



P2107

SN 1-5  
Card 6-7  
Batch 8-12

## National Child Development Study: 2002-3

### Self-completion Booklet 2

In Confidence

#### How to fill in this questionnaire

- A. Most of the questions on the following pages can be answered by simply ticking the box below or alongside the answer that applies to you.

**Example:**

Do you feel you lead a ...

**Tick one box**

- Very healthy life  1
- Fairly healthy life  2
- Not very healthy life  3
- An unhealthy life  4

- B. On most pages you should answer ALL the questions but sometimes you will find an instruction next to the box you have ticked telling you to go to another question.

By following the instructions carefully you will miss out questions which do not apply to you.

**Example:**

**Tick one box**

- Yes  1 → **Answer Q4**
- No  2 → **Go to Q5**

## A. GENERAL HEALTH AND DIET

**A1** First, how would you describe your health generally?  
Would you say it is ...

Tick one box

Excellent  1  
 Good  2  
 Fair  3  
 Poor  4

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Please think about what you normally eat and drink.

**A2** What type of milk do you usually use?

PLEASE TICK ONE BOX

Whole	Semi-skimmed	Skimmed	Soya	Goats'	Sheep's	Other	None
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

114

**A3** Do you usually have milk with your coffee or coffee substitute(not including non-dairy whiteners and creamers, such as Coffee Mate)?

PLEASE TICK ONE BOX

No, or don't drink coffee	Yes, a little	Yes, an average amount	Yes, a large amount
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

115

**A4** Do you usually have milk with your tea (not including non-dairy whiteners and creamers, such as Coffee Mate)?

PLEASE TICK ONE BOX

No, or don't drink tea	Yes, a little	Yes, an average amount	Yes, a large amount
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

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**A5** How often do you drink (or eat) ...

PLEASE TICK ONE BOX ON EACH LINE

	More than 4 times a day	2-4 times a day	Once a day	3-6 days a week	1 or 2 days a week	Less than 1 day a week	Occasionally	Never
a. ...tea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
b. ...coffee	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
c. ...milk alone or in milky drinks such as hot chocolate, Horlicks, Complan	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8
d. ...milk on cereal (including porridge made with milk)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8

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120

**A6** How often do you eat...

	<i>PLEASE TICK ONE BOX ON EACH LINE</i>								
	More than 4 times a day	2-4 times a day	Once a day	3-6 days a week	1 or 2 days a week	Less than 1 day a week	Occasionally	Never	
a. ... milk-based savoury dishes, such as quiche, cheese or white sauce	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	121
b. ... milk-based desserts, such as custard, ice cream, rice pudding or mousse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	122
c. ... hard cheeses, such as Edam or Cheddar	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	123
d. ... soft cheese, such as cottage cheese or Brie	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	124

**A7** And how often do you eat ...

	<i>PLEASE TICK ONE BOX ON EACH LINE</i>								
	More than 4 times a day	2-4 times a day	Once a day	3-6 days a week	1 or 2 days a week	Less than 1 day a week	Occasionally	Never	
a. ... <u>margarine</u> on bread or equivalents, such as crackers or crumpets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	125
b. ... <u>butter</u> on bread or equivalents, such as crackers or crumpets	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	126
c. ... white fish, for example cod, plaice, halibut	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	127
d. ... other fish (oily fish) such as salmon, trout, mackerel, sardines, fresh tuna	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	128
e. ... canned tuna fish	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	129

**A8** Do you or does anyone else add salt or salt alternative to your food during cooking? (sea salt = salt)

**Tick one box**

- Yes, add salt  1
- Add salt alternative  2
- No, don't add salt  3
- Can't say  8

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**A9** At the table, do you ever add salt to your food?

**Tick one box**

- Yes, usually  1
- Yes, occasionally  2
- Rarely  3
- Yes, add salt alternative  4
- No, don't add salt  5

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**A10** In the last month, have you taken any tablets, pills, powders or drops to supplement your diet?

Tick one box

- Yes  1 → Answer A11
- No  2 → Go to B1

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**A11** How often have you taken supplements of ...

<i>PLEASE TICK ONE BOX ON EACH LINE</i>	<b>Once a day or more</b>	<b>3 to 6 times a week</b>	<b>Twice a week or less</b>	<b>Not in the last month</b>	
a. ... combinations of vitamins or minerals (such as multi-vitamins)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	133
b. ... single vitamins or minerals?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	134
c. ... cod liver oil or fish oil?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	135
d. ... evening primrose type?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	136
e. ... other type of supplement?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	137

PLEASE WRITE IN WHAT

138-57

**A12** What do these supplements contain?

Tick all that apply

- Vitamin A (retinol, beta carotene)  01
- Folate (folic acid)  02
- Vitamin C (ascorbic acid)  03
- Vitamin D (calciferol)  04
- Vitamin E ( $\alpha$ -tocopherol)  05
- Fluoride  06
- Iron  07
- Calcium  08
- Zinc  09
- Ginseng  10
- Other vitamins or minerals  11
- None of these/not sure  98

Spare 158-80  
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208-29

## B. LEISURE ACTIVITIES

EVERYONE PLEASE ANSWER

**B1** Here is a list of activities you may have done in the past year.

Please say how often **on average** you did that activity (in season, if applicable).

For each activity, please write in the **average time** you spent on that activity each time you did it.

How often on average, did you do this last year?

Average time per episode

	Not done in last year	How often on average, did you do this last year?							Average time per episode		230 231-234
		Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins	
Swimming – Leisurely not laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Swimming – Competitive or laps	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	235 236-9
Walking for pleasure - do not include walking as a means of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	240 241-4
Backpacking, hill walking or mountain climbing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	245 246-9
Cycling for pleasure - do not include cycling as a means of transport	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	250 251-4
Racing or rough terrain cycling	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	255 256-9

**B2.** How often on average, did you do this last year?

Average time per episode

	Not done in last year	How often on average, did you do this last year?							Average time per episode		260 261-264
		Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Hours	Mins	
Mowing the lawn – during the grass cutting season	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
Watering the lawn or garden in the summer	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	265 267-270
Digging, shovelling or chopping wood	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	271 272-5
Weeding, pruning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	276 277-80
DIY e.g. carpentry, home or car maintenance	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	281 282-5

**B3. How often on average, did you do this last year?**

**Average time per episode**

	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Average time per episode		
									Hours	Mins	
High impact aerobics, step aerobics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	308 309-12
Other aerobics	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	313 314-7
Exercises with weights	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	318 319-22
Conditioning exercises e.g. using an exercise bike or rowing machine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	323 324-7
Floor exercises e.g. stretching, bending, keep fit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	328 329-32

**B4. How often on average, did you do this last year?**

**Average time per episode**

	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Average time per episode		
									Hours	Mins	
Dancing e.g. ballroom, disco	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	333 334-7
Competitive running	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	338 339-42
Jogging	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	343 344-7
Bowling – indoor lawn or ten pin	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	348 349-52
Tennis or badminton	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	353 354-7
Squash	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	358 359-62
Table tennis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	363 364-7
Golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	368 369-72
Football, rugby or hockey (during the season)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	373 374 -7
Cricket (during the season)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="text"/>	<input type="text"/>	Spare 378-80

**B5 How often on average, did you do this last year?**

**Average time per episode**

	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	Every day	Average time per episode		
									Hours	Mins	
Rowing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	413 414-7
Netball, volleyball basketball	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	418 419-22
Fishing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	423 424-7
Horse-riding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	428 429-32
Snooker, billiards, darts	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	433 434-7
Musical instrument playing, singing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	438 439-42
Ice-skating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	443 444-7
Sailing, windsurfing, boating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	448 449-52
Winter sports e.g. skiing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	453 454-7
Martial arts, boxing, wrestling	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	458 459-62
Other exercises (please specify)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	463 464-7
_____	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	<input type="checkbox"/> 8	<input type="checkbox"/>	<input type="checkbox"/>	468 469-72

**B6 Please could you say how much time you spent on average during the last year watching TV or videos, or using a computer, other than for work. PLEASE TICK ONE BOX ON EACH LINE**

**How much time, on average, during the last year?**

	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 or 4 hours a day	More than 4 hours a day	
a TV or video viewing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	473
b Using a computer (during leisure time only)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	474

### C. WORK AND HOME CIRCUMSTANCES

**C1** We would like to get a few details about what you are doing at the moment. Which of these best describes what you are currently doing?

**Tick one box**

- Full-time paid employee (30 or more hours a week)  1
- Part-time paid employee (under 30 hours a week)  2
- Full-time self-employed  3
- Part-time self-employed  4
- Unemployed and seeking work  5
- Full-time education  6
- On a government scheme for employment training  7
- Temporarily sick/disabled (for less than 6 months)  8
- Permanently sick/disabled (for more than 6 months)  9
- Looking after home/family  10
- Wholly retired  11
- 12

Other (please specify \_\_\_\_\_)

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**C2** When did this activity start?

**WRITE IN:**      **Month**      **Year**



**C3** What is your current **legal** marital status?  
IF YOU ARE LIVING WITH A PARTNER BUT NOT LEGALLY MARRIED, THIS SHOULD NOT BE CODED AS MARRIED

**Tick one box**

- Single and never married  1
- Married – your first and only marriage  2
- Remarried – this is your second or later marriage  3
- Legally separated  4
- Divorced  5
- Widowed  6

516

**C4** Are you currently living with someone as a couple?

**Tick one box**

- Yes, living with the person you are married to  1
- Yes, living with someone you are not married to  2
- No, not living with anyone as a couple  3

517

**C5** Have you separated from someone with whom you lived as a couple in the period since March 1999?

**Tick one box**

- Yes  1 → **Answer C6**
- No  2 → **Go to C7**

518

*IF 'Yes' AT C5*

**C6** In what month and year did you separate from that person?

**WRITE IN:** **Month**   **Year**

519-24

*EVERYONE PLEASE ANSWER*

**C7** Do you have any children aged 18 or less living with you, whom you care for?

**Tick one box**

- Yes  1 → **Answer C8**
- No  2 → **Go to C9**

525

*IF 'Yes' AT C7*

**C8** How many children do you have living with you aged 18 or less, for whom you care?

**WRITE IN:**

526-527

*EVERYONE PLEASE ANSWER*

**C9** How many natural (biological) children have you ever had, that is all children who were born alive?  
PLEASE WRITE IN NUMBER; IF NONE WRITE IN '0'

**WRITE IN:**

528-529

## D. LIFE EVENTS

**D1** Have any of the following life events or problems happened to you during the **last six months**?

<i>PLEASE TICK ONE BOX ON EACH LINE</i>		<b>Yes</b>	<b>No</b>	
a	You yourself suffered serious illness, injury or an assault	<input type="checkbox"/> 1	<input type="checkbox"/> 2	530
b	A serious illness, injury or assault happened to a close relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	531
c	Your parent, child or partner died	<input type="checkbox"/> 1	<input type="checkbox"/> 2	532
d	A close family friend or another relative (aunt, cousin, grandparent) died	<input type="checkbox"/> 1	<input type="checkbox"/> 2	533
e	You broke off a steady relationship	<input type="checkbox"/> 1	<input type="checkbox"/> 2	534
f	You had a serious problem with a close friend, neighbour or relative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	535
g	You had a crisis or a serious disappointment in your work or career	<input type="checkbox"/> 1	<input type="checkbox"/> 2	536
h	You thought you would soon lose your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	537
i	You became unemployed or you were seeking work unsuccessfully for more than one month	<input type="checkbox"/> 1	<input type="checkbox"/> 2	538
j	You were sacked from your job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	539
k	You had a major financial crisis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	540
l	You had problems with the police and a court appearance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	541
m	Something you valued was lost or stolen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	542

**ANSWER D2 IF YOU ARE CURRENTLY LIVING WITH A PARTNER.** BY 'PARTNER' WE MEAN SPOUSE OR COHABITEE. **OTHERWISE GO TO D3**

**D2** Have any of the following happened in the last six months?

<i>PLEASE TICK ONE BOX ON EACH LINE</i>		<b>Yes</b>	<b>No</b>	
a	Your partner thought they would soon lose their job?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	543
b	Your partner had a crisis or serious disappointment in their work or career?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	544
c	You had a separation due to marital difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	545

**D3** IF YOU ARE A **WOMAN**, PLEASE GO TO **E1** ON THE NEXT PAGE.

IF YOU ARE A **MAN**, PLEASE GO TO **THE END OF THE BOOKLET**.

### E. WOMEN ONLY PLEASE ANSWER

**E1** Have you ever taken the contraceptive pill or had a contraceptive injection or implant?

Tick one box

Yes  1 → **Answer E2**

No  2 → **Go to E7**

546

*If 'Yes' at E1*

**E2** Are you currently taking the contraceptive pill or having a contraceptive injection or implant?

Tick one box

Yes  1 → **Answer E3**

No  2 → **Go to E5**

547

*If 'Yes' at E2*

**E3** What is the brand name of your contraceptive?

**Please write in the name below:**

548-80  
Spare  
SN 1-5  
Card 7-8

608-46

**E4** What kind of contraceptive is this?

Tick one box

Injection  1

Mini pill (progestogen only)  2

Combined pill  3

Implant (Norplant)  4

Not sure  8

647

*All 'Yes' at E1*

**E5** How old were you when you first took the contraceptive pill, or had a contraceptive injection or implant?

**Please write in your age in years:**

648

**E6** For how long in total (adding up all episodes) have you taken the contraceptive pill or had a contraceptive injection or implant?

**Please write in how many years:**

649

650-80  
Spare  
SN 1-5  
Card 6-7

**ALL WOMEN PLEASE ANSWER**

**E7** Have you ever had any of the following operations?

FOR EACH OPERATION TICK A BOX FOR 'NO' OR 'YES'

IF YES, give dates of all operations.

If you cannot remember the month and year, give your age at the time of the operation.

	No	Yes	Month	Year	or	Age at the time	
a. Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> years	708 709-14 715-6
b. Removal of uterus (womb) only (hysterectomy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> years	717 718-23 724-5
c. Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> years	726 727-32 733-4
d. Removal of both ovaries only (bilateral oophorectomy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> years	735 736-41 742-3
e. Removal of one ovary only (oophorectomy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	→ <input type="text"/> <input type="text"/> /	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/> years	744 745-50 751-2

**E8** In the last 12 months have you had a period or menstrual bleeding?

Tick one box

Yes  1 → **Go to E10**

No  2 → **Answer E9**

753

*If 'No' at E8*

**E9** Were your periods stopped by...

Tick all that apply

... Surgery?  1

... Chemotherapy or radiation therapy?  2

... Pregnancy or breastfeeding?  3

... No obvious reason / menopause?  4

... Other reason, please specify  5

→ **Now go to E12**

754

*If 'Yes' at E8*

**E10** In the last 3 months have you had a period or menstrual bleeding?

Tick one box

Yes  1

No  2

755

**E11** On what date did your last period start?  
(Include current period if bleeding now)

Please write in: **Day**   **Month**   **Year**

756-763

*If you cannot remember the date, please give your age at the time:*

Please write in: **Age**

764-65

**ALL WOMEN PLEASE ANSWER**

If you are still having periods, tell us about the most recent changes.

If your periods have stopped, tell us about the changes before your last period.

**E12** In the last few years (in the years before your last period) did your periods...

**Tick one box**

... become more regular?  1

... become less regular?  2

... remain about the same?  
(i.e. as regular/irregular as before)  3

→ **Answer E13**

→ **Go to E14**

766

*If 'More regular' or 'Less regular' at E12*

**E13** When did you first notice this change?

**Tick one box**

Up to 1 year before last period  1

Up to 2 years before last period  2

Up to 3 years before last period  3

Up to 4 years before last period  4

More than 4 years before last period  5

767

**ALL WOMEN PLEASE ANSWER**

**E14** Have you **ever** had hormone replacement therapy (HRT)?

**Tick one box**

Yes  1 → **Answer E15**

No  2 → **Go to End**

768

*If 'Yes' at E14*

**E15** When did you first start HRT?

**Please write in:** **Month**   **Year**

769-75

*If you cannot remember the date, please give your age at the time:*

**Please write in:** **Age**

776-77

**E16** Before you started HRT had your menstrual periods stopped?

**Tick one box**

(✓)

Yes  1 → **Answer E17**

No  2 → **Go to E18**

778

*If 'Yes' at E16*

**E17** What was the date of your last period **before** starting HRT?

**WRITE IN:** **Month**   **Year**

779-84

*If you cannot remember the date, please give your age at the time:*

**WRITE IN:** **Age**

785-86

*All women who have ever had HRT*

**E18** How long, in total, have you taken HRT? Don't include any times when you may have stopped taking HRT for any reason. If less than a year, please put '1'.

**WRITE IN:** **Years**

808-9

**E19** Are you currently taking HRT?

**Tick one box**

Yes  1 → **Answer E20**  
No  2 → **Go to End**

810

*If 'Yes' at E19*

**E20** What is the brand name of the HRT you are taking?

**Please write the brand name of the HRT you are taking below:**

811-50

851-80  
Spare

**Thank you very much for taking the time to answer our questions.**

**Please hand the booklet back to the nurse.**

**All your answers will remain confidential.**

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