

## MCS8 Young Person [Physical Health & Health Behaviours]

*[Physical Health + Behaviours]*

### \*\*\* GENERAL HEALTH (MCS7)

#### CGHE

**{ASK ALL}**

How would you describe your health generally? Would you say it is...

INTERVIEWER: READ OUT

- 1 Excellent
- 2 Very good
- 3 Good
- 4 Fair, or
- 5 Poor?

### \*\*\* LONG-STANDING CONDITIONS (MCS7)

#### CLSI

**{ASK ALL}**

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

- 1 Yes
- 2 No

#### CLSM

**{ASK IF HAS LONGSTANDING HEALTH CONDITION: CLSI = 1, MULTICODE}**

SHOWCARD E1

Does this/Do any of these condition(s) or illness(es) affect you in any of the following areas?

- 1 Vision (for example blindness or partial sight)
- 2 Hearing (for example deafness or partial hearing)
- 3 Mobility (for example walking short distances or climbing stairs)
- 4 Dexterity (for example lifting and carrying objects, using a keyboard)
- 5 Learning or understanding or concentrating
- 6 Memory
- 7 Mental health
- 8 Stamina or breathing or fatigue
- 9 Socially or behaviourally (for example associated with autism, attention deficit disorder or Asperger's Syndrome)
- 10 Other (PLEASE SPECIFY) **{VARNAME CLSO 200}**
- 11 **{EXCLUSIVE}** INTERVIEWER: SPONTANEOUS: None of these

**CLSL**

**{ASK IF HAS LONGSTANDING HEALTH CONDITION: CLSI = 1}**

Does this/Do any of these condition(s) or illness(es) reduce your ability to carry out day-to-day activities? Would you say...

INTERVIEWER: READ OUT

- 1 Yes, a lot,
- 2 Yes, a little, or
- 3 Not at all?

**CLSP**

**{ASK IF HAS LONGSTANDING HEALTH CONDITION AND ACTIVITY IS REDUCED: CLSI = 1 AND CLSL = 1, 2}**

For how long has your ability to carry out day-to-day activities been reduced? Would you say...

INTERVIEWER: READ OUT

- 1 Less than six months,
- 2 Between six months and 12 months, or
- 3 12 months or more?

**\*\*\*ACCIDENTS & HOPSITAL ADMISSIONS (MCS7)**

**ACCA**

**{ASK ALL}**

Most young people have accidents at some time. Since you were {AGE OF YOUNG PERSON AT LAST INTERVIEW: "age at last interview" (FEED FORWARD)}, have you had an accident or injury for which you went to the doctor, health centre, walk-in centre or hospital about?

IF YES: How many accidents? CODE 0 FOR NO ACCIDENTS.

NUMERIC

RANGE: 0-97

**ADMA**

**{ASK ALL}**

Since you were {AGE OF YOUNG PERSON AT LAST INTERVIEW: "age at last interview" (FEED FORWARD)}, have you been <b>admitted</b> to hospital because of an accident, illness or health problem?

IF YES: How many times?

CODE 0 FOR NO ADMISSIONS

INCLUDE ADMISSIONS FOR ANY DAY SURGERY, DAY CARE OR DIAGNOSIS

NUMERIC

RANGE: 0-97

**\*\*\*PHYSICAL EXERCISE (Next Steps AGE 31/32)**

**EXERCISE {ASK ALL}**

*Internal note – check for comparability with NS*

(Source: IPAQ/USOC/HSE)

**HEVAR1 {ASK ALL}**

Think about all the vigorous activities that you did in the last 7 days. Vigorous physical activities refer to activities that take hard physical effort and make you breathe much harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling?

Range: 0 ... 7 days

No vigorous physical activities

VARLAB: Number of days did vigorous activities

**HEVAR2 {IF Number of days did vigorous activities <> 'No vigorous physical activities' AND > 0}** How much time did you usually spend doing vigorous physical activities on one of those days? (This is for physical activities done for at least 10 minutes at a time.)

Range: Hours per day (0..16) / Minutes per day (0..59)

VARLAB: Usual hours / minutes vigorous activities

**HEVAR3 {ASK ALL}**

Think about all the moderate activities that you did in the last 7 days. Moderate activities refer to activities that take moderate physical effort and make you breathe somewhat harder than normal. Think only about those physical activities that you did for at least 10 minutes at a time.

During the last 7 days, on how many days did you do moderate physical activities like carrying light loads, bicycling at a regular pace, or doubles tennis? Do not include walking.

Range: 0 ... 7 days per week

No moderate physical activities

VARLAB: Number of days did moderate activities

**HEVAR4 {IF Number of days did moderate activities <> 'No moderate physical activities' AND > 0}** How much time did you usually spend doing moderate physical activities on one of those days? (This is for physical activities done for at least 10 minutes at a time.)

Range: Hours (0..16) / Minutes (0..59) per day

VARLAB: Usual hours / minutes moderate activities

**HEVAR5 {ASK ALL}**

Now think about the time you spent walking in the last 7 days. This includes at work and at home, walking to travel from place to place, and any other walking that you might do solely for recreation, sport, exercise, or leisure.

During the last 7 days, on how many days did you walk for at least 10 minutes at a time?

Range: 0 ... 7 days per week

No walking

VARLAB: Number of days - walking

**HEVAR6 {IF number of days – walking <> No walking and > 0}** How much time did you usually spend walking on one of those days? Think only about the walking done for at least 10 minutes at a time.

Range: Hours (0..16) / Minutes (0..59) per day

VARLAB: Usual hours / minutes walking

**HEVAR7 {ASK ALL}**

This question is about the time you spent sitting on weekdays during the last 7 days. Include time spent at work, at home, while doing course work and during leisure time. This may include time spent sitting at a desk, visiting friends, reading, or sitting or lying down to watch television.

During the last 7 days, how much time did you spend sitting on a week day?

Range: Hours per day (0..24) / Minutes (0..59) per day

**\*\*\*SLEEP**

**SLEEP1 {ASK ALL} (NS AGE31/32 & MCS6 SLLN)**

During the last four weeks, how long did it usually take for you to fall asleep?

1. 0-15 minutes
2. 16-30 minutes
3. 31-45 minutes
4. 46-60 minutes
5. More than 60 minutes

VARLAB: Usual time taken to fall asleep (last 4 weeks)

**Sleep2Intro (NS Age 25 & COVID surveys)**

During the last four weeks, how many hours did you sleep each night on average?

Answer to the nearest (half) hour.

PLEASE ENTER HOURS

RANGE 0...15

LAYOUT: Question test on one line, entry box followed by Hours on next line.

SOFTCHECK **{IF SLEEP2 >10 hours and <5 hours}** "You have answered that you sleep an average of {SLEEP2} hours. Is this correct? Press next if this is correct, or please amend your answer."

VARLAB: Average hours slept per night (last 4 weeks)

**SLEEP3 {ASK ALL} (NS 30/31 & MCS6 SLTR)**

During the past four weeks, how often did you wake up while sleeping time and have trouble falling back to sleep again?

1. All of the time
2. Most of the time
3. A good bit of the time
4. Some of the time
5. A little of the time
6. None of the time

VARLAB: How often awoken during sleep (last 4 week)

**SQLT (MCS7)**

**{ASK ALL}**

During the past four weeks, how would you rate your sleep quality overall? Would you say it has been...

- 1 ...Very good

- 2 ...Fairly good
- 3 ...Fairly bad, or
- 4 ...Very bad?

**\*\*\*DIET & BODY IMAGE (MCS7)**

**QS NEED REVIEWING**

**WEGT**

**{ASK ALL}**

Which of these do you think you are?

- 1 Underweight
- 2 About the right weight
- 3 Slightly overweight
- 4 Very overweight

**EXWT**

**{ASK ALL}**

In the last 12 months, have you exercised to lose weight or to avoid gaining weight?

- 1 Yes
- 2 No

**ETLS**

**{ASK ALL}**

In the last 12 months, have you eaten less food, fewer calories, or foods low in fat to lose weight or to avoid gaining weight?

- 1 Yes
- 2 No

**LSWT**

**{ASK ALL}**

Which of the following are you trying to do about your weight?

- 1 I am not trying to do anything about my weight
- 2 Lose weight
- 3 Gain weight
- 4 Stay the same weight

**BRKN**

**{ASK ALL}**

How often do you eat breakfast over a week?

- 1 Never
- 2 Some days, but not all days
- 3 Every day

**FRUT**

**{ASK ALL}**

How often do you eat at least 2 portions of fruit per day?

A portion of fruit could be a whole piece of fruit, like an apple or banana or 80g of fruit (like in a fruit salad) but does not include fruit juices.

*Juice/smoothies can count as 1 portion per day.*

- 1 Never
- 2 Some days, but not all days
- 3 Every day

**VEGI**

**{ASK ALL}**

How often do you eat at least 2 portions of vegetables including salad, fresh, frozen or tinned vegetables per day?

*A portion of vegetables is 3 heaped tablespoons of cooked vegetables or beans /pulses or a handful of cherry tomatoes or a small bowl of salad. It does not include potatoes.*

*Juice/smoothies can count as 1 portion per day.*

- 1 Never
- 2 Some days, but not all days
- 3 Every day

**BRED**

**{ASK ALL}**

Which type of bread do you normally eat?

- 1 I only eat white bread
- 2 I sometimes eat white bread, sometimes I eat brown or granary or wholemeal bread (including 50:50 bread)
- 3 I only eat brown/granary bread (including 50:50 bread)
- 4 I sometimes eat brown/granary bread (including 50:50 bread), sometimes I eat wholemeal bread
- 5 I only eat wholemeal bread
- 6 I never eat bread

**MILK**

**{ASK ALL}**

Which type of milk do you usually have?

- 1 I only have whole milk
- 2 I sometimes have whole milk, sometimes I have semi-skimmed or skimmed milk
- 3 I only have semi-skimmed milk
- 4 I sometimes have semi-skimmed, sometimes I have skimmed milk
- 5 I only have skimmed milk
- 6 I only have 1% fat milk
- 7 I have soya milk or other non-cow milk
- 8 I never have milk

**ASWD**

**{ASK ALL}**

How often, if at all, do you drink diet drinks or sugar-free drinks like diet cola or sugar-free squash?

- 1 More than once a day
- 2 Once a day
- 3 3-6 days a week
- 4 1-2 days a week
- 5 Less often but at least once a month
- 6 Less than once a month
- 7 Hardly ever or never

**SWTD**

**{ASK ALL}**

How often, if at all, do you drink sugary drinks like regular cola or squash?

- 1 More than once a day
- 2 Once a day
- 3 3-6 days a week
- 4 1-2 days a week
- 5 Less often but at least once a month
- 6 Less than once a month
- 7 Hardly ever or never

**TKWY**

**{ASK ALL}**

How often, if at all, do you eat fast food such as McDonalds, Burger King, KFC or other fast food like that?

- 1 More than once a day
- 2 Once a day
- 3 3-6 days a week
- 4 1-2 days a week



- 5 Less often but at least once a month
- 6 Less than once a month
- 7 Hardly ever or never

**\*\*\*PUBERTY (MALE VOICE BREAKING – RETROSPECTIVE -POSSIBLY MAKE NEW Q)  
(ALSPAC -YOUR BODY)**

**{ASK IF MALE}**

Has your voice changed at all?

- 1. no it is the same
- 2. yes, occasionally it is a lot lower
- 3. yes, it has now changed totally
- 4. not sure

**{ASK PUVC IF cohort member is male [FEED FORWARD FROM HOUSEHOLD GRID  
HQ.BSEX=1 ]}**

**SINGLE RESPONSE**

**PUVC**

How about your voice getting deeper? How would you describe your voice?

- 1 My voice has not yet started getting deeper
- 2 My voice has barely started getting deeper
- 3 My voice has definitely started getting deeper
- 4 My voice change seems completed

**PUVA**

**{ASK IF PUVC =23 or 4 – Voice has changed or broken}**

How old were you when your voice broke?

Please enter age below

RANGE: 8-19

**\*\*\*PERIOD ISSUES**

**PERD (WHSS Women’s Health Symptom Survey Questionnaire)**

**{ASK IF FEMALE}**

Have you had a period in the last 3 months? (either natural periods or withdrawal bleeds whilst on hormonal contraception)

- 1. Yes
- 2. No

**PEPB**

**{ASK IF PERD=1}**

Do you have any of the following symptoms when you have a period?

Please tick all that apply

1. Pelvic pain (pain in the lower party of your belly)
2. Pain on opening your bowels
3. Bleeding from your back passage when opening your bowels
4. Pain on passing urine
5. Passing blood in your urine
6. Lower back pain
7. Pain in upper leg or thighs
8. Nausea
9. Tiredness

**PADR**

**{ASK IF PEPB=1 or PEPB=6}**

In the last 3 months, have you taken pain-killers for the pain that are prescribed for you by a doctor?

1. Yes
2. No

**PACO**

**{ASK IF PEPB=1 or PEPB=6}**

In the last 3 months, have you taken pain-killers for the pain, bought over the counter without prescription?

1. Yes
2. No

**PEWO**

**{ASK IF PEPB=1 or PEPB=6}**

In the last 3 months, has your period pain prevented you from going to work or carrying out your daily activities (even if taking pain-killers)?

1. Never
2. Occasionally (with 1 in 3 of my periods)
3. Often (with 2 in 3 of my periods)
4. Always (with every period)

**\*\*\*EYESIGHT (Proposed Qs from Consultation)**

**EYES**

**{ASK ALL}**

Do you have any problems with your eyes or your eyesight? Choose as many options as apply to you.

1. None
2. My eyesight is normal with my glasses or contact lenses
3. My eyesight is not normal even with my glasses or contact lenses
4. I am registered (or have been offered to be registered) as having sight impairment or severe sight impairment (also known as partial sight or blindness)
5. I am under the care of the specialist eye doctor / eye team at a hospital
6. I used to be under the care of the specialist eye doctor / eye team at a hospital

[If answered c-f to question 1]

**EYPR**

**{ASK IF EYES=3-6}**

What problem(s) with your eyesight or eyes do you have and/or have you ever had? Please list all eye conditions.

**OPEN?**

## **HEALTH BEHAVIOURS**

### **\*\*\*SMOKING & VAPING (MCS7)**

#### **SMOK**

##### **{ASK ALL}**

Please read the following statements carefully and decide which ONE best describes you. Do not include electronic cigarettes (e-cigarettes).

- 1 I have never smoked cigarettes
- 2 I have only ever tried smoking cigarettes once
- 3 I used to smoke sometimes but I never smoke a cigarette now
- 4 I sometimes smoke cigarettes now but I don't smoke as many as one a week
- 5 I usually smoke between one and six cigarettes a week
- 6 I usually smoke more than six cigarettes a week

#### **VAPE**

##### **{ASK ALL}**

Please read the following statements carefully and decide which ONE best describes you.

- 1 I have never tried an e-cigarette or vaping device
- 2 I have only ever tried an e-cigarette or vaping device once
- 3 I used to use an e-cigarette or vaping device sometimes but I never use an e-cigarette or vaping device now
- 4 I sometimes use an e-cigarette or vaping device now but I don't use an e-cigarette or vaping device as often as one a week
- 5 I usually use an e-cigarette or vaping device between one and six times a week
- 6 I usually use an e-cigarette or vaping device more than six times a week

### **\*\*\*DRINKING ALCOHOL (MCS7)**

#### **ALCD**

##### **{ASK ALL}**

Have you ever had an alcoholic drink? That is more than a few sips.

A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits.

- 1 Yes
- 2 No

#### **ALAG**

##### **{ASK IF HAS EVER HAD AN ALCOHOLIC DRINK: ALCD = 1}**

How old were you where you first had an alcoholic drink?

*Please enter the age you were when you first had an alcoholic drink*

I was \_\_ years old

NUMERIC

RANGE: 0-22

**ALCN**

**{ASK IF HAS EVER HAD AN ALCOHOLIC DRINK: ALCD = 1}**

How many times have you had an alcoholic drink in the last 12 months?

If you have had more than one alcoholic drink at a time, count this as one time.

- 1 Never
- 2 1-2 times
- 3 3-5 times
- 4 6-9 times
- 5 10-19 times
- 6 20-39 times
- 7 40 or more times

**ALNF**

**{ASK IF HAD DRINK IN PAST 12 MONTHS: ALCN = 2-7}**

How many times have you had an alcoholic drink in the last 4 weeks?

If you have had more than one alcoholic drink at a time, count this as one time.

- 1 Never
- 2 1-2 times
- 3 3-5 times
- 4 6-9 times
- 5 10-19 times
- 6 20-39 times
- 7 40 or more times

**ALFV**

**{ASK IF HAS EVER HAD AN ALCOHOLIC DRINK: ALCD = 1}**

Have you ever had five or more alcoholic drinks at a time? A drink is half a pint of lager, beer or cider, one alcopop, a small glass of wine, or a measure of spirits.

- 1 Yes
- 2 No

**AGFV**

**{ASK IF HAS EVER HAD >5 DRINKS: ALFV = 1}**

How old were you when you first had five or more alcoholic drinks at a time?

*Please enter the age you were when you first had five or more alcoholic drinks*

I was \_\_ years old

NUMERIC

RANGE: 0-22

**ALFN**

**{ASK IF HAS EVER HAD >5 DRINKS: ALFV = 1}**

How many times have you had five or more alcoholic drinks at a time in the last 12 months?

- 1 Never
- 2 1-2 times
- 3 3-5 times
- 4 6-9 times
- 5 10 or more times

**\*\*\*COVID19 DRINKING Qs**

**IF NEWRESP = 2 AND MODE = 1**

**ALDRSP | In the last four weeks**, how often have you had a drink containing alcohol?

1. 4 or more times a week
2. 2-3 times a week
3. Once a week
4. Less than once a week
5. Never
-8. Don't Know
-9. Don't want to answer

**IF ALDRSP = 1,2,3,4**

**AUNDSP | In the last four weeks**, how many standard alcoholic drinks did you have on a typical day when you were drinking?

1. 1-2
2. 3-4
3. 5-6
4. 7-9
5. 10+
-8. Don't Know
-9. Don't want to answer

**AUSDSP | Since the Coronavirus outbreak in March 2020**, how often have you found you were not able to stop drinking once you had started?

1. Never
2. Less than monthly
3. Monthly
4. Weekly
5. Daily or almost daily
-8. Don't Know
-9. Don't want to answer

**DRUA-DRUK**

**{ASK ALL, ASK AS GRID}**

The next few questions are about drugs, not including cigarettes and alcohol or prescribed medication.

Have you ever taken any of the following?

Please select one answer on every row.

**GRID ROWS**

**DRUA** Cannabis (also called Marijuana, Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed)

**DRUB** Cocaine powder (also called Coke, Charlie, 'C', Snow, Percy, Toot)

**DRUC** Acid or LSD (also called Acid, Trips, Dots, Flash, Smilies)

**DRUD** Ecstasy (also called 'E', MDMA, Molly, Mitsubishis, Rolex's, Dolphins, XTC)

**DRUE** Heroin (also called Brown, Smack, Skag, Horse, Gear, 'H')

**DRUF** Crack (also called Rocks, Stones, Freebase, Wash)

**DRUL** Speed or Amphetamines, (also called Whizz, Sulphate, Billy)

**DRUH** Methamphetamine (also called Crystal meth, dexies, chalk, and ice)

**DRUS** Semeron (also called Sem)

**DRUI** Ketamine (also called Green, 'K', super K)

**DRUJ** Mephedrone (also called Meow Meow, M-Cat, Bubble, Charge, Drone, 4MMC)

**DRUK** Psychoactive substances (such as salvia, spice, trance, schrooms)

**GRID COLS**

1 Yes

2 No

**DRAN**

**{ASK IF HAS TAKEN CANNABIS: DRUA = 1}**

In the past year how many times have you taken cannabis?

1 Once or twice

2 Three or four times

3 Five to ten times

4 More than ten times

5 Not taken in last year

**DRBN**

**{ASK IF HAS TAKEN COCAINE: DRUB = 1}**

In the past year how many times have you taken cocaine?

1 Once or twice

2 Three or four times

3 Five to ten times

4 More than ten times

5 Not taken in last year

**DRCN**

**{ASK IF HAS TAKEN ACID: DRUC = 1}**

In the past year how many times have you taken acid or LSD?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRDN**

**{ASK IF HAS TAKEN ECSTASY: DRUD = 1}**

In the past year how many times have you taken ecstasy?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DREN**

**{ASK IF HAS TAKEN HEROIN: DRUE = 1}**

In the past year how many times have you taken heroin?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRFN**

**{ASK IF HAS TAKEN CRACK: DRUF = 1}**

In the past year how many times have you taken crack?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRGN**

**{ASK IF HAS TAKEN SPEED: DRUL = 1}**

In the past year how many times have you taken speed or amphetamines?



- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRHN**

**{ASK IF HAS TAKEN METH: DRUH = 1}**

In the past year how many times have you taken Methamphetamine?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRSN**

**{ASK IF HAS TAKEN SEMERON: DRUS = 1}**

In the past year how many times have you taken Semeron?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRIN {ASK IF HAS TAKEN KETAMINE: DRUI = 1}**

In the past year how many times have you taken Ketamine?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRJN**

**{ASK IF HAS TAKEN MEPHEDRONE: DRUJ = 1}**

In the past year how many times have you taken Mephedrone?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**DRKN**

**{ASK IF HAS TAKEN PSYCHOACTIVE SUBSTANCE: DRUK = 1}**

In the past year how many times have you taken psychoactive substances?

- 1 Once or twice
- 2 Three or four times
- 3 Five to ten times
- 4 More than ten times
- 5 Not taken in last year

**\*\*\*DRUGS (NS AGE 31/32 Qs)**

**DrugYP1**

**{IF SCROUTING = 1 OR 2}**

The next few questions are about drugs, not including legal highs such as cigarettes and alcohol or prescribed medication.

Have you ever taken any of the following?

**GRID ROWS**

1. Cannabis or Marijuana (also called Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy)
2. Cocaine (also called Coke, Charlie, 'C', Snow, Percy, Toot)
3. Acid or LSD (also called Acid, Trips, Dots, Flash, Smilies)
4. Ecstasy (also called 'E', Mitsubishis, Rolex's, Dolphins, XTC)
5. Heroin (also called Brown, Smack, Skag, Horse, Gear, 'H')
6. Crack (also called Rocks, Stones, Freebase, Wash)
7. Speed or Amphetamines, (also called Whizz, Sulphate, Billy, Methamphetamine, Crystal Meth, Dexies)
8. Ketamine (also called Green, 'K', super K)
9. Mephedrone or Meow Meow, (also called M-Cat, Bubble, Charge, Drone, 4MMC)
10. Psychoactive substances (such as salvia, spice, trance, schrooms)

Please select 'Yes' or 'No' for each drug.

**GRID COLS**

Yes

No

Don't know

Prefer not to say

VARLABS: Whether ever taken {drug name}

**DrugYP2**

**{IF DrugYP1 1-10 = 1}**

LAYOUT: Mask so that only drugs coded at DrugYP1 are shown

And have you taken any of the following in the last 12 months?

GRID ROWS:

1. Cannabis or Marijuana (also called Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy)
2. Cocaine (also called Coke, Charlie, 'C', Snow, Percy, Toot)
3. Acid or LSD (also called Acid, Trips, Dots, Flash, Smilies)
4. Ecstasy (also called 'E', Mitsubishis, Rolex's, Dolphins, XTC).
5. Heroin (also called Brown, Smack, Skag, Horse, Gear, 'H')
6. Crack (also called Rocks, Stones, Freebase, Wash)
7. Speed or Amphetamines, (also called Whizz, Sulphate, Billy, Methamphetamine, Crystal Meth, Dexies)
8. Ketamine (also called Green, 'K', super K)
9. Mephedrone or Meow Meow, (also called M-Cat, Bubble, Charge, Drone, 4MMC)
10. Psychoactive substances (such as salvia, spice, trance, schrooms)

Please select 'Yes' or 'No' for each drug.

GRID COLS

Yes

No

Don't know

Prefer not to say

VARLABS: Whether taken {drug name} in last 12 months

**DrugOften**

**{IF DrugYP2 1-10 =1}**

LAYOUT: Mask so that only drugs coded at DrugYP2 are shown

In the last 4 weeks have you taken any of the following?

GRID ROWS

LAYOUT: Mask so that only drugs coded at DrugYP2 are shown

1. Cannabis or Marijuana (also called Dope, Pot, Blow, Hash, Skunk, Puff, Grass, Draw, Ganja, Spliff, Smoke, Weed, Wacky Backy)
2. Cocaine (also called Coke, Charlie, 'C', Snow, Percy, Toot)
3. Acid or LSD (also called Acid, Trips, Dots, Flash, Smilies)
4. Ecstasy (also called 'E', Mitsubishis, Rolex's, Dolphins, XTC)
5. Heroin (also called Brown, Smack, Skag, Horse, Gear, 'H')
6. Crack (also called Rocks, Stones, Freebase, Wash)
7. Speed or Amphetamines, (also called Whizz, Sulphate, Billy, Methamphetamine, Crystal

Meth, Dexies)

8. Ketamine (also called Green, 'K', super K)

9. Mephedrone or Meow Meow (also called M-Cat, Bubble, Charge, Drone, 4MMC)

10. Psychoactive substances (such as salvia, spice, trance, schrooms)

Please select 'Yes' or 'No' for each drug.

GRID COLS

Yes

No

Don't know

Prefer not to say

VARLAB: Whether taken {drug name} in last 4 weeks

### \*\*\* RELATIONSHIPS AND SEX (MCS7)

**BGFR**

**{ASK IF DOES NOT HAVE A COHABITING PARTNER/SPOUSE IN HHOLD FROM HH GRID (PREB)}**

Have you got a **{IF FEMALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 FEMALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'boyfriend or a girlfriend', IF MALE TEXTFILL (HH GRID BSEX) OR IF BSEX=3 MALE TEXTFILL (FEEDFORWARD BIRTH SEX): 'girlfriend or a boyfriend'}**?

1 Yes

2 No

**SXEV**

**{ASK ALL}**

Have you ever had sexual intercourse with someone?

1 Yes

2 No

**SXAG**

**{ASK IF HAS HAD SEX: SXEV = 1}**

How old were you when you first had sexual intercourse, including with someone of the same sex as you?

ENTER AGE

NUMERIC

RANGE: 0-22

**SexNumPart (NS25)**

IF sexev=1

How many different sexual partners have you had?

ENTER NUMBER

VAL\_SexNumPart\_Label You reported that you have had {#SexNumPart} sexual partners. Is this correct? If correct press Next, or please amend your answer.

**COND-OTCO**

**{ASK IF HAS HAD SEX: SXEV = 1}**

Do you or any partner <b>regularly</b> use any of these forms of contraception or protection when having sex together?

Please select one answer on every row

GRID ROWS

**COND** Condom

**PILL** The Pill

**IMPL** Implant

**INJC** Injection

**EMCO** Emergency Contraception (e.g. morning after pill, emergency IUD/coil)

**OTCO** Some other form of contraception

GRID COLS

1 Yes

2 No

**SFEV**

**{ASK IF HAS HAD SEX: SXEV = 1}**

Have you and any partner ever had sex together without using contraception or protection? Please do not include any times when you might have been trying for a baby.

1 Yes

2 No

**STIE**

**{ASK IF HAS HAD SEX: SXEV = 1}**

Have you ever been tested for a sexually transmitted infection or STI?

1 Yes

2 No

**STEV**

**{ASK IF HAD SEX AND BEEN TESTED FOR AN STI: (SXEV = 1 and STIE=1)}**

Have you been diagnosed with a sexually transmitted infection (such as Chlamydia, gonorrhoea or genital warts)?

1 Yes

2 No

**\*\*\* COVID-19 HEALTH QUESTIONS  
(COVID-19 surveys & adapted form NS 31/32)**

**COVID19**

**{ASK ALL}**

Do you think that you have or have had Coronavirus?

1. Yes, confirmed by a positive test
2. Yes, based on strong personal suspicion or medical advice
3. Unsure
4. No

VARLAB: Whether had Coronavirus

**COVID19POSM**

**{IF COVID19 = 1,2,3}**

LAYOUT: Question on first line, instructions on second line, 'Month' and 'Year' headers for entry boxes on 3rd line, and entry boxes on 4th line.

When do you think you got (or might have got) Coronavirus?

If you think you have had Coronavirus on more than one occasion, please select the month and year in which you most recently think you got it.

If you don't know the precise date, please give your best estimate.

**ENTER MONTH**

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

VARLAB: When had Coronavirus – month

**COVID19POSY**

**{IF COVID19 = 1,2,3}**

When do you think you got (or might have got) Coronavirus?

ENTER YEAR

Range: 2020..2023

VARLAB: When had Coronavirus – year

**COVIDADV**

{IF COVID19 = 1,2,3}

Have you sought medical advice in relation to any symptoms, which you think may be caused by Coronavirus?

NHS 24 IS THE NUMBER FOR SCOTLAND, NHS 111 IS FOR THE REST OF THE UK.

Please select all that apply

1. Yes - discussed symptoms with doctor/GP/practice nurse
2. Yes - discussed symptoms with NHS 111 or NHS 24
3. Yes – accessed online advice at NHS 111 or NHS 24
4. Yes - visited pharmacist
5. Yes - visited A&E or walk in centre
6. No {EXCLUSIVE}

VARLAB: Whether have sought medical advice for COVID19 symptoms

**COVID HOSPAD**

{IF COVID19 = 1,2,3}

Have you been in hospital because of Coronavirus symptoms?

1. Yes
2. No

VARLAB: Whether have been admitted to hospital with Coronavirus

**COVIDTEST (NCDS 62)**

{ASK ALL}

Have you been tested for Coronavirus in any of these ways?

INTERVIEWER: CODE ALL THAT APPLY.

1. Yes – a lateral flow test, throat swab, nasal swab, saliva test or nasal mucus test for @b **current infection**@b
2. Yes – a finger stick, blood test, serology test or antibody test for @b **past infection**@b
3. Yes – but I don't know which type {EXCLUSIVE}
4. No {EXCLUSIVE}

VARLAB: Whether been tested for Coronavirus

**COVIDCURRESULT**

{IF COVIDTEST=1}



Did your (lateral flow test/ throat swab / nasal swab / saliva test / nasal mucus) test for @bcurrent infection@b show that you had Coronavirus?

If you had more than one of these tests and any of them showed you had Coronavirus please select 'Yes'.

INTERVIEWER: READ OUT. CODE ONE ONLY.

1. Yes – the test was positive
2. No – the test was negative and showed you did not have coronavirus
3. Test was inconclusive
4. You are waiting for results

VARLAB: Result of Coronavirus test (current infection)

**COVIDCURWHENM**

{IF COVIDCURRESULT =1}

When did you have this positive test?

If you don't know the precise date, please give your best estimate.

ENTER MONTH

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

VARLAB: Result of Coronavirus (current infection) test – month

**COVIDCURWHENY**

{IF COVIDCURRESULT =1}

When did you have this positive test?

ENTER YEAR

Range: 2020..2023

VARLAB: Result of Coronavirus (current infection) test – year

**COVIDPASRESULT**

**{IF COVIDTEST=2}**

Did your finger stick, blood test, serology test or antibody test for past infection show that you have had Coronavirus?

If you had more than one of these tests and any of them showed that you have had Coronavirus, please answer 'Yes'.

1. Yes – the test was positive
2. No – the test was negative
3. Test was inconclusive
4. Awaiting result

VARLAB: Result of Coronavirus test (past infection)

**COVIDPASWHENM**

**{IF COVIDPASRESULT = 1}**

When did you have this positive test?

If you don't know the precise date, please give your best estimate.

ENTER MONTH

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

VARLAB Result of Coronavirus (past infection) test – month

**COVIDPASWHENY**

**{IF COVIDPASRESULT = 1}**

When did you have this positive test?

ENTER YEAR

Range: 2021..2023

VARLAB Result of Coronavirus (past infection) test – year

**COVIDINCRESULT**

**{IF COVIDTEST=3}**

Did your test show that you had Coronavirus?

If you had more than one test and any of them showed that you had Coronavirus, please answer 'Yes'.

**READ OUT**

1. Yes – the test was positive
2. No – the test was negative and showed you did not have coronavirus
3. Test was inconclusive
4. Awaiting results

VARLAB: Result of Coronavirus test (type of test unknown)

**COVIDINCWHENM**

**{IF COVIDINCRESULT=1}**

When did you have this positive test?

If you don't know the precise date, please give your best estimate.

**ENTER MONTH**

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

VARLAB Result of Coronavirus test (type unknown) – month

**COVIDINCWHENY**

**{IF COVIDINCRESULT=1}**

When did you have this positive test?

**ENTER YEAR**

Range: 2020..2023

VARLAB: Result of Coronavirus test (type unknown) – year

**COVFUNC**

**{IF COVID19 = 1,2 OR COVIDCURRESULT = 1 OR COVIDPASRESULT = 1 OR COVIDINCRESULT = 1}**

For how long were you unable to function as normal due to Coronavirus symptoms?

1. I was always able to function as normal
2. 1-3 days
3. 4-6 days
4. 1 week or more, less than 2 weeks
5. 2 weeks or more, less than 4 weeks
6. 4 weeks or more, less than 12 weeks
7. 12 weeks or more

VARLAB: Period unable to function as normal

**COVNEWILL**

**{IF COVID19 = 1,2 OR COVIDCURRESULT = 1 OR COVIDPASRESULT = 1 OR COVIDINCRESULT = 1}**

Have you been told by a doctor that you may have a new condition, illness, or disability as a result of Coronavirus?

1. Yes
2. No

VARLAB: Whether told by a doctor that may have a new condition as a consequence of Coronavirus

**COVNEWILT**

**{IF COVNEWILL = 1}**

What new condition, illness or disability does your doctor think you may have as a result of Coronavirus?

If more than one condition, illness or disability, please select all that apply.

1. Post-viral fatigue
2. A blood clot in the leg, heart lung or brain
3. A heart condition
4. A lung condition
5. A condition affecting the mind or brain
6. A condition affecting the nervous system outside the brain
7. Thyroid disease
8. Other (specify)

VARLAB: New condition linked to Coronavirus

**COVIDSYMPT**

**{ASK ALL}**

Have you experienced any of the following symptoms in the past 2 weeks?

Please select all that apply

1. Fever
2. Cough - dry
3. Cough - mucus or phlegm
4. Sore throat
5. Chest tightness
6. Shortness of breath
7. Runny nose
8. Nasal congestion
9. Sneezing
10. Muscle or body aches
11. Fatigue
12. Unusual loose motions or diarrhoea
13. Vomiting
14. Loss of smell
15. Loss of taste
16. Skin rash
17. Headaches
18. Other
19. None of these {EXCLUSIVE}

VARLAB: Coronavirus symptoms in past 2 weeks

**COVIDSYMPTO**

**{ASK IF COVIDSYMPT=18}**

What were the other symptoms you experienced?

Please write in your answer in the box below

String (100)

VARLAB: Other symptoms in past 2 weeks

**LONGCVD@ (NCDS62)**

**{ASK ALL}**

SHOW CARD J6

Have you experienced any of the following over the past two months?

INTERVIEWER: CODE ALL THAT APPLY

1. Excessive tiredness or exhaustion
2. Less strength in your muscles than usual
3. More weakness than usual
4. Difficulties concentrating

5. Your memory being worse than usual
6. Strange, unpleasant sensations in your skin, such as pricking, tingling or burning
7. Shortness of breath that limited what you wanted to do
8. Your heart racing (palpitations) when you are not exercising
9. None of these

VARLAB: Long COVID symptoms

**NHSTRACE**

**{ASK ALL}**

Have you downloaded the NHS COVID 19 Test and Trace App?

1. Yes
2. No
3. Unable as do not have suitable device

VARLAB: Whether downloaded NHS COVID 19 Test and Trace App

**OFFVAC**

**{IF ASK ALL}**

Have you been offered a vaccination for COVID-19?

1. Yes
2. No

VARLAB: Whether offered a vaccination

**BEENVAC**

**{ASK IF OFFVAC=1}**

Have you been vaccinated for COVID-19?

1. Yes
2. No – but I intend to be
3. No – and I do not intend to be

VARLAB: Whether have been vaccinated

**NUMVAC@ (NCDS62)**

**{ASK IF BEENVAC=1}**

How many jabs have you received?

Range: 1..4

VARLAB: Number of vaccine jabs received

SOFT CHECK: {IF NUMVAC>2}: THE VACCINE IS TYPICALLY TWO JABS BUT THE COHORT MEMBER HAS REPORTED RECEIVING {NUMVAC} JABS. PLEASE CHECK THIS.

**START LOOP: TYPEVAC-VACDATY**  
**NUMBER OF ITERATIONS SET BY ANSWER AT NUMVAC**

**TYPEVAC@**

**{ASK IF response given to NUMVAC: NUMVAC=RESPONSE}**

Which vaccine did you receive{IF NUMVAC>1 AND LOOP=1: “ as your @b**first**@b jab”; IF NUMVAC>1 AND LOOP=2: “ as your @b**second**@b jab”, etc.; IF ELSE: BLANK}?

READ OUT

1. Oxford/AstraZeneca
2. Pfizer/BioNTech
3. Moderna
4. Janssen (Johnson & Johnson)
5. [DO NOT USE THIS CODE]
6. [DO NOT USE THIS CODE]
7. [DO NOT USE THIS CODE]
8. [DO NOT USE THIS CODE]
9. [DO NOT USE THIS CODE]
10. Something else

VARLAB: Which vaccine received

SOFT CHECK: {IF TYPEVAC=4 AND NUMVAC>1: INTERVIEWER: THE JANSSEN VACCINE IS GIVEN AS ONE JAB BUT THE COHORT MEMBER REPORTED RECEIVING {NUMVAC} JABS. PLEASE CHECK THIS.

SOFT CHECK: {IF LOOP=2 AND TYPEVAC[LOOP1]<>TYPEVAC[LOOP2]}: INTERVIEWER: THE COHORT MEMBER REPORTED RECEIVING DIFFERENT VACCINE TYPES FOR THEIR FIRST AND SECOND JABS. PLEASE CHECK THIS.

**O**TYPEVAC**@**

**{ASK IF TYPEVAC=10}**

INTERVIEWER: ENTER NAME OF OTHER VACCINE RECEIVED

STRING(100)

VARLAB: Name of other vaccine received

**VACDATD@**

**{ASK IF response given to NUMVAC: NUMVAC=RESPONSE}**

Can you tell me the date that you got vaccinated{IF (NUMVAC>1 AND LOOP=1): “ with your @bfirst@b jab”; IF (NUMVAC>1 AND LOOP=2): “ with your @bsecond@b jab”, etc; IF ELSE: BLANK.}??

INTERVIEWER: ENTER DAY

Range: 1..31

VARLAB: Date of vaccination No. [NUMVAC]: day

**VACDATM@**

**{ASK IF response given to NUMVAC: NUMVAC=RESPONSE}**

INTERVIEWER: SELECT MONTH

1. January
2. February
3. March
4. April
5. May
6. June
7. July
8. August
9. September
10. October
11. November
12. December

VARLAB: Date of vaccination No. [NUMVAC]: month

**VACDATY@**

**{ASK IF response given to NUMVAC: NUMVAC=RESPONSE}**

INTERVIEWER: ENTER YEAR

Range: 2020..2023

VARLAB: Date of vaccination No. [NUMVAC]: year

HARD CHECK: {IF VACDATD/VADDATM/VACDATY > CURINTDATE}: INTERVIEWER: YOU HAVE ENTERED A DATE WHICH IS IN THE FUTURE. PLEASE CHECK AND AMEND.

**END LOOP**



**NOVAC@**

**{ASK IF BEENVAC =3}**

**SHOW CARD J7**

Why have you chosen not to get vaccinated. Please tell me all the reasons that apply from this card?

INTERVIEWER: CODE ALL THAT APPLY

1. Covid-19 vaccine safety not proven yet
2. Covid-19 vaccine effectiveness not proven yet
3. I have had Coronavirus, so may be immune
4. I am not worried about catching Coronavirus
5. Distrust of officials
6. Vaccines are not safe in general
7. I have a medical condition or allergy which would make it unsafe for me to be vaccinated
8. I am pregnant
9. Other reason

VARLAB: Reasons for not getting vaccinated

SOFT CHECK: {IF CMSEX<>2 AND NOVAC=8} INTERVIEWER: THE COHORT MEMBER IS NOT FEMALE BUT HAS REPORTED THAT THEY ARE PREGNANT. PLEASE CHECK THIS.