches
OP1W	Have you had any other major operations? (for example, operations that required an overnight stay in hospital)	Select one from <ul style="list-style-type: none"> - YE Yes – you will be asked about this later by an interviewer - NO No - UN Do not know - DA Prefer not to answer 	Go to L1
L1	Has a doctor ever told you that you have had any of the following conditions? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - 01 Heart attack - 02 Angina - 03 Stroke - 04 High blood pressure - NN None of the above - DA Prefer not to answer 	If none or DA go to L2 For each illness selected go to L1A
L1A	What was your age when the **** was first diagnosed? <i>“****” insert each condition from L1 if selected</i>	Enter number OR UN Do not know OR DA Prefer not to answer	If more than one illness continue to ask L1A for each illness selected in L1 Otherwise Go to L2
L2	Has a doctor ever told you that you have had any of the following conditions? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - 05 Blood clot in the leg (DVT) - 07 Blood clot in the lung - 06 Emphysema/chronic bronchitis - 08 Asthma - 09 Hayfever, allergic rhinitis or eczema - NN None of the above - DA Prefer not to answer 	If none or DA go to L3 For each illness selected go to L2A

Q. No	Stem	Responses	Action Branches
L2A	What was your age when the **** was first diagnosed? <i>***** insert each condition from L2 if selected</i>	Enter number OR UN Do not know OR DA Prefer not to answer	If more than one illness continue to ask L2A for each illness selected in L2 Otherwise Go to L3
L3	Has a doctor ever told you that you have diabetes?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	If yes and female go to L3A If yes and male go to L3B Otherwise go to L4
L3A	Did you only have diabetes during pregnancy?	Select one from - YE Yes - NO No - NA Not applicable - UN Do not know - DA Prefer not to answer	If yes go to L4 Otherwise go to L3B
L3B	What was your age when the diabetes was first diagnosed?	Enter number OR UN Do not know OR DA Prefer not to answer	Go to L3C
L3C	Did you start insulin within one year of your diagnosis of diabetes?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to L4

Q. No	Stem	Responses	Action Branches
L4	Has a doctor ever told you that you have had cancer?	Select one from <ul style="list-style-type: none"> - YE Yes – you will be asked about this later by an interviewer - NO No - UN Do not know - DA Prefer not to answer 	Go to L5
L5	Have you fractured/broken any bones in the last 5 years?	Select one from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	If yes go to L5A Otherwise go to L5C If YES link to interview operations
L5A	Which bones did you fracture/break? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - 01 Ankle - 02 Leg - 03 Hip - 04 Spine - 05 Wrist - 06 Arm - 07 Other bones - UN Do not know - DA Prefer not to answer 	Go to L5B
L5B	Did the fracture result from a simple fall (ie: from standing height)?	Select one from <ul style="list-style-type: none"> - YE Yes - NO No - UN Do not know - DA Prefer not to answer 	Go to L5C

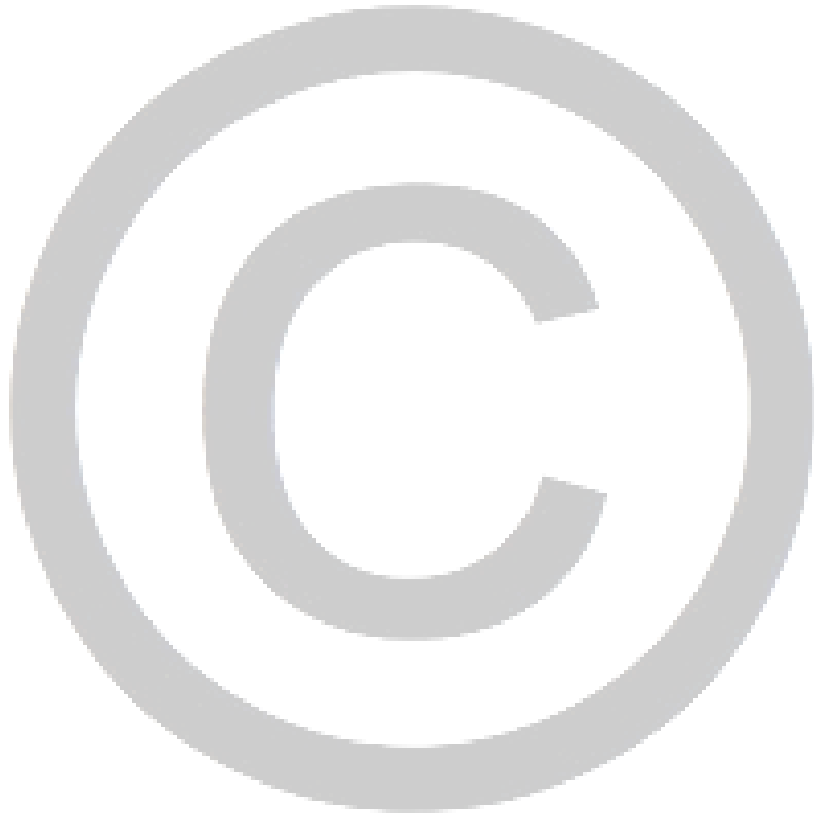
Q. No	Stem	Responses	Action Branches
L5C	Has a doctor ever told you that you have had any other serious medical conditions or disabilities?	Select one from - YE Yes – you will be asked about this later by and interviewer - NO No - UN Do not know - DA Prefer not to answer	Go to L5DM if sex is male Go to L5DF if sex is female
L5DM	Do you regularly take any of the following medications? (You can select more than one answer)	Select from: - 01 Cholesterol lowering medication - 02 Blood pressure medication - 03 Insulin - NN None of the above - UN Do not know - DA Prefer not to answer	Go to L6
L5DF	Do you regularly take any of the following medications? (You can select more than one answer)	Select from: - 01 Cholesterol lowering medication - 02 Blood pressure medication - 03 Insulin - 04 Hormone replacement therapy - 05 Oral contraceptive pill or minipill - NN None of the above - UN Do not know - DA Prefer not to answer	Go to L6
L6	Do you regularly take any other PRESCRIPTION medications? (Do not forget medications such as puffers or patches)	Select one from - YE Yes – you will be asked about this later by an interviewer - NO No - UN Do not know - DA Prefer not to answer	Go to L6C

Q. No	Stem	Responses	Action Branches
L6C	Do you regularly take any of the following? (You can select more than one answer)	Select from: <ul style="list-style-type: none"> - 01 Aspirin - 02 Ibuprofen (eg: Nurofen) - 03 Paracetamol - 04 Ranitidine (eg: Zantac) - 05 Omeprazole (eg: Zanprol) - 06 Laxatives (eg: dulcolax, senokot) - NN None of the above - UN Do not know - DA Prefer not to answer 	Go to L7
L7	Do you regularly take any of the following? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - 01 Vitamin A - 02 Vitamin B - 03 Vitamin C - 04 Vitamin D - 05 Vitamin E - 06 Folic acid or Folate (Vit B9) - 07 Multivitamins +/- minerals - NN None of the above - DA Prefer not to answer 	Go to L7A
L7A	Do you regularly take any of the following? (You can select more than one answer)	Select from <ul style="list-style-type: none"> - 01 Fish oil (including cod liver oil) - 02 Glucosamine - 03 Calcium - 04 Zinc - 05 Iron - 06 Selenium - NN None of the above - DA Prefer not to answer 	Go to H_INTRO

Q. No	Stem	Responses	Action Branches
H_INTRO	We would now like find out about your hearing	Select: Next	Go to Touchscreen question H6
H6	Do you have any difficulty with your hearing?	Select one from - YE Yes - 99 I am completely deaf - NO No - UN Do not know - DA Prefer not to answer	Go to H7 unless 99 (deaf) in which case Go To F1
H7	Do you find it difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?	Select one from - YE Yes - NO No - UN Do not know - DA Prefer not to answer	Go to H7A
H7A	Do you use a hearing aid most of the time?	Select one from - YE Yes - NO No - DA Prefer not to answer	Go to H7B
H7B	Do you have a cochlear implant?	Select one from - YE Yes - NO No - DA Prefer not to answer	Go to H11
H11	Do you get or have you had noises (such as ringing or buzzing) in your head or in one or both ears that lasts for more than five minutes at a time?	Select one from - 11 Yes, now most or all of time - 12 Yes, now a lot of the time - 13Yes, now some of the time - 14 Yes, but not now, but have in the past - NO No, never - UN Do not know - DA Prefer not to answer	If yes go to H11A. Otherwise go to H12

Q. No	Stem	Responses	Action Branches
H11A	How much do these noises worry, annoy or upset you when they are at their worst?	Select one from <ul style="list-style-type: none"> - 11 Severely - 12 Moderately - 13 Slightly - 04 Not at all - UN Do not know - DA Prefer not to answer 	Go to H12
H12	Have you ever worked in a noisy place where you had to shout to be heard?	Select one from <ul style="list-style-type: none"> - 11 Yes, for more than 5 years - 12 Yes, for around 1-5 years - 13 Yes, for less than a year - NO No - UN Do not know - DA Prefer not to answer 	Go to H13
H13	Have you ever listened to music for more than 3 hours per week at a volume which you would need to shout to be heard or, if wearing headphones, someone else would need to shout for you to hear them?	Select one from <ul style="list-style-type: none"> - 11 Yes, for more than 5 years - 12 Yes, for around 1-5 years - 13 Yes, for less than a year - NO No - UN Do not know - DA Prefer not to answer 	Go to F1
F1	Do you play computer games?	Select one from <ul style="list-style-type: none"> - 00 Never/rarely - 01 Sometimes - 02 Often - DA Prefer not to answer 	Go to FINISH

Q. No	Stem	Responses	Action Branches
FINISH	Thank you. You have now completed the touch screen questions. If you like you may go back to check your answers using the BACK button on the screen. Otherwise touch NEXT to move onto the next part of the visit.		



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