

**HEALTH AND CARING**

**CARD 032**

M0. TIME BEGUN

Hours	Minutes				
<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>			<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> </table>		
19-20	21-22				

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**

- |                    |         |
|--------------------|---------|
| Excellent .....    | 23<br>1 |
| Good .....         | 2       |
| Fair .....         | 3       |
| Poor .....         | 4       |
| or Very Poor?..... | 5       |
| Don't know .....   | 8       |

M2 **SHOWCARD 20**

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'**

- |   |         |       |
|---|---------|-------|
| None .....  | 24<br>0 |       |
| 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<br><b>(PLEASE GIVE DETAILS)</b> .....   | 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 21**

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  | <b>ASK M11</b>   |
| No.....   | 2  | <b>GO TO M12</b> |

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 ( <b>PLEASE SPECIFY</b> ).....  | 08 | 81-82 |
-

**ASK ALL****CARD 033**

M12 Since June 1st 2002, 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 2002, 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 2002, have you attended an accident and emergency department at a hospital to get treatment?

**INCLUDE WALK-IN CLINIC AT HOSPITAL**

	21
Yes .....	<u>1</u> <b>ASK M15</b>
No.....	2 <b>GO TO M16</b>

M15 How many times have you visited an accident and emergency department since June 1st 2002?

	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 2002, have you been in hospital or clinic as an in-patient overnight or longer?

**INCLUDE CHILDBIRTH**

	23
Yes .....	<u>1</u> <b>ASK M17</b>
No.....	2 <b>GO TO M21</b>

M17 Since June 1st 2002, in all, how many days have you spent in a hospital or clinic as an in-patient?

**NUMBER OF DAYS:**

--	--	--

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**

**CARD 034**

**M21 SHOWCARD 22**

Here is a list of some health and welfare services. Have you yourself made use of any of these services since June 1st 2002?

Yes ..... <sup>19</sup> 1 **ASK M22**  
 No..... 2 **GO TO M25**

**M22** Which services have you used?  
**(CODE ALL THAT APPLY IN GRID BELOW)**  
**PROMPT FOR `Any Others`?**

**FOR EACH SERVICE USED ASK M23 AND M24**

**M23** Thinking about the **(SERVICE AT M22)** was this from the NHS or social services, or was it from a private or voluntary agency?  
**CODE IN GRID BELOW**

**M24** Was it all free or did you have to pay anything for this?

	M22	M23	M24	
	Used			
		NHS/SSD = 1	Free = 1	
		Private/Voluntary = 2	Paid = 2	
		Both (codes 1 and 2) = 3	Both = 3	
		Don't know = 8		
Health visitor, district nurse .....01	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	20-23	
Home-help/home support .....02	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 officer .....04	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 therapist .....11	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 clinic .....14	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	72-75	
Any other health or welfare services? <b>(PLEASE GIVE DETAILS)</b>				
_____15	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	76-79	
_____16	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	80-83	

M25 **SHOWCARD 23 FOR MEN; SHOWCARD 24 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 2002?

Yes ..... <sup>19</sup> 1 **ASK M26**  
 No..... 2 **GO TO M28**

M26 Which ones? You can just tell me which numbers apply  
**FOR EACH MENTION RING CODE IN GRID AND ASK M27**  
**INCLUDE TESTS DONE AS PART OF TREATMENT**

M27 Did you get this on the NHS or was it private?

	<u>M26</u>		<u>M27</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 <b>(PLEASE GIVE DETAILS)</b>				
_____	07	1 .... 2..... 3.....	8	38-40
<b>FOR WOMEN ONLY</b>				
cervical smear .....	08	1 .... 2..... 3.....	8	41-43
breast screening .....	09	1 .... 2..... 3.....	8	44-46

M28 Do you smoke cigarettes?

Yes ..... <sup>47</sup> 1 **ASK M29**  
 No..... 2 **GO TO M30**

M29 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:**

--	--

**PER DAY**

Less than 1 = 00 48-49

**ASK ALL**

M30 **INTERVIEWER CHECK:** *Is this a single person household?  
(i.e., just one adult and no children)*

Yes.....<sup>50</sup> 1 **GO TO M33**  
 No ..... 2 **ASK M31**

M31 **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)?*

Yes.....<sup>51</sup> 1 **ASK M32**  
 No ..... 2 **GO TO M33**  
 Other (**SPECIFY**)..... 3

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M32 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
<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>	<input style="width: 40px; height: 20px;" type="text"/>
52-53	54-55	56-57

M33 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**

Yes .....<sup>58</sup> 1 **ASK M34**  
 No..... 2 **GO TO M36**

M34 Is that one person or more than one?  
**IF MORE THAN ONE PROBE HOW MANY**

**ENTER NUMBER CARED FOR:**



M35 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 ( <b>SPECIFY</b> )	4	4
<hr/>		
Friend or neighbour .....	5	5
Client(s) of voluntary organisation.....	6	6
Other ( <b>SPECIFY</b> )	7	7

M36 **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)

<sup>62</sup>  
 Yes..... 1 **ASK M37**  
 No ..... 2 **GO TO M38**

**ASK ALL CARE-GIVERS**

M37 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**

<sup>63-64</sup>  
 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**)  


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 10  
 Don't know..... 98

M38 **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