

HEALTH AND CARING

CARD 030

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 SHOWCARD 23

Can you tell me if you have done any of the activities on this card during the last four weeks?

Yes	23 <u>1</u>	ASK M2
No	2	GO TO M5

M2 Which have you done in the last four weeks?

PROBE 'Any others'
CODE ALL THAT APPLY

- | | | |
|---|----|-------|
| Gone for a walk for exercise..... | 01 | 24-25 |
| Swimming | 02 | 26-27 |
| Cycling..... | 03 | 28-29 |
| Jogging or running..... | 04 | 30-31 |
| Tennis/squash/badminton | 05 | 32-33 |
| Keep fit/aerobics | 06 | 34-35 |
| Gym training..... | 07 | 36-37 |
| Played a team sport | 08 | 38-39 |
| Golf..... | 09 | 40-41 |
| Yoga/Tai Chi..... | 10 | 42-43 |
| Bowls | 11 | 44-45 |
| Dancing | 12 | 46-47 |
| Gardening | 13 | 48-49 |
| Some other exercise (WRITE IN) ... | 14 | 50-51 |
-

M3 In a typical week how often do you do any of these activities?

- | | |
|----------------------------------|---------|
| Once a week..... | 52
1 |
| 2 – 3 times a week..... | 2 |
| 4 – 6 times a week..... | 3 |
| Every day | 4 |
| Less often than once a week..... | 5 |

M4 Do any of these activities usually make you out of breath or sweaty?

Yes	53 1
No	2

M5 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

	54
Excellent.....	1
Good	2
Fair	3
Poor	4
or Very Poor?	5
Don't know	8

M6 **SHOWCARD 24**

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'**

	55	
	None.....	0
Problems or disability/impairment connected with: arms, legs, hands, feet, back, or neck (including arthritis and rheumatism)	01	56-57
Difficulty in seeing (other than needing glasses to read normal size print).....	02	58-59
Difficulty in hearing.....	03	60-61
Skin conditions/allergies	04	62-63
Chest/breathing problems, asthma, bronchitis.....	05	64-65
Heart/high blood pressure or blood circulation problems	06	66-67
Stomach/liver/kidneys or digestive problems	07	68-69
Diabetes	08	70-71
Anxiety, depression or bad nerves, psychiatric problems	09	72-73
Alcohol or drug related problems	10	74-75
Epilepsy.....	11	76-77
Migraine or frequent headaches.....	12	78-79
Cancer.....	13	80-81
Stroke.....	14	82-83
Other health problems (PLEASE GIVE DETAILS)	15	84-85

M7 Does your health in any way limit your daily activities compared to most people of your age?

19
Yes 1
No 2

M8 To what extent has your physical health interfered with your normal social activities with family, friends, neighbours or groups?

20
Not at all..... 1
Slightly 2
Moderately..... 3
Quite a bit 4
Extremely 5

M9 To what extent have any emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

21
Not at all..... 1
Slightly 2
Moderately..... 3
Quite a bit 4
Extremely 5

M10 **SHOWCARD 25**

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	22
Climbing stairs	2	23
Dressing yourself.....	3	24
Walking for at least 10 minutes	4	25
(None of these).....	5	26

M11 Does your health limit the type of work or the amount of work you can do?

INCLUDE BOTH PAID AND UNPAID WORK

27
Yes 1 **ASK M12**
No 2 **GO TO M14**

M12 Does your health keep you from doing some types of work?

28
Yes..... 1 **ASK M13**
No..... 2
Can do nothing 3 **GO TO M14**
Don't know 8 **ASK M13**

M13 For work you can do, how much does your health limit the amount of work you can do?

READ OUT

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

M14 Do you consider yourself to be a disabled person?

- Yes 1 **ASK M15**
- No 2 **GO TO M16**

M15 How would you describe your disability or impairment?

CODE ALL THAT APPLY

- Hearing impairment 01 31-32
 - Profoundly deaf 02 33-34
 - Visually impaired 03 35-36
 - Blind 04 37-38
 - Mobility impaired 05 39-40
 - Housebound..... 06 41-42
 - Learning disabilities/difficulties .. 07 43-44
 - Other (**PLEASE SPECIFY**).....08 45-46
-

M16 **INTERVIEWER CHECK:**

Does respondent have any chronic conditions (M6 = 1 to 15) or are they disabled (M14 = 1)?

- Yes 1 **ASK M17**
- No 2 **GO TO M20**

M17 **INTERVIEWER CHECK:**

Does respondent have children aged under 16 living in this household?

- Yes 1 **ASK M18**
- No 2 **GO TO M19a**

M18 Do any of your children under 16 provide you with personal care or special help due to your health or disability

	49
Yes	1 ASK M19
No	2 GO TO M19a

M19 In total, how many hours per week does your child(ren) spend looking after you?

	50-51
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

M19a) Does anyone else from your family or relatives or friends (whether or not living with you) provide you with personal care or special help due to your health or disability?

	52
Yes	1 ASK M19b
No	2 GO TO M20

M19b) In total, how many hours per week do they spend looking after you?

	53-54
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

ASK ALL

CARD 032

M20 Since June 1st 2003, 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.

- None 19 0
- One or two..... 1 1
- Three to five..... 2 2
- Six to ten..... 3 3
- More than ten 4 4
- Don't know 8 8

M21 Since June 1st 2003, have you attended an accident and emergency department or walk-in clinic at a hospital to get treatment?

INCLUDE WALK-IN CLINIC AT HOSPITAL

- Yes 20 1 **ASK M22**
- No 2 2 **GO TO M24**

M22 How many times have you visited an accident and emergency department since June 1st 2003?

- None 21 0
- One or two..... 1 1
- Three to five..... 2 2
- Six to ten..... 3 3
- More than ten 4 4
- Don't know 8 8

M23 How many times have you visited a walk-in clinic at hospital since June 1st 2003?

- None 22 0
- One or two..... 1 1
- Three to five..... 2 2
- Six to ten..... 3 3
- More than ten 4 4
- Don't know 8 8

M24 And since June 1st 2003, 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

- None 23 0
- One or two..... 1 1
- Three to five..... 2 2
- Six to ten..... 3 3
- More than ten 4 4
- Don't know 8 8

M25 Since June 1st 2003, have you been in hospital or clinic as an in-patient overnight or longer?
INCLUDE CHILDBIRTH

Yes ²⁴ 1 **ASK M26**
 No 2 **GO TO M31**

M26 Since June 1st 2003, in all, how many days have you spent in a hospital or clinic as an in-patient?

NUMBER OF DAYS:

--	--	--

25-27

Don't know ²⁸ 8
 Refused 9

M27 **INTERVIEWER CHECK:**
IS RESPONDENT FEMALE AND UNDER 45?

Yes..... ²⁹ 1 **ASK M28**
 No 2 **GO TO M31**

M28 Was any of this for child-birth?

Yes - all ³⁰ 1 **GO TO M30**
 Yes - some 2 **ASK M29**
 No..... 3 **GO TO M30**

M29 How many days were for child-birth?

NUMBER OF DAYS:

--	--	--

31-33

Don't know.. ³⁴ 8
 Refused 9

M30 Was/were your hospital stay(s) free under the National Health Service or paid for privately?
CODE ONE ONLY

All free under the NHS..... ³⁵ 1
 All paid for privately 2
 Some NHS/ some private 3
 Don't know 8

ASK ALL

CARD 033

M31 SHOWCARD 26

Here is a list of some health and welfare services. Have you yourself made use of any of these services since June 1st 2003?

Yes ¹⁹ 1 **ASK M32**
 No 2 **GO TO M35**

M32 Which services have you used?
(CODE ALL THAT APPLY IN GRID BELOW)
PROMPT FOR 'Any Others'?

FOR EACH SERVICE USED ASK M33 AND M34

M33 Thinking about the **(SERVICE AT M32)** was this from the NHS or social services, or was it from a private or voluntary agency?
CODE IN GRID BELOW

M34 Was it all free or did you have to pay anything for this?

	M32	M33	M34	
	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 assistant05	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	36-39	
Volunteer carer06	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	40-43	
Chiropodist07	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	
Counsellor/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	
Physiotherapist12	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	64-67	
Hospital consultant/outpatients13	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	68-71	
Family planning clinic14	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	72-75	
Child and family support services15	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	76-79	
Any other health or welfare services? (PLEASE GIVE DETAILS)				
_____16	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	80-83	
_____17	1 . . . 2 . . . 3 . . . 8	1 . . . 2 . . . 3	84-87	

M35 **SHOWCARD 27 FOR MEN; SHOWCARD 28 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 2003?

Yes ¹⁹ 1 ASK M36
 No 2 GO TO M38

M36 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

M37 Did you get this on the NHS or was it private?

<u>M36</u>	<u>M37</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

M38 Do you smoke cigarettes?

Yes ⁴⁷ 1 ASK M39
 No 2 GO TO M40

M39 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

M40 I would like to ask you about your height and weight. There is interest in how people's weight, given their height, is associated with their health.

How tall are you without shoes?

CODE UNIT OF MEASUREMENT

ACCEPT ESTIMATE IF RESPONDENT NOT SURE

Feet and inches	50 1	
Metres and centimetres	2	ASK M40a
Cannot give estimate	3	GO TO M41
Refused	9	

M40a **ENTER HEIGHT**

Feet	Inches	Centimetre
		s
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	OR <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
51-52	53-54	55-57

M41 What is your current weight?

CODE UNIT OF MEASUREMENT

ACCEPT ESTIMATE IF RESPONDENT NOT SURE

Stones and pounds.....	58 1	
Kilograms	2	ASK M41a
Cannot give estimate	3	GO TO M47
Refused	9	

M41a **ENTER WEIGHT**

Stones	Pound	Kilograms
	s	
<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text"/>	OR <input style="width: 60px; height: 20px; border: 1px solid black;" type="text"/>
59-60	61-62	63-65

M42 Are you fairly sure of your weight or is that an estimate?

Fairly sure	66 1
Estimate	2

M43 When was the last time you were weighed using scales, either by yourself or someone else?

Within last week	67 1
1 – 4 weeks ago	2
1 – 3 months ago	3
3 – 6 months ago	4
6 months to 1 year.....	5
More than 1 year.....	6
More than 5 years	7
Don't know	8
Refused.....	9

M44 Would you say that for your height you are . . .

READ OUT

	68
About the right weight.....	1
Underweight	2
Slightly overweight.....	3
Very overweight.....	4
Don't know	8
Refused.....	9

M45 **INTERVIEWER CHECK:**

Is respondent female and aged under 50?

	69	
Yes.....	1	ASK M46
No	2	GO TO M47

M46 I need to check because it affects weight: are you pregnant at present?

	70
Yes	1
No	2

M47 **INTERVIEWER CHECK (HOUSEHOLD GRID Col 13)**

Is respondent the MainCarer for any child/children under the age of 16?

	71	
Yes	1	ASK M48
No	2	GO TO M51

M48 How do your children usually travel to and from school?

IF MORE THAN ONE TYPE OF TRANSPORT PLEASE CODE THE MAIN TYPE USED

	72
Walk all the way.....	1
Car	2
Bus	3
Tube	4
Cycle.....	5
Something else (WRITE IN)..	6

Not yet at school	7
-------------------------	---

M49 Now I would like to ask you some questions about your child(ren)'s health. Does your child (do any of your children) under 16 have any health conditions or disabilities or learning or behavioural problems that limit his/her normal childhood activities or education?

Yes (any child) $\frac{1}{73}$ **ASK M50**
 No (all children) 2 **GO TO M51**

PROBE FOR WHICH CHILD AND WRITE NAME AND PERSON NUMBER(S) OF CHILD/CHILDREN IN GRID BELOW

M50 ASK FOR EACH CHILD:

- a) What are (child's) health or other conditions?
WRITE IN DETAILS OF NATURE OF CONDITION BELOW
- b) Do you receive special help for your child's condition from
health or social services or through the education system?
- c) **IF 'YES RECEIVES HELP' ASK**
What services do you use?
WRITE IN

Write in name of child	Person number of child from hh grid	a) Nature of condition (WRITE IN)	b) Rec eives help	c) Write in services
		OFFICE CODE		OFFICE CODE
CARD 035	<input type="text"/> <input type="text"/> 19-20	_____ <input type="text"/> <input type="text"/> 21-22 _____ <input type="text"/> <input type="text"/> 23-24	Yes $\frac{1}{25}$ No.....2	_____ <input type="text"/> <input type="text"/> 26-27 _____ <input type="text"/> <input type="text"/> 28-29
CARD 036	<input type="text"/> <input type="text"/> 19-20	_____ <input type="text"/> <input type="text"/> 21-22 _____ <input type="text"/> <input type="text"/> 23-24	Yes $\frac{1}{25}$ No.....2	_____ <input type="text"/> <input type="text"/> 26-27 _____ <input type="text"/> <input type="text"/> 28-29
CARD 037	<input type="text"/> <input type="text"/> 19-20	_____ <input type="text"/> <input type="text"/> 21-22 _____ <input type="text"/> <input type="text"/> 23-24	Yes $\frac{1}{25}$ No.....2	_____ <input type="text"/> <input type="text"/> 26-27 _____ <input type="text"/> <input type="text"/> 28-29
CARD 038	<input type="text"/> <input type="text"/> 19-20	_____ <input type="text"/> <input type="text"/> 21-22 _____ <input type="text"/> <input type="text"/> 23-24	Yes $\frac{1}{25}$ No.....2	_____ <input type="text"/> <input type="text"/> 26-27 _____ <input type="text"/> <input type="text"/> 28-29
CARD 039	<input type="text"/> <input type="text"/> 19-20	_____ <input type="text"/> <input type="text"/> 21-22 _____ <input type="text"/> <input type="text"/> 23-24	Yes $\frac{1}{25}$ No.....2	_____ <input type="text"/> <input type="text"/> 26-27 _____ <input type="text"/> <input type="text"/> 28-29
CARD 040	<input type="text"/> <input type="text"/> 19-20	_____ <input type="text"/> <input type="text"/> 21-22 _____ <input type="text"/> <input type="text"/> 23-24	Yes $\frac{1}{25}$ No.....2	_____ <input type="text"/> <input type="text"/> 26-27 _____ <input type="text"/> <input type="text"/> 28-29

ASK ALL

CARD 041

M51 **INTERVIEWER CHECK:** *Is this a single person household?
(i.e., just one adult and no children)*

Yes.....¹⁹ 1 **GO TO M54**
 No 2 **ASK M52**

M52 **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.....²⁰ 1 **ASK M53**
 No 2 **GO TO M54**
 Other (**SPECIFY**)..... 3

M53 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"/>
21-22	23-24	25-26

M54 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

Yes²⁷ 1 **ASK M55**
 No 2 **GO TO M57**

M55 Is that one person or more than one?
IF MORE THAN ONE PROBE HOW MANY

ENTER NUMBER CARED FOR:

M56 Who is it that you look after, help or assist?

CODE FIRST TWO MENTIONED
CODE RELATIONSHIP TO RESPONDENT

	1st Dep	2nd Dep
	29	30
Parent/parent-in-law	1	1
Grandparent	2	2
Aunt/uncle	3	3
Other relative (SPECIFY)	4	4
<hr/>		
Friend or neighbour	5	5
Client(s) of voluntary organisation.....	6	6
Other (SPECIFY)	7	7

M57 **INTERVIEWER CHECK:** Does respondent look after or provide any regular care or assistance for anyone inside or outside the household? (M52=1 or M54=1)

31
Yes..... 1 **ASK M58**
No 2 **GO TO M59**

ASK ALL CARE-GIVERS

M58 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

32-33

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

M59 **INTERVIEWER CHECK:** Who was present during this section?

CODE ALL THAT APPLY

a) Respondent alone..... 1 34
b) Partner present 2 35
c) Other adult(s) present 3 36
d) Child(ren) present..... 4 37
e) Supervisor present 5 38