

HEALTH AND CARING**CARD 041**

Hours		Minutes	
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
19-20		21-22	

M0. TIME BEGUN

I would now like to ask you about your health and the use you make of health services.

M1. Please think back over the last 12 months about how your health has been. Compared to people of your own age, would you say that your health has on the whole been ...

READ OUT

	23
Excellent	1
Good	2
Fair	3
Poor	4
or Very Poor?.....	5
Don't know	8

M2. **SHOWCARD 16**

Do you have any of the health problems, disabilities or impairments listed on this card? You can just tell me which numbers apply.

EXCLUDE TEMPORARY CONDITIONS**CODE ALL THAT APPLY OR CODE 'NONE'**

	24
None	0

GO TO M3

Problems or disability/impairment connected with: arms, legs, hands, feet back, or neck (including arthritis and rheumatism)	01	25-26
Difficulty in seeing (other than needing glasses to read normal size print)	02	27-28
Difficulty in hearing	03	29-30
Skin conditions/allergies	04	31-32
Chest/breathing problems, asthma, bronchitis.....	05	33-34
Heart/high blood pressure or blood circulation problems	06	35-36
Stomach/liver/kidneys or digestive problems	07	37-38
Diabetes	08	39-40
Anxiety, depression or bad nerves, psychiatric problems	09	41-42
Alcohol or drug related problems	10	43-44
Epilepsy	11	45-46
Migraine or frequent headaches.....	12	47-48
Cancer.....	13	49-50
Stroke.....	14	51-52
Other health problems (PLEASE GIVE DETAILS).....	15	53-54

- M3. Does your health in any way limit your daily activities compared to most people of your age?

55

Yes 1

No..... 2

- M4. To what extent has your physical health interfered with your normal social activities with family, friends, neighbours or groups?

56

Not at all..... 1

Slightly 2

Moderately..... 3

Quite a bit 4

Extremely 5

- M5. To what extent have any emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

57

Not at all..... 1

Slightly 2

Moderately..... 3

Quite a bit 4

Extremely 5

- M6. **SHOWCARD 17**

Please look at this card and tell me which of these activities, if any, you would normally find difficult to manage on your own?
CODE ALL THAT APPLY

Doing the housework	1	58
Climbing stairs.....	2	59
Dressing yourself	3	60
Walking for at least 10 minutes.....	4	61
(None of these)	5	62

- M7. Does your health limit the type of work or the amount of work you can do?

INCLUDE BOTH PAID AND UNPAID WORK

63

Yes 1 **ASK M8**

No..... 2 **GO TO M10**

- M8. Does your health keep you from doing some types of work?

64

Yes..... 1 **ASK M9**

No..... 2

Can do nothing 3 **GO TO M10**

Don't know 8 **ASK M9**

- M9. For work you can do, how much does your health limit the amount of work you can do?

READ OUT

	65
A lot.....	1
Somewhat.....	2
Just a little	3
or Not at all?	4

- M10. Do you consider yourself to be a disabled person?

	66	
Yes	1	ASK M11
No.....	2	GO TO M12

- M11. How would you describe your disability or impairment?

CODE ALL THAT APPLY

Hearing impairment	01	67-68
Profoundly deaf	02	69-70
Visually impaired	03	71-72
Blind	04	73-74
Mobility impaired	05	75-76
Housebound.....	06	77-78
Learning disabilities/difficulties ..	07	79-80
Other (PLEASE SPECIFY).....	08	81-82

ASK ALL**CARD 042**

- M12. Since June 1st 2001, approximately how many times have you talked to, or visited a GP or family doctor about your own health? Please do not include any visits to a hospital.

19

None 0

One or two..... 1

Three to five..... 2

Six to ten..... 3

More than ten 4

Don't know 8

- M13. And since June 1st 2001, approximately how many times have you attended a hospital or clinic as an out-patient or day patient?

**DO NOT INCLUDE VISITS TO
ACCIDENT AND EMERGENCY**

20

None 0

One or two..... 1

Three to five..... 2

Six to ten..... 3

More than ten 4

Don't know 8

- M14. Since June 1st 2001, have you attended an accident and emergency department at a hospital to get treatment?

INCLUDE WALK-IN CLINIC AT HOSPITAL

21

Yes 1 **ASK M15**

No..... 2 **GO TO M16**

- M15. How many times have you visited an accident and emergency department since June 1st 2001?

22

None 0

One or two..... 1

Three to five..... 2

Six to ten..... 3

More than ten 4

Don't know 8

- M16. Since June 1st 2001, have you been in hospital or clinic as an in-patient overnight or longer?

INCLUDE CHILDBIRTH

23

Yes 1 **ASK M17**

No..... 2 **GO TO M21**

- M17. Since June 1st 2001, in all, how many days have you spent in a hospital or clinic as an in-patient?

NUMBER OF DAYS:

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24-26

27

Don't know 8

Refused 9

- M18. **INTERVIEWER CHECK:**
IS RESPONDENT FEMALE AND UNDER 45?

28

Yes..... 1 **ASK M19**

No 2 **GO TO M21**

- M19. Was any of this for child-birth?

29

Yes - all 1

Yes - some 2

No..... 3

- M20. Was/were your hospital stay(s) free under the National Health Service or paid for privately?

CODE ONE ONLY

30

All free under the NHS 1

All paid for privately 2

Some NHS/ some private 3

Don't know 8

ASK ALL

M21. Since June 1st 2001, have you ever been unable to get medical advice or treatment when you needed it?

Yes ³¹ 1 **ASK M22**
 No..... 2 **GO TO M23**

M22. Why was that?
WRITE IN VERBATIM

OFFICE CODE

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³²⁻³³
OFFICE CODE

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34-35

ASK ALL**CARD 043****M23. SHOWCARD 18**

Here is a list of some health and welfare services. Have you
yourself made use of any of these services since June 1st 2001?

19
 Yes 1 **ASK M24**
 No..... 2 **GO TO M27**

M24. Which services have you used?
(CODE ALL THAT APPLY IN GRID BELOW)
PROMPT FOR 'Any Others'?

FOR EACH SERVICE USED ASK M25 AND M26

**M25. Thinking about the (SERVICE AT M24) was this from the NHS or
 social services, or was it from a private or voluntary agency?**
CODE IN GRID BELOW

M26. Was it all free or did you have to pay anything for this?

	<u>M24</u>	<u>M25</u>	<u>M26</u>	
	Used	NHS/SSD = 1 Private/Voluntary = 2 Both (codes 1 and 2) = 3 Don't know = 8	Free = 1 Paid = 2 Both = 3	
Health visitor, district nurse01	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	20-23	
Home-help/home support02	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	24-27	
Meals on wheels/meals in the home.03	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	28-31	
Social worker or welfare officer04	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	32-35	
Carer/personal assistant.....05	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	36-39	
Volunteer carer.....06	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	40-43	
Chiropodist.....07	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	44-47	
Alternative medical practitioner (e.g. homeopath, osteopath)08	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	48-51	
Alternative practioner (e.g. healer in own community)09	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	52-55	
Psychotherapist (including psychiatrist or analyst)10	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	56-59	
Speech therapist or occupational therapist11	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	60-63	
Physiotherapist.....12	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	64-67	
Hospital consultant/outpatients.....13	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	68-71	
Family planning clinic14	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	72-75	
Any other health or welfare services? (PLEASE GIVE DETAILS)				
_____15	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	76-79	
_____16	1 . . 2 . . 3 . . . 8	1 . . 2 . . 3	80-83	

CARD 044**M27. SHOWCARD 18**

Were there any (other) of these services that you would have liked to use since June 1st 2001?

	19	
Yes	<u>1</u>	ASK M28
No.....	2	GO TO M30

M28. Which ones?**CODE ALL THAT APPLY**

Health visitor, district nurse.....	01	20-21
Home-help/home support	02	22-23
Meals on wheels/meals in the home.....	03	24-25
Social worker or welfare officer.....	04	26-27
Carer/personal assistant.....	05	28-29
Volunteer carer	06	30-31
Chiropodist	07	32-33
Alternative medical practitioner (e.g. homeopath, osteopath).....	08	34-35
Alternative practioner (e.g. healer in own community) ...	09	36-37
Psychotherapist (including psychiatrist or analyst).....	10	38-39
Speech therapist or occupational therapist.....	11	40-41
Physiotherapist	12	42-43
Hospital consultant/outpatients	13	44-45
Family planning clinic	14	46-47
Any other health or welfare services? (PLEASE GIVE DETAILS)		
_____	15	48-49
_____	16	50-51

M29. Why didn't you use this/these service/s?**WRITE IN**

OFFICE CODE

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52-53

54-55

CARD 0**M30. SHOWCARD 19 FOR MEN; SHOWCARD 20 FOR WOMEN**

Would you please tell me whether you have had any of the health check-ups and tests listed on this card since June 1st 2001?

Yes ¹⁹ 1 **ASK M31**
 No..... 2 **GO TO M33**

**M31. Which ones? You can just tell me which numbers apply
 FOR EACH MENTION RING CODE IN GRID AND ASK M32
 INCLUDE TESTS DONE AS PART OF TREATMENT**

M32. Did you get this on the NHS or was it private?

	<u>M31</u>		<u>M32</u>	
	Check ups/ Tests		NHS = 1 Private = 2 Both = 3 Don't know = 8	
dental check-up.....	01	1 2 3 8		20-22
eyesight test by an optician	02	1 2 3 8		23-25
chest/other x-rays.....	03	1 2 3 8		26-28
blood pressure.....	04	1 2 3 8		29-31
cholesterol test	05	1 2 3 8		32-34
blood test	06	1 2 3 8		35-37
other (PLEASE GIVE DETAILS)				
_____	07	1 2 3 8		38-40
FOR WOMEN ONLY				
cervical smear	08	1 2 3 8		41-43
breast screening	09	1 2 3 8		44-46

M33. Do you smoke cigarettes?

Yes ⁴⁷ 1 **ASK M34**
 No..... 2 **GO TO M35**

**M34. Approximately how many cigarettes a day do you usually smoke,
 including those you roll yourself?
 IF VARIES, PROMPT FOR DAILY AVERAGE OVER LAST WEEK**

NUMBER:

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PER DAY
 Less than 1 = 00 48-49

ASK ALL

M35. **INTERVIEWER CHECK:** *Is this a single person household?*

50
 Yes..... 1 **GO TO M38**
 No 2 **ASK M36**

M36. **INTERVIEWER CHECK (ASK IF NEEDED):**

Is there anyone living with you who is sick, disabled or elderly whom you look after or give special help or assistance to (for example, a sick, disabled or elderly relative/husband/wife/friend, etc)?

51
 Yes..... 1 **ASK M37**
 No 2 **GO TO M38**
 Other (**SPECIFY**)..... 3

M37. Who is the person/people you look after or provide assistance to?

ENTER PERSON NUMBER(S) FROM HOUSEHOLD GRID

1st Person	2nd Person	3rd Person
52-53	54-55	56-57

M38. Do you provide some regular service or help or assistance for any sick, disabled or elderly person not living with you?

EXCLUDE HELP PROVIDED IN COURSE OF EMPLOYMENT

58
 Yes 1 **ASK M39**
 No..... 2 **GO TO M41**

M39. Is that one person or more than one?

IF MORE THAN ONE PROBE HOW MANY

ENTER NUMBER CARED FOR:

M40. Who is it that you look after, help or assist?

CODE FIRST TWO MENTIONED

CODE RELATIONSHIP TO RESPONDENT

	1st Dep	2nd Dep
	60	61
Parent/parent-in-law	1	1
Grandparent	2	2
Aunt/uncle	3	3
Other relative (SPECIFY)		
	4	4
Friend or neighbour	5	5
Client(s) of voluntary organisation.....	6	6
Other (SPECIFY)		
	7	7

M41. **INTERVIEWER CHECK:** Does respondent look after or provide any regular care or assistance for anyone inside or outside the household? (M36 = 1 or M38 = 1)

62
Yes..... 1 **ASK M42**
No 2 **GO TO M43**

ASK ALL CARE-GIVERS

M42. In total, how many hours do you spend each week looking after or helping or providing assistance (him/her/them)?

IF 'VARIES' PROBE 'Is that usually under or over 20 hours a week?'
INCLUDE CARE/ASSISTANCE BOTH INSIDE AND OUTSIDE HOUSEHOLD

63-64

0 - 4 hours per week 01
5 - 9 hours per week 02
10-19 hours per week 03
20-34 hours per week 04
35-49 hours per week 05
50-99 hours per week 06
100 or more hours per week/
continuous care 07
Varies under 20 hours 08
Varies 20 hours or more..... 09
Other (**SPECIFY**)
..... 10
Don't know..... 98

M43. **INTERVIEWER CHECK:** Who was present during this section?

CODE ALL THAT APPLY

a) Respondent alone..... 1 65
b) Partner present..... 2 66
c) Other adult(s) present..... 3 67
d) Child(ren) present..... 4 68
e) Supervisor present 5 69