

DATA FIELD NAMES.

MALEBQ 1 . DBF

MALEBQ 2 . DBF

Serial Number

Character fields for legitimate answers.

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Brent

DIABETES AND BLOOD PRESSURE SURVEY

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 Tel: 071-387 7050 ext. 5711

In this research project we are investigating some of the reasons why people are affected by stroke and diabetes in later life. This questionnaire asks about your health and activities and also some general questions about your background.

All your answers will be kept strictly confidential: they will be used only for statistical analysis. It will not be possible to identify individuals in any published results.

Please fill out the identification details below. When you return the questionnaire to us, this page which includes your name and address will be removed.

SURNAME: _____

FORENAMES (in full): _____

HOME ADDRESS: _____

POSTCODE: _____

DATE OF BIRTH

	19	
day		year

NATIONAL HEALTH SERVICE NUMBER: _____

You can find your National Health Service Number on the **medical card** that you are sent when you register with a doctor. If you cannot find your medical card, please ask your doctor's surgery to tell you your National Health Service Number.

PLEASE NOTE: YOUR NATIONAL HEALTH SERVICE NUMBER IS NOT THE SAME AS YOUR NATIONAL INSURANCE NUMBER.

Serial Number

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Within about four weeks of your examination we will send you a letter about your results, with advice if needed. With your agreement, we will also send a copy to your general practitioner.

To monitor your health over the next ten years we are asking your permission to obtain details of serious illnesses from your general practitioner. Again we wish to assure you that such information will be kept absolutely confidential. Under no circumstances will your records be made available to anyone else.

Consent given (tick one box)

1. Yes
2. No

If you have given your consent, please sign your name here.

Signature: _____

General Instructions

Please read these notes before filling in the rest of the questionnaire

Please answer **all** the questions, except where the instructions indicate otherwise. For the answers to some questions you may need to ask others in your household but please try to answer as many questions as possible on your own.

The answer to most questions can be indicated by ticking one of the boxes.

Example

Have you ever smoked cigarettes regularly?

1. Yes
2. No

Where the answer requires you to write numbers, a box is used.

Example

(b) How many manufactured cigarettes a day do you usually smoke?

enter number:

Where the answer requires you to write a few words, dotted lines are given.

Please use block letters

Example

What is your usual occupation? PAINTER AND DECORATOR

1 ID Numeric 6

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01-06

2 Cleared Numeric 1

SECTION 1. HEALTH

1.1 Compared with others your age, would you say your health over the last 12 months has been

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- 1. Very good
- 2. Good
- 3. Average
- 4. Poor
- 5. Very poor

3

Gen-health Numeric 1

07

1.2 (a) Have you ever been told that you had high blood pressure?

4

- 1. Yes
- 2. No

know - BP Numeric 1
If No, go to Question 1.3

08

If Yes:

(b) When were you first told (give year)?

5

19

Yr - BP - Diag Numeric 2

--	--

9-10

(c) Were you started on treatment for high blood pressure?

6

- 1. Yes, but not on drug treatment now.
- 2. Yes, still continuing drug treatment
- 3. No

BP - Treat Numeric 1

11

1.3 (a) Have you ever been told that you had diabetes?

7

- 1. Yes
- 2. No

knows - Diab Numeric 1
If No, go to Question 1.4

12

(b) When were you first told (give year)?

8

19

Yr - Diab - Diag Numeric 2

--	--

13-14

If Yes:

(c) Were you started on treatment for diabetes?

- 1. Yes, but not on treatment now.
- 2. Yes, still continuing on diet
- 3. Yes, now treated with tablets
- 4. Yes, now treated with insulin
- 5. No

9

Diab - Treat
Numeric 1

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15

1.4 (a) Have you ever been told by a doctor that you had heart trouble?

- 1. Yes
- 2. No

10

Know - Heart Numeric 1
If No, go to Question 1.5

16

If Yes:

(b) When was the first time (give year)?

19

Yr - At - Day Numeric 2

17 - 18

(c) What did the doctor say it was?

- 1. Heart attack
- 2. Angina
- 3. Heart failure
- 4. High blood pressure
- 5. Valve disease
- 6. Hole in the heart
- 7. Other-Please specify: _____

12

Heart - Heart Numeric 1

19

1.5 Have you ever been told by a doctor that you had any of the following:

Please tick either Yes or No for each illness or condition:

- | | | Yes | No |
|----|------------------------------------------------------------------|---------------------------------------|-----------------------------|
| 13 | (a) Asthma Asthma Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 14 | (b) An ulcer (stomach or duodenal) Ulcer | 1. <input type="checkbox"/> Numeric 1 | 2. <input type="checkbox"/> |
| 15 | (c) A stroke Stroke Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 16 | (d) Arthritis Arthritis Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 17 | (e) Kidney stones Kidney - St Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 18 | (f) Epilepsy/fits Epilepsy Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 19 | (g) Kidney infection Kidney - Inf Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |
| 20 | (h) Bladder infection (cystitis or urethritis) Bladder Numeric 1 | 1. <input type="checkbox"/> | 2. <input type="checkbox"/> |

20 - 27

1.6 Please list any serious illnesses not yet mentioned that you have had in the last 12 months

21 Bael - IU - 1 ^{Character}
~~Numeric~~ 2

22 Bael - IU - 2 ^{Character}
~~Numeric~~ 2

1.7 Please list any other serious illnesses you had before 12 months ago.

Illness

23 Old - IU - 1 ^{Character}
~~Numeric~~ 2

24 Old - IU - 2 ^{Character}
~~Numeric~~ 2

1.8 Please list any major operations you have had.

Operation

25 Major - Op - 1 ~~Numeric~~ 2

26 Major - Op - 2 ~~Numeric~~ 2

1.9 As far as you know, does your mother, father or any of your brothers or sisters now have high blood pressure, or did they have high blood pressure in the past?

27 1. Yes fam - Hi - BP ~~Numeric~~ 1

2. No If No, go to Question 1.10

If Yes,

please list which members of your family were affected

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USE ONLY

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28 - 29

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30 - 31

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32 - 33

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34 - 35

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36 - 37

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38 - 39

	40
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1.10 In the last twelve months how many times have you been off work for illness lasting a week or more?

28 Enter total number of weeks: Weeks - off *Numerie 2*

--	--

41 - 42

1.11 Are you taking any medicines at the moment, either prescribed by a doctor or something you buy yourself?

29 1. Yes *Drugs - Now Numerie 1*
2. No **If No, go to Question 1.12**

--

43

If Yes:

Please list the names of all the drugs you are taking below.

You need not include creams or ointments that you are using on your skin or eyes.

Please bring the bottles with you when you come for your examination.

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30 *Drugs - 1 Numerie 1*
31 *Drugs - 2 Numerie 1*
32 *Drugs - 3 Numerie 1*
33 *Drugs - 4 Numerie 1*
34 *Drugs - 5 Numerie 1*
35 *Drugs - 6 Numerie 1*
36 *Drugs - 7 Numerie 1*

Drug 1
Drug 2
Drug 3
Drug 4
Drug 5
Drug 6
Drug 7

44 - 50

1.12 (a) Have you ever had any pain or discomfort in your chest?

37 1. Yes *Chest - Pain Numerie 1*
2. No **If No, go to Question 1.13**

--

51

If Yes:

(b) Do you get this pain or discomfort when you walk uphill or hurry?

38

- 1. Yes
- 2. No
- 3. Never walk uphill or hurry

Hurry - Pain
~~Walk - Pain~~ Numeric 1

52

(c) Do you get it when you walk at an ordinary pace on the level?

39

- 1. Yes
- 2. No

Walk - level Numeric 1

53

(d) What do you do if you get it while you are walking?

40

- 1. Stop
- 2. Slow down
- 3. Carry on at the same pace

What - Do Numeric 1

54

(e) Does it go away when you stop?

41

- 1. Yes
- 2. No

Go - U - Stop Numeric 1
If No, go to Question 1.13

55

If Yes:

(f) How soon does it go away?

42

- 1. More than 10 minutes
- 2. 10 minutes or less

Time - it - go
Numeric 1

56

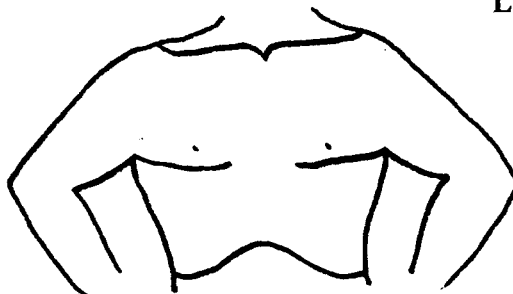
(g) Where do you get this pain or discomfort?

(Mark the place(s) with 'X' on the diagram)

RIGHT

LEFT

43



FRONT VIEW

Where - Pain Numeric 1

57

1.13 (a) In winter, do you usually cough up phlegm from your chest first thing in the morning?

- 44 1. Yes
2. No

Phlegm Numeric 1
If No, go to Question 1.14

58

If Yes,

(b) For how many months of the year does this usually happen?

- 45 1. Less than three months
2. Three months or more

long - Phlegm
Numeric 1

59

1.14 (a) Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- 46 1. Yes
2. No

No - Breath Numeric 1
If No, go to Question 1.15

60

If Yes,

(b) Are you short of breath when walking with other people of your own age on level ground?

- 47 1. Yes
2. No

Age - Breath Numeric 1

61

(c) Are you troubled by breathlessness when lying down at night?

- 48 1. Yes
2. No

lie - Breath Numeric 1

62

1.15 Do you suffer from swollen ankles?

- 49 1. Yes
2. No

Swell - Ankl Numeric 1

63

1.16 Do you have difficulty in falling asleep?

- 50 1. Yes
2. No

hard - Sleep Numeric 1

64

1.17 Do you usually wake up too early?

51 1. Yes
2. No Early - wake Numeric 1

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65

1.18 Do you still feel tired when you wake up in the morning?

52 1. Yes
2. No Still - Tired Numeric 1

66

1.19 How often do you snore at night? (If you are not sure, please ask someone who is likely to know)

53 1. Never snore
2. Occasionally snore
3. Often snore
4. Almost always snore. Snore Numeric 1

67

1.20 What do you believe causes high blood pressure?

Please tick Yes or No for each option

		Yes	No
54	(a) Smoking hbp - smoke	1. <input type="checkbox"/>	2. <input type="checkbox"/>
55	(b) Worry/tension/stress hbp - worry	1. <input type="checkbox"/>	2. <input type="checkbox"/>
56	(c) Drinking too much alcohol hbp - alcohol	1. <input type="checkbox"/>	2. <input type="checkbox"/>
57	(d) Eating too much fat hbp - fat	1. <input type="checkbox"/>	2. <input type="checkbox"/>
58	(e) Eating too much salt in food hbp - salt	1. <input type="checkbox"/>	2. <input type="checkbox"/>
59	(f) Being overweight hbp - obese	1. <input type="checkbox"/>	2. <input type="checkbox"/>
60	(g) Lack of exercise hbp - slob	1. <input type="checkbox"/>	2. <input type="checkbox"/>
61	(h) Family or heredity hbp - gene	1. <input type="checkbox"/>	2. <input type="checkbox"/>
62	(i) Age hbp - age	1. <input type="checkbox"/>	2. <input type="checkbox"/>
63	(j) Other hbp - other	1. <input type="checkbox"/>	2. <input type="checkbox"/>

Please specify: _____

All Numeric 1

68 - 77

SECTION 2. DIET

2.1 On how many of the last seven days did you eat each of the following foods?
 In each row, please tick one of the four choices given: even if the food is something you never eat, remember to tick the appropriate box.

	Not at all in last 7 days	On one day only	2 or 3 days in last 7	On most days
<u>64</u> (a) Eggs <i>Eggs</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>65</u> (b) Milk, butter or cheese <i>Dairy</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>66</u> (c) <u>Fresh fish</u> or other seafood <i>Fish</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>67</u> (d) Salted or preserved fish <i>Salt fish</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>68</u> (e) Chicken <i>Chicken</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>69</u> (f) Lamb <i>Lamb</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>70</u> (g) Beef (including hamburgers) <i>Beef</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>71</u> (h) Pork, ham or bacon <i>Pork</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>

Fruit and vegetables

<u>72</u> (i) Fresh green vegetables <i>F-greens</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>73</u> (j) Fresh fruit <i>F-fruit</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>
<u>74</u> (k) Fruit juices <i>fruit-juice</i>	1. <input type="checkbox"/>	2. <input type="checkbox"/>	3. <input type="checkbox"/>	4. <input type="checkbox"/>

2.2 (a) Are you following any special kind of diet, different from what you normally eat: for instance to lose weight or for medical reasons?

75 1. Yes *Any - Diet*
 2. No *If No, please go to Question 2.3*

If Yes,

(b) Which of the following best describes the diet you are on?

- 76 1. Slimming diet
 2. Diabetic diet *Wheat - Diet*
 3. Cholesterol-lowering diet
 4. Fasting or abstaining for religious reasons
 (e.g. Lent or Ramadan)
 5. Other kind of diet
 Please specify: _____

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		78 - 79
		80 - 01
		02 - 03
		04 - 05

	06 - 08

	09

	10

* → *Da Nang* ← *

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2.3 Which of the following do you think best describes your weight?

1. Underweight
2. About the right weight
3. A little overweight
4. Very overweight

77

How-fat whenever 1

11

SECTION 3: SMOKING HABITS

3.1 (a) Do you smoke cigarettes?

- 78
1. Yes
2. No

Smoke - Cigs Numeric 1

If No, go to Question 3.2

--	--

12

If Yes:

(b) Which kinds of cigarettes do you smoke?

Please tick either Yes or No for each of the kinds listed:

- 79 (i) filter-tipped (manufactured) cigarettes? *filter_cigs* 1. Yes 2. No
- 80 (ii) manufactured cigarettes without filters? 1. Yes 2. No
- 81 (iii) hand-rolled cigarettes? 1. Yes 2. No

13 - 15

(c) How many manufactured cigarettes a day do you usually smoke? *all Numeric 1*

82 enter number:

Cigs - A - Day Numeric 2 character

--	--

16 - 17

(d) How many hand-rolled cigarettes a day do you usually smoke?

83 enter number:

roll - a - day Numeric 2 character

--	--

18 - 19

(e) How many ounces of tobacco do you use per week for hand-rolled cigarettes?

84 enter number:

oz - a - week Numeric 2 character

--	--

20 - 21

Please go to Question 3.3

3.2 (a) Have you ever smoked cigarettes regularly?

- 85
1. Yes
2. No

ever - smoke Numeric 1

If No, go to Question 3.4

--

22

If Yes:

(b) About how many manufactured cigarettes did you smoke in a day when you smoked them regularly?

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86

enter number:

ex - cig - day
character ~~numeric~~ 2

23 - 24

(c) About how many hand-rolled cigarettes did you smoke in a day when you smoked them regularly?

87

enter number:

ex - rol - day
character ~~numeric~~ 2

25 - 26

(d) And about how many ounces of tobacco did you use per week for handrolled cigarettes?

88

enter number:

ex - oz - week
character ~~numeric~~ 2

27 - 28

(e) How old were you when you stopped smoking cigarettes regularly?

89

enter age:

age - stop
numeric 2

29 - 30

3.3 How old were you when you started to smoke cigarettes regularly?

90

enter age:

age - start
numeric 2

31 - 32

3.4 (a) Do you smoke cigars ?

91

- 1. Yes
- 2. No

smoke - cigar numeric 1
If No, go to Question 3.5

33

If you do smoke cigars:

(b) How many cigars per week?

92

enter number:

num - cigars
~~numeric~~ 2
character

34 - 35

3.5 (a) Do you smoke a pipe?

93

1. Yes

2. No

smoke - pipe answer 1

If No, go to Section 4

If you do smoke a pipe:

(b) How many ounces of pipe tobacco do you smoke per week?

94

enter number:

oz - pipe - wk

~~answer 2~~

character

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36

37-38

SECTION 4. DRINKING HABITS

4.1 (a) Have you ever had a drink containing alcohol in your life?

- 95
- Yes
 - No

*drink - ever
never*

If No, please go to Section 5

39

If you have ever taken alcohol:

(b) In the past 12 months have you taken an alcoholic drink:

- 96
- Twice a day or more
 - Almost daily
 - Once or twice a week
 - Once or twice a month
 - On special occasions only
 - Not at all

*~~12 months drink~~
drink - 12mth
never*

40

(b) Comparing now with 5 years ago would you say that you are:

- 97
- Drinking about the same now as 5 years ago
 - Drinking more now than 5 years ago
 - Drinking less now than 5 years ago

*more - less
never*

41

If you have given up drinking or you are drinking less,

(c) What was the reason?

- 98
- Illness/doctor's advice
 - Concerned about health
 - Too expensive
 - Driving
 - Other reason - Please specify: _____

*why - less
never*

42

4.2 Which of the following best describes the amount you drink?

- 99
- Hardly drink at all
 - Drink a little
 - Drink a moderate amount
 - Drink quite a lot
 - Drink heavily

*not - drink
never*

43

4.3 (a) How often have you had a drink of beer or cider during the last 12 months?

- 1. Most days
- 2. Three or four times per week
- 3. Once or twice a week
- 4. Once or twice a month
- 5. Once or twice in 6 months
- 6. Once or twice a year
- 7. Not at all in the last 12 months

*often - beer
numeric 1*

	44
--	----

If not at all in the last 12 months, go to Question 4.4

(b) How much ordinary lager (less than 5% alcohol) e.g. Carlsberg Heineken, Kestrel, Skol, have you usually drunk on any one occasion?

101

	pints
--	-------

*weak - lager
numeric 2
cheater*

45 - 46	

(c) How much strong lager (greater than 5% alcohol) e.g. Carlsberg Special Brew Pils, Red Stripe, Tennants Super, have you usually drunk on any one occasion?

102

	pints
--	-------

*strong hard - lager
numeric 2
cheater*

47 - 48	

4.4 (a) How often have you had a drink of wine during the last 12 months?

- 1. Most days
- 2. Three or four times per week
- 3. Once or twice a week
- 4. Once or twice a month
- 5. Once or twice in 6 months
- 6. Once or twice a year
- 7. Not at all in the last 12 months

*often - wine
numeric 1*

	49
--	----

If not at all in the last 12 months, go to Question 4.5

(b) When you have had a drink of wine in the last 12 months, how many glasses have you usually drunk on any one occasion? (1 bottle of wine contains 6 glasses).

104

	glasses
--	---------

*wine - glass
numeric 2*

50 - 51	

4.5 (a) How often have you had a drink of **fortified wine** - sherry, vermouth, port, cinzano or dubonnet - during the last 12 months?

- 1. Most days
- 2. Three or four times per week
- 3. Once or twice a week
- 4. Once or twice a month
- 5. Once or twice in 6 months
- 6. Once or twice a year
- 7. Not at all in the last 12 months

105

often - port
numeric 1

52

If not at all in the last 12 months, go to Question 4.6

(b) When you have had a drink of fortified wine in the last 12 months, how many glasses (equivalent to sherry glasses) have you **usually** drunk on any one occasion?

106

 glasses

port - glass
numeric 2

<input type="text"/>	<input type="text"/>
----------------------	----------------------

53 - 54

4.6 (a) How often have you had a drink of **spirits** - gin, whisky, rum, brandy or vodka - during the last 12 months?

- 1. Most days
- 2. Three or four times per week
- 3. Once or twice a week
- 4. Once or twice a month
- 5. Once or twice in 6 months
- 6. Once or twice a year
- 7. Not at all in the last 12 months

107

often - gin
numeric 1

55

If not at all in the last 12 months, go to Section 5

(b) When you have had a drink of spirits in the last 12 months, how many measures have you **usually** drunk on any one occasion? (Please remember that a drink poured at home could be equivalent to two or three pub measures).

108

 single measures

gin - glass
numeric 2

<input type="text"/>	<input type="text"/>
----------------------	----------------------

56 - 57

SECTION 5. EXERCISE

5.1 Which of the answers below best describe your activity at work?

Please tick one of the boxes in answer to each question.

Never Seldom Sometimes Often Always

159 (a) Do you sit

1. 2. 3. 4. 5.

freq - sit

160 (b) Do you stand

1. 2. 3. 4. 5.

freq - stand

161 (c) Do you walk

1. 2. 3. 4. 5.

freq - walk

162 (d) Do you lift heavy loads

1. 2. 3. 4. 5.

freq - lift

all answer 1

5.2 While travelling to and from work, or in your spare time:

(a) How many miles do you walk on an average weekday?

- 113
- 1. Less than 1 mile
 - 2. 1 to 3 miles
 - 3. 4 miles or more

*day - walk
answer 1*

(b) How many miles do you walk in an average weekend?

- 114
- 1. Less than 1 mile
 - 2. 1 to 3 miles
 - 3. 4 miles or more

*wkend - walk
answer 2*

5.3 (a) Do you ride a bicycle regularly?

- 115
- 1. Yes
 - 2. No

If No, go to Question 5.4

*ride - bike
answer 1*

	58
	59
	60
	61

	62
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	63
--	----

	64
--	----

If Yes,

(b) How many miles do you cycle on an average weekday?

116

- 1. Less than 2 miles
- 2. 2 to 6 miles
- 3. 7 miles or more

day - ~~cycle~~ bike
numeric 1

65

(c) How many miles do you cycle in an average weekend?

117

- 1. Less than 2 miles
- 2. 2 to 6 miles
- 3. 7 miles or more

wked - bike
numeric 1

66

5.4 (a) Do you play any sport (or other recreational exercise such as swimming or dancing)?

118

- 1. Yes
- 2. No

do - sport 1

If No, go to Question 5.6 numeric 1

67

If Yes,

(b) Which sport do you play most frequently?

wrest - sport 1

119

- 01. Bowling
- 02. Football or rugby
- 03. Golf
- 04. Swimming
- 05. Jogging
- 06. Dancing (ballroom)
- 07. Dancing (disco/aerobic)
- 08. Cricket
- 09. Badminton
- 10. Tennis
- 11. Squash
- 12. Weight training

wrest 2

68 - 69

Other sport - please specify: _____

(c) How many hours a week do you play it?

120

- 1. Less than 1 hour/week
- 2. 1 to 2 hours/week
- 3. 3-4 hours/week
- 4. 5 hours/week or more

hr - wk - spt 1
numeric 1

70

(d) How many months a year?

- 1. Less than 1 month in a year
- 2. 1 to 3 months/year
- 3. 4 to 6 months/year
- 4. More than 6 months of the year

mtus - spt 1

numeric 1

71

5.5 (a) Do you play a second sport?

- 1. Yes
- 2. No

do - spt 2

If No, go to Question 5.6

numeric 1

72

If Yes,

(b) Which sport is it?

- 01. Bowling
- 02. Football or rugby
- 03. Golf
- 04. Swimming
- 05. Jogging
- 06. Dancing (ballroom)
- 07. Dancing (disco/aerobic)
- 08. Cricket
- 09. Badminton
- 10. Tennis
- 11. Squash
- 12. Weight training

about - spt 2

73 - 74

Other sport - please specify: _____

(c) How many hours a week do you play it?

- 1. Less than 1 hour/week
- 2. 1 to 2 hours/week
- 3. 3-4 hours/week
- 4. 5 hours/week or more

hr - wk - spt 2

numeric 1

75

(d) How many months a year?

- 1. Less than 1 month in a year
- 2. 1 to 3 months/year
- 3. 4 to 6 months/year
- 4. More than 6 months of the year

mtus - spt 2

numeric 1

76

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5.6 For how many hours in an average week do you watch television or video?

- 1. Less than 1 hour a week
- 2. 1-3 hours a week
- 3. 4-8 hours a week
- 4. 9-15 hours a week
- 5. 16 hours a week or more

126

how-tv-wk
numeric 1

77

5.7 Either at work or in leisure time:

(a) At least once a week do you engage in any regular activity similar to brisk walking, jogging, cycling, etc long enough to work up a sweat?

127

- 1. Yes
- 2. No

sweaty-act
numeric 1

78

If Yes:

(b) How many times per week?

128

Enter number of times:

sweat-often
~~many sweat~~
numeric 2

^END TO
JAVE PQR

5.8 (a) Is your activity limited by any disability?

- 1. Yes
- 2. No

2

Disability Numeric 1

79-80
MALE B Q 2 DBF

01

If Yes,

(b) Which of these most limits your activity?

- 1. Old injury
- 2. Arthritis
- 3. Back pain
- 4. Foot problems such as bunions or corns
- 5. Chest trouble such as asthma or bronchitis
- 6. Heart trouble
- 7. Other disability -

3

chest-disab
numeric 1

02

Please specify: _____

SECTION 6. WORK CHARACTERISTICS

6.1 (a) What is your usual occupation?

4 Please give the exact title of your job: Socia class
~~libel - do~~ Nnwere 2

--	--

03 - 04

(b) What kind of work do you do in this job?

Your main activity: _____

(c) How many years' training (beyond leaving school at age 16) are required by your job?

- 5
- Less than 1 year *yrs - train*
 - At least 1 year but less than 3 years
 - At least 3 years but less than 5 years *nnwere 1*
 - 5 years or more

--

05

(d) Does your job require any special qualifications, training or apprenticeship?

- 6
- No special training *job - qualffa*
 - Apprenticeship *nnwere 1*
 - Certificate, diploma or professional qualification -
Please specify: _____

--

06

(e) Are you self employed?

- 7
- Yes *own - boss*
 - No *nnwere 1*

--

07

(f) Do you have to supervise other workers?

- 8
- Yes *boss - other*
 - No *nnwere 1*

--

08

(g) Do you have to do the same thing over and over again?

- 9
- Yes *repeat - act*
 - No *nnwere 1*

--

09

(h) Do you have to ask permission if you need about half an hour during working hours to attend to your own affairs?

10

1. Yes

2. No

*ask - half hr
nwere 1*

6.2 Are you employed at present?

11

1. Yes

2. No

If No, which one of the following reasons applies?

work - now nwere 1

1. Waiting to take up a job already accepted

2. Unemployed and seeking work

3. Prevented by temporary sickness from seeking work

4. Permanently sick or disabled

5. Retired

6. A full-time student

7. Not working for any other reason

*why - not
~~work - now~~
nwere 1*

12

6.3 On average how many hours do you work per week?

--	--

13 - 14

Number of hours

hrd - work - wk

SECTION 7. GENERAL BACKGROUND INFORMATION

7.1 (a) What country were you born in?

- | | | | |
|------------------------------|------------------|------------------------------|--------------|
| 01. <input type="checkbox"/> | England | 13. <input type="checkbox"/> | Barbados |
| 02. <input type="checkbox"/> | Wales | 14. <input type="checkbox"/> | Trinidad |
| 03. <input type="checkbox"/> | Scotland | 15. <input type="checkbox"/> | Guyana |
| 04. <input type="checkbox"/> | Northern Ireland | 16. <input type="checkbox"/> | Kenya |
| 05. <input type="checkbox"/> | Eire | 17. <input type="checkbox"/> | Uganda |
| 06. <input type="checkbox"/> | France | 18. <input type="checkbox"/> | South Africa |
| 07. <input type="checkbox"/> | Italy | 19. <input type="checkbox"/> | India |
| 08. <input type="checkbox"/> | Spain | 20. <input type="checkbox"/> | Pakistan |
| 09. <input type="checkbox"/> | Poland | 21. <input type="checkbox"/> | Bangladesh |
| 10. <input type="checkbox"/> | Cyprus | 22. <input type="checkbox"/> | Sri Lanka |
| 11. <input type="checkbox"/> | Malta | 23. <input type="checkbox"/> | China |
| 12. <input type="checkbox"/> | Jamaica | 24. <input type="checkbox"/> | Hongkong |

--	--

15 - 16

If none of the above, please write the name of the country below :-

14
Name of country: where-born number 2

(b) Where were your family living at the time you were born?

Name of place: _____

Name of county or province: _____

(c) Was this in an urban area (a town or built-up suburb) or a rural area (a village or farming district)?

- 15*
- Urban area
 - Rural area

*town-rural
number 1*

--

17

7.2 (a) Were both your parents born in the same country as you were?

- 16*
- Yes
 - No

If Yes, go to Question 7.3

*parent-born
number 1*

--

18

If No,

(b) What country was your father born in?

17

Name of country: And-born *character*
numeric 2

--	--

19 - 20

(c) What country was your mother born in?

18

Name of country: Mum-born *character*
numeric 2

--	--

21 - 22

7.3 At what age did you start school?

19

enter age:

start-sch *numeric 2*

--	--

23 - 24

7.4 At what age did you finish your full-time education?

20

enter age:

end-school *numeric 2*

--	--

25 - 26

7.5 Please indicate your marital status. (tick one box)

- 1. Married (or equivalent)
- 2. Single
- 3. Widowed
- 4. Divorced
- 5. Separated

21

married *numeric 1*

--

27

7.6 Is your home owned by you or your family, or rented?

22

- 1. Owned (with or without a mortgage)
- 2. Rented from the local council
- 3. Rented from a private landlord

how-own-hs
numeric 1

--

28

7.7 What is your religion?

01. Church of England
 02. Roman Catholic
 03. Other Christian denomination
 04. Jewish
 05. Hindu
 06. Jain
 07. Sikh
 08. Muslim

23

09. Other religion - Please specify: Religion numeré 2

10. None If None, please go to Question 7.10

--	--

29 - 30

7.8 How often do you attend a church, synagogue, gurdhwara, temple or mosque for religious observance?

1. Daily
 2. Three times a week or more
 3. At least once a week
 4. At least once a month
 5. At least once a year
 6. Never, or only for weddings and funerals

24

go - church
~~after pray~~
numeré 1

--

31

7.9 How often do you make religious observance at home?

1. Daily
 2. Three times a week or more
 3. At least once a week
 4. At least once a month
 5. Less than once a year
 6. Never

25

after - pray
numeré 1

--

32

The next few questions (7.10 to 7.16) ask about your family's circumstances at the time when you were twelve years old:

7.10 Was your father still alive and living at home when you were twelve years old?

1. Yes
 2. No

26

how - dad - 12
If No, please go to question 7.12 numeré 1

--

33

7.11 (a) What was your father's main job at the time you were twelve years old
(or his last job if he died before this time)?

Title of job: _____

(b) What kind of work did he do in this job?

Main activity: _____

(c) Did this job require any special qualifications or training?

- 27
1. No special training
 2. Apprenticeship *dad - train*
 3. Certificate, diploma, degree or professional qualification - *numeric 1*
- Please specify: _____

34

(d) Did he have to supervise other workers?

- 28
1. Yes
 2. No

~~dad - super~~
pa - bos - oth
numeric 1

35

(e) Was he self-employed (running his own business) or working for an employer?

- 29
1. Working for employer
 2. Self-employed

pa - am - bos
numeric 1

36

If he was self-employed:

(f) Did he employ anyone else apart from his own family?

- 30
1. Yes
 2. No

pa - emp - oth
numeric 1

37

7.12 At the time you were twelve years old was your family home:

- 31
1. Owned (with or without a mortgage) by your family
 2. Rented from the local council
 3. Rented from a private landlord

own - hse - 12
numeric 1

38

7.13 Did your family own any land, or property apart from their own house?

- 32 1. Owned land or houses rented to others
- 2. Owned land for their own cultivation only *other - land*
- 3. Owned no land *none*

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	39
--	----

7.14 How many people lived in the family home at this time?

33 enter number: *no - at - home*
none

		40 - 41
--	--	---------

7.15 How many rooms (bedrooms or living rooms) did the family home have at this time?

34 enter number: *no - rm - home*
none

		42 - 43
--	--	---------

7.16 Did your family home have:

- 35 1. Running water with a bath or shower *how - clean*
- 2. Running water but no bath or shower
- 3. No running water *none*

	44
--	----

If you were born overseas please answer the last question. (7.17.)

If you were born in Britain please go straight to the instructions on page 31.

7.17 (a) At what age did you come to England to live? (Do not count student visits, or visits to relatives and friends.)

Enter age:

age - to - Eng
cheater
number 2

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45 - 46

(b) In the 10 years before you came to England, which country did you live in for the most time?

- 02. Wales
- 03. Scotland
- 04. Northern Ireland
- 05. Eire
- 06. France
- 07. Italy
- 08. Spain
- 09. Poland
- 10. Cyprus
- 11. Malta
- 12. Jamaica
- 13. Barbados
- 14. Trinidad
- 15. Guyana
- 16. Kenya
- 17. Uganda
- 18. South Africa
- 19. India
- 20. Pakistan
- 21. Bangladesh
- 22. Sri Lanka
- 23. China
- 24. Hongkong

If none of the above, please write the name of the country below:

~~to~~ BA - live - Eng
number 2

(c) What language did you first speak as a child?

Enter this language:

child - lang

number 2

--	--

47 - 48

--	--

49 - 50

Thank you for filling out this questionnaire. Please bring it with you when you come for your appointment.

If you are not sure how to answer some of the questions, we will help you complete them at the time of your visit. Please try to find your National Health Service Number for us, as explained on the front sheet.

Please read carefully the instructions given on your appointment letter about preparing for your examination.