

HEALTH MODULE (HE)

general
health

HEHELP

Now I would like to ask you some questions about your health. Would you say your health is...

INTERVIEWER: Read out...

- 1 excellent,
- 2 very good,
- 3 good,
- 4 fair,
- 5 or, poor?

HELL*

[^Do you / Does [^name]] have any long-standing illness, disability or infirmity? By long-standing I mean anything that has troubled [^you / [^name]] over a period of time, or that is likely to affect [^you / [^name]] over a period of time.

- 1 Yes
- 2 No

IF whether has long-standing illness = yes [Heill = 1]

|

| HELIM*

| (Does this / Do these) illness(es) or disability(ies) limit [^your / [^name's]] activities in any way?

- | 1 Yes
- | 2 No

|

END OF FILTER

HELWK

Do you have any health problem or disability that limits the kind or amount of paid work you could do, should you want to?

- 1 Yes
- 2 No

IF whether health limits paid work = yes [HeLWk = 1]

|

| HETEMP

| Is this a health problem or disability that you expect to last less than three months?

- | 1 Yes
- | 2 No

|

END OF FILTER

HEFINT @

The next questions ask about difficulties you may have walking a quarter of a mile because of a health problem. By health problem we mean any long-term physical, mental or emotional problem or illness.

1 Press <1> and <Enter> to continue.

HEFUNC*

By [^yourself / himself / herself] and without using any special equipment, how much difficulty [^do you / does [^name]] have walking for a quarter of a mile? [^Do you / Does he / Does she] have...

INTERVIEWER: Read out...

- 1 ...no difficulty,
- 2 some difficulty,

行走困难

3 much difficulty,
4 or, [^are you / is he / is she] unable to do this?

IF difficulty with walking a quarter of a mile = [some, much, unable] [HeFunc = [2, 3, 4]]

| **HEATT**

| SHOW CARD D

| What are the symptoms that [^prevent you from / cause you to have difficulty] walking a quarter of a mile?

| INTERVIEWER: PROBE - 'What others?'

| Code all that apply.

| 01 Chest pain

| 02 Fatigue / too tired

| 03 Shortness of breath

| 04 Tremor(s)

| 05 Pain in leg or foot

| 06 Swelling in leg or foot

| 07 Incontinence or fear of incontinence

| 08 Seeing difficulty

| 09 Hearing difficulty

| 10 Confusion

| 11 Difficulty concentrating

| 12 Memory problems

| 13 Unsteady on feet or balance problems

| 14 Lightheaded or dizziness

| 15 Fear of falling

| 16 Anxiety or fear

| 17 Amputation

| 95 Some other problem or symptom

| **[Multiple responses to HEATT are recorded in variables HEATT01 to HEATT14]
[code maximum 18 out of 18 possible responses]**

| *IF more than one symptom [HeAtt.CARDINAL > 1]*

| **HEATA**

| SHOW CARD D

| And which of these is the main symptom that [^prevents you from walking / makes it difficult for you to walk] a quarter of a mile?

| 01 Chest pain

| 02 Fatigue / too tired

| 03 Shortness of breath

| 04 Tremor(s)

| 05 Pain in leg or foot

| 06 Swelling in leg or foot

| 07 Incontinence or fear of incontinence

| 08 Seeing difficulty

| 09 Hearing difficulty

| 10 Confusion

| 11 Difficulty concentrating

| 12 Memory problems

| 13 Unsteady on feet or balance problems

| 14 Lightheaded or dizziness

| 15 Fear of falling

| 16 Anxiety or fear

| 17 Amputation

| 95 Some other problem or symptom

| **[CHECK HE1]**

| END OF FILTER

| *IF symptoms affecting walking = [unsteady, dizziness, fear of falling] [HeAtt = [13, 14, 15]]*

| **HEBALB**

| Did you join an exercise programme or get physiotherapy to improve your walking or balance?

| 1 Yes

| 2 No

| *IF whether does exercise / physiotherapy to improve walking / balance = yes*

| *[Hebalb = 1]*

| **HEBALA**

| Did you join the exercise programme or get physiotherapy after a doctor or nurse recommended you did?

| 1 Yes

| 2 No

| END OF FILTER

| **HEBALC**

| Did any doctor or nurse suggest a 'stick' or 'zimmer frame' to improve your walking or balance?

| 1 Yes

| 2 No

| END OF FILTER

| END OF FILTER

| *IF symptoms affecting walking = [unsteady, dizziness, fear of falling] [HeATT = [13, 14, 15]]*

| **HEAID**

| Do you use any of the following?

| INTERVIEWER: Read out and code all that apply.

| Only include personal alarms used to call for assistance after falls etc.

| 1 A cane or walking stick

| 2 A zimmer frame or walker

| 3 A manual wheelchair

| 4 An electric wheelchair

| 5 A buggy or scooter

| 6 Special eating utensils

| 7 A personal alarm

| 8 Elbow crutches

| 96 None of these

| **[Multiple responses to HEAID are recorded in variables HEAID1 to HEAID5]**

| **[code maximum 8 out of 9 possible responses]**

[CHECK HE2]

IF ((walking aids used = none) AND (walking aids used at Wave 1 = RESPONSE)) AND NOT (walking aids used at Wave 1 = none) [((HeAid = 96) AND (HeAid (Wave 1) = RESPONSE)) AND NOT (HeAid (Wave 1) = 96)]

HEAIDC

Our records from your last interview show that you were using [^list of aids at Wave 1].

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

1 Yes

2 No

IF whether confirms previous walking aid = no [HeAidC = 2]

HEAIDW

INTERVIEWER: Code which aid respondent disputes.

CODE ALL THAT APPLY.

1 [^A cane or walking stick]

2 [^A zimmer frame or walker]

3 [^A manual wheelchair]

4 [^An electric wheelchair]

5 [^A buggy or scooter]

6 [^Special eating utensils]

7 [^A personal alarm]

8 [^Elbow crutches]

[Multiple responses to HEAIDW are recorded in variables HEAIW01]

[code maximum 8 out of 8 possible responses]

[CHECK HE3]

IF type of walking aid disputed = RESPONSE [HeAidW = RESPONSE]

LOOP FOR EACH WALKING AID DISPUTED

HEAIDN

1 Never used [^[idx] type of walking aid]

2 No longer use [^[idx] type of walking aid]

[There is a separate variable for responses about each of the type of walking aid disputed. Responses are recorded in heain01, heain05-heain07.]

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

HEEYE*

Is [^your / [^name's]] **eyesight** (using glasses or corrective lens if [^you use / he uses / she uses] them)...

INTERVIEWER: Read out...

- 1 ...excellent,
- 2 very good,
- 3 good,
- 4 fair,
- 5 or, poor?
- 6 SPONTANEOUS: Registered or legally blind

IF eyesight condition <> blind [Heeye <> 6]

HEFRND

How good is your eyesight for seeing things at a distance, like recognising a friend across the street (using glasses or corrective lens if use them)? Would you say it is...

INTERVIEWER: Read out...

- 1 ...excellent,
- 2 very good,
- 3 good,
- 4 fair,
- 5 or, poor?

HEPAP

How good is your eyesight for seeing things up close, like reading ordinary newspaper print (using glasses or corrective lens if use them)? Would you say it is...

INTERVIEWER: Read out...

- 1 ...excellent,
- 2 very good,
- 3 good,
- 4 fair,
- 5 or, poor?

END OF FILTER

IF (types of eye conditions at Wave 1 = RESPONSE) AND NOT (types of eye conditions at Wave 1 = none) [(HeOpt (Wave 1) = RESPONSE) AND NOT (HeOpt (Wave 1) = 96)]

HEOPC*

Our records show that when we last interviewed [^you / ^name]] [^on date of last interview], [^you / he / she] said that [^you / he / she] had had (or had been told by a doctor [^you / he / she] had had) [^glaucoma or suspected glaucoma / diabetic eye disease / macular degeneration / cataracts].

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

- 1 Yes
- 2 No

IF whether confirms previous eye condition = no [HeOpC = 2]

HEOPW*

INTERVIEWER: Code which condition(s) respondent disputes. Code all that apply.

- 1 [^Glaucoma or suspected glaucoma]
- 2 [^Diabetic eye disease]
- 3 [^Macular degeneration]
- 4 [^Cataracts]

[Multiple responses to HEOPW are recorded in variables HEOPW1 to HEOPW2]

[code maximum 4 out of 4 possible responses]

[CHECK HE4]

```

| | LOOP FOR EACH EYE CONDITION DISPUTED
| |
| | HEOPN*
| | INTERVIEWER: Code reason why respondent disputes the [^glaucoma or suspected
| | glaucoma / diabetic eye disease / macular degeneration / cataracts] report.
| | Respondent says...
| | 1 Never had
| | 2 No longer has
| | 3 Did not have previously, but has now
| |
| | [There is a separate variable for responses about each of the type of illness
| | respondent disputes. Responses are recorded in heopn1 to heopn4]
| |
| | END OF FILTER
| |
| | ELSE
| |
| | IF whether confirms previous eye condition = yes [HeOpC = 1]
| |
| | HEOPS*
| | [^Do you / Does [^name]] still have [^glaucoma or suspected glaucoma / diabetic eye
| | disease / macular degeneration / cataracts]?
| | 1 Yes
| | 2 No
| |
| | END OF FILTER
| |
| | END OF FILTER
| |
| | END OF FILTER

```

HEOPT*

[^Has / Apart from what you have already told us and thinking about what has happened since we last saw [^you / ^name] on [^date of last interview] has] a doctor or optician [^BLANK / ever] told [^you / ^name] that [^you have / he has / she has] (or [^you / he / she] had) [^BLANK / any of these other conditions]...

INTERVIEWER: Read out each in turn and code all that apply.

Include Diabetic Retinopathy in code 2.

Include age related Maculopathy in code 3.

1 [^Glaucoma or suspected glaucoma]

2 [^Diabetic eye disease]

3 [^Macular degeneration]

4 [^Cataracts]

96 None of these

[Multiple responses to HEOPT are recorded in variables HEOPT1 to HEOPT2]

[code maximum 4 out of 5 possible responses]

[CHECK HE5-HE9]

IF ((types of eye conditions = cataract OR (types of eye conditions at Wave 1 = cataract AND whether confirms previous eye condition = yes)) AND (eyesight condition = [fair, poor, blind] OR eyesight at a distance = [fair, poor] OR eyesight up close = [fair, poor]))
[((Heopt = 4 OR (Heopt (Wave 1) = 4 AND HeOpC = 1)) AND (Heeye = [4, 5, 6] OR Hefrnd = [4, 5] OR Hepap = [4, 5]))]

|

| **HEDREYE**

| Did any doctor or optician recommend that you have your cataracts removed?

- | 1 Yes
| 2 No

| END OF FILTER

*IF ((types of eye conditions at Wave 1 = cataracts) OR (types of eye conditions = cataracts))
AND ((whether confirms previous eye condition = yes) OR whether ever had cataract surgery at
Wave 1 <> RESPONSE) [((HeOpt (Wave 1) = 4) OR (HeOpt = 4)) AND ((HeOpC = 1) OR Hecat
(Wave 1) <> RESPONSE)]*

| **HECAT***

| [[^Have you / Has he / Has she] / Since we last talked to [^you / [^name]] on [^date of last
| interview] [^have you / has he / has she]] [^BLANK / ever] had cataract surgery?

- | 1 Yes
| 2 No

| END OF FILTER

HEHEAR*

Is [^your / [^name's]] hearing (using a hearing aid if [^you use / he uses / she uses] one)...

INTERVIEWER: Read out...

- 1 ...excellent,
2 very good,
3 good,
4 fair,
5 or, poor?

HEHRA

Do you find it difficult to follow a conversation if there is background noise, such as TV, radio or
children playing (using a hearing aid as usual)?

- 1 Yes
2 No

*IF (hearing = [fair, poor]) OR (whether has difficulty following conversation = yes)
[(Hehear = [4, 5]) OR (HeHra = 1)]*

| **HEHRB**

| Have you told a doctor or nurse about your hearing problems?

- | 1 Yes
| 2 No

| *IF whether told doctor / nurse about hearing problems = yes [HeHrb = 1]*

|| **HEHRC**

|| When you told the doctor or nurse about your hearing problems, did he or she refer you to an
|| ear specialist to check your hearing?

|| INTERVIEWER: PROBE - 'By ear specialist we mean an ENT doctor, an ear nose and throat
|| doctor, an otolaryngologist, or an audiologist. An audiologist may perform an extensive
|| hearing test.'

- || 1 Yes
|| 2 No

|| **HEHRD**

|| Has any doctor or nurse or ear specialist recommended a hearing aid?

1 Yes
2 No

IF whether been recommended a hearing aid = yes [HeHrd = 1]

HEHRE

Did you get a hearing aid?

1 Yes
2 No

IF whether got a hearing aid = yes [HeHre = 1]

HEHRF

Did an ear specialist or doctor or nurse teach you how to use your hearing aid?

1 Yes
2 No

HEHRG

Do you use your hearing aid?

1 Yes
2 No

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

IF (age >= 65) [AgeOf >= 65]

HEBPCHK

In the past year, has any doctor or nurse checked your blood pressure?

1 Yes
2 No

END OF FILTER

IF (type of CVD condition at Wave 1 = RESPONSE) AND NOT (type of CVD condition at Wave 1 = none) [(HeDiaa (Wave 1) = RESPONSE) AND NOT (HeDiaa (Wave 1) = 96)]

LOOP FOR EACH CVD CONDITION AT WAVE 1

HEDIAC*

INTERVIEWER: Please check the following sentence before reading out loud.

[^BLANK / Our records show that when we last interviewed [^you / [^name]] on [^date of last interview] [^you / he / she] said that [^you / he / she] had had (or had been told by a doctor [^you / he / she] had had) / Our records also show that when we last interviewed [^you / [^name]] on [^date of last interview] [^you / he / she] said that [^you / he / she] had had (or had been told by a doctor [^you / he / she] had had)) [^high blood pressure or hypertension / angina / a heart attack (including myocardial infarction / or coronary thrombosis) / congestive heart failure / a heart murmur / an abnormal heart rhythm / diabetes or high blood sugar / a stroke (cerebral vascular disease)].

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

1 Yes

CVD

|| 2 No
 || 3 Not read out as didn't make sense
 ||
 || **[There is a separate variable for responses about each CVD condition. Responses are recorded in hediac1-hediac9.]**
 ||
 || *IF whether confirms previous CVD condition = no [HeDiaC = 2]*
 ||
 || **HEDIAN***
 || INTERVIEWER: Code reason why respondent disputes having had [^high blood pressure or hypertension / angina / a heart attack (including myocardial infarction / or coronary thrombosis) / congestive heart failure / a heart murmur / an abnormal heart rhythm / diabetes or high blood sugar / a stroke (cerebral vascular disease)]. Respondent says...
 || 1 Never had
 || 2 No longer has
 || 3 Did not have previously, but has now
 ||
 || **[[[There is a separate variable for responses about each of the type of illness] Responses are recorded in hedian1 to hedian9]**
 ||
 || ELSE
 ||
 || *IF (whether confirms previous CVD condition = yes) AND NOT (Wave 1 condition = [Heart attack or stroke]) [(HeDiaC = 1) AND NOT (PSeq = [3, 8])]*
 ||
 || **HEDIAS* @**
 || [^Do you / Does [^name]] still have [^high blood pressure or hypertension / angina / a heart attack etc.]?
 || 1 Yes
 || 2 No
 ||
 || **[There is a separate variable for responses about each of the type of illness] Responses to Hedias are recorded in variables Hedias1 and Hedias2 @]**
 ||
 || END OF FILTER
 ||
 || END OF FILTER
 ||
 || END OF FILTER
 ||
 || END OF FILTER
 ||
 || END OF FILTER

HEDIAA*
 SHOW CARD E
 [^Has / Apart from what you have already told us, and thinking about what has happened since we last saw [^you / ^name]] on [^date of last interview] has] a doctor [^BLANK / ever] told [^you / ^name]] that [^you have / he has / she has] (or have had) any of the [^BLANK / other] conditions on this card?
 INTERVIEWER: PROBE - 'What others?' Code all that apply.
 01 [^High blood pressure or hypertension]
 02 [^Angina]
 03 [^A heart attack (including myocardial infarction or coronary thrombosis)]
 04 [^Congestive heart failure]
 05 [^A heart murmur]

- 06 [^An abnormal heart rhythm]
- 07 [^Diabetes or high blood sugar]
- 08 [^A stroke (cerebral vascular disease)]
- 09 [^High cholesterol]
- 95 [^Any other heart trouble (SPECIFY)]
- 96 None of these

**[Multiple responses to HEDIAA are recorded in variables HEDIA01 to HEDIA09]
[code maximum 10 out of 11 possible responses]**

[CHECK HE10-HE11]

IF (type of CVD condition = other) [(HeDiaa = 95]

| **HEDIX* @**
| INTERVIEWER: Enter name of other heart condition.
| String 30

| **[Open responses to Hedix are coded and merged with the multiple responses to Hedaa
| (recorded in HEDIA01 to HEDIA09). These merged responses are recorded in variables
| Hedim01 to Hedim07]**

| END OF FILTER

[CHECK HE12]

*IF (type of CVD condition = high blood pressure) OR (type of CVD condition at Wave 1 = high
blood pressure AND whether confirms previous high blood pressure condition = yes)
[(HeDiaa = 1) OR (HeDiaa (Wave 1) = 1 AND HeDiaC = 1)]*

| **HEHIBP**
| Has a doctor or nurse explained high blood pressure in a way you could understand at any
| time since you were first told you had high blood pressure?
| 1 Yes
| 2 No

| **HEHIBPA**
| In general, have doctors or nurses given you any choice about how to treat your high blood
| pressure?
| INTERVIEWER: Choices may include whether to treat the high blood pressure at all, use
| medication or use an alternative approach.
| 1 Yes
| 2 No
| 3 SPONTANEOUS: Respondent reports having no preferences for treatment

| **HEHIBPB**
| Some doctors suggest that some patients take medication to lower their blood pressure. Did
| a doctor or nurse ever suggest that you take any medication to lower your blood pressure?
| 1 Yes
| 2 No

| **HEMDA***
| [^Are you / Is [^name]] currently taking any medication, tablets or pills for high blood
| pressure?
| 1 Yes
| 2 No

|
END OF FILTER

IF (type of CVD condition at Wave 1 <> RESPONSE AND type of heart condition = angina) OR (type of CVD condition at Wave 1 = angina AND whether confirms previous angina condition = yes AND age first told had angina <> RESPONSE) [(HeDiaa (Wave 1) <> RESPONSE AND HeDiaa = 2) OR (HeDiaa (Wave 1) = 2 AND HeDiaC = 1 AND HeAgA (Wave 1) <> RESPONSE)]

| **HEAGA***

| Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had angina?

| INTERVIEWER: Enter age in years.

| Range: 0..110

| **[CHECK HE13-HE14]**

| ELSE

| *IF ((type of CVD condition = angina) AND (type of CVD condition at Wave 1 = RESPONSE) AND NOT (type of CVD condition at Wave 1 = angina))[(HeDiaa = 2) AND (HeDiaa (Wave 1) = RESPONSE) AND NOT (HeDiaa (Wave 1) = 2)]*

| | **HEAGAR**

| | When in the last two years were you first told by a doctor that you had angina?

| | INTERVIEWER: Enter response in month and year.

| | 01 January

| | 02 February

| | 03 March

| | 04 April

| | 05 May

| | 06 June

| | 07 July

| | 08 August

| | 09 September

| | 10 October

| | 11 November

| | 12 December

| | **HEAGARY**

| | INTERVIEWER: Enter the year at this question.

| | Range: 2002..2004

| | **[CHECK HE15-HE16]**

| END OF FILTER

IF type of CVD condition = angina [HeDiaa = 2]

| **HEYRA**

| In the last two years, have you had any angina or chest pains due to your heart?

| 1 Yes

| 2 No

| END OF FILTER

IF ((type of CVD condition <> RESPONSE) AND (type of CVD condition = heart attack)) OR ((type of CVD condition at Wave 1 = heart attack) AND (whether confirms previous heart attack condition = yes) AND (age first told had heart attack <> RESPONSE)) [((HeDiaa (Wave 1) <> RESPONSE) AND (HeDiaa = 3)) OR ((HeDiaa (Wave 1) = 3) AND (HeDiaC = 1) AND (HeAgB (Wave 1) <> RESPONSE))]

HEAGB*

Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had a heart attack (including myocardial infarction or coronary thrombosis)?

INTERVIEWER: Enter age in years.

Range: 0..110

[CHECK HE17-HE18]

END OF FILTER

IF (type of CVD condition = heart attack) AND (type of CVD condition at Wave 1 = RESPONSE) [((HeDiaa = 3) AND (HeDiaa (Wave 1) = RESPONSE)]

HEAGBR*

When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had a heart attack?

INTERVIEWER: Enter response in month and year.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

HEAGBRY*

INTERVIEWER: Enter the year at this question.

Range: 2002..2004

[CHECK HE19 - HE20]

END OF FILTER

IF (type of CVD condition at Wave 1 = RESPONSE) AND (type of CVD condition = heart attack) [((HeDiaa (Wave 1) = RESPONSE) AND (HeDiaa = 3)]

HENMMI*

How many heart attacks (including myocardial infarction or coronary thrombosis) [^have you / has [^name]] had since we last talked to [^you / him / her] [^on date of last interview] according to a doctor?

1 1

2 2

3 3 or more

|
END OF FILTER

IF ((type of CVD condition at Wave 1 <> RESPONSE) AND (type of CVD condition = heart attack)) OR ((type of CVD condition at Wave 1 = heart attack) AND NOT (type of CVD condition = heart attack)) [((HeDiaa (Wave 1) <> RESPONSE) AND (HeDiaa = 3)) OR ((HeDiaa (Wave 1) = 3) AND NOT (HeDiaa = 3))]

| **HEYRB***

| In the past two years, [^have you / has [^name]] had a heart attack or myocardial infarction?

| 1 Yes

| 2 No

|
END OF FILTER

IF ((type of CVD condition = heart attack) AND (type of CVD condition at Wave 1 = RESPONSE)) OR ((type of CVD condition at Wave 1 <> RESPONSE) AND (whether had heart attack in past two years = yes)) [((HeDiaa = 3) AND (HeDiaa (Wave 1) = RESPONSE)) OR ((HeDiaa <> RESPONSE) AND (HeYRb = 1))]

| **HEBETA**

| Did any doctor ever tell [^you / ^name] that [^you / he / she] should take a medication called a betablocker?

| INTERVIEWER: PROBE - 'The following drugs are common betas blockers: Atenolol, metoprolol, acebutolol, metoprolol, propranolol, and timolol.'

| 1 Yes

| 2 No

| **HEBETB***

| SHOW CARD F

| I would like to check whether any of the medications [^you are / ^name] is] taking are on this list of beta-blockers. Could you show me the medications, or the repeat prescription list for any medications, that [^you have / he has / she has] been taking over the past week?

| INTERVIEWER: Please check the names of all medications against CARD F to see if they are included in the list of beta-blockers. Press <1> if you identify one of the respondent's medications as being on the list, otherwise press <2>.

| PROBE: Can I just check that these are / this is a medication that [^you have / he has / she has] been taking over the past week?

| 1 Taking beta-blocker

| 2 Not taking beta-blocker

| 3 Taking other beta blocker not on the showcard

| *IF whether taking beta-blocker in past week = taking other beta-blocker [HeBetb = 3]*

| | **HEDIXA* @**

| | INTERVIEWER: Enter the name of the other beta blocker.

| | String 30

| |
END OF FILTER

|
END OF FILTER

IF ((type of CVD condition at Wave 1 <> RESPONSE) AND (type of CVD condition = congestive heart failure)) OR ((type of CVD condition at Wave 1 = congestive heart failure) AND (whether confirms previous congestive heart failure condition = yes) AND (age first told had congestive heart failure at Wave 1 <> RESPONSE)) [((HeDiaa (Wave 1) <> RESPONSE) AND (HeDiaa =

4)) OR ((HeDiaa (Wave 1) = 4) AND (HeDiaC = 1) AND (HeAgC (Wave 1) <> RESPONSE))

HEAGC*

Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had congestive heart failure?

INTERVIEWER: Enter age in years.

Range: 0..110

[CHECK HE21 - HE22]

ELSE

*IF ((type of CVD condition = congestive heart failure) AND (type of CVD condition at Wave 1 = RESPONSE) AND NOT (type of CVD condition at Wave 1 = congestive heart failure))
/ [((HeDiaa = 4) AND (HeDiaa (Wave 1) = RESPONSE) AND NOT (HeDiaa (Wave 1) = 4))]*

HEAGCR*

When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had congestive heart failure?

INTERVIEWER: Enter response in month and year.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

HEAGCRY*

INTERVIEWER: Enter the year at this question.

Range: 1900..2050

[CHECK HE23-HE24]

END OF FILTER

END OF FILTER

*IF ((type of CVD condition at Wave 1 <> RESPONSE) AND (type of heart condition = diabetes))
OR ((type of CVD condition at Wave 1 = diabetes) AND (whether confirms previous diabetes condition = yes) AND (age first told had diabetes at Wave 1 <> RESPONSE))
/ [((HeDiaa (Wave 1) <> RESPONSE) AND (HeDiaa = 7)) OR ((HeDiaa (Wave 1) = 7) AND (HeDiaC = 1) AND (HeAgD (Wave 1) <> RESPONSE))]*

HEAGD*

Approximately, how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had diabetes or high blood sugar?

INTERVIEWER: Enter age in years.

Range: 0..110

| **[CHECK HE25]**

| ELSE

| IF ((type of CVD condition = diabetes) AND (type of CVD condition at Wave 1 = RESPONSE)
| AND NOT (type of CVD condition at Wave 1 = diabetes))
| [((HeDiaa = 7) AND (HeDiaa (Wave 1) = RESPONSE) AND NOT (HeDiaa (Wave 1) = 7))]

| **HEAGDR***

| When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he /
| she] had diabetes or high blood sugar?

| INTERVIEWER: Enter response in month and year.

- | 01 January
- | 02 February
- | 03 March
- | 04 April
- | 05 May
- | 06 June
- | 07 July
- | 08 August
- | 09 September
- | 10 October
- | 11 November
- | 12 December

| **HEAGDRY***

| INTERVIEWER: Enter the year at this question.

| Range: 1900..2050

| **[CHECK HE26 - HE27]**

| END OF FILTER

END OF FILTER

IF (type of CVD condition = diabetes) OR (type of CVD condition at Wave 1 = diabetes)
[(HeDiaa = 7) OR (HeDiaa (Wave 1) = 7)]

| **HEACD***

| INTERVIEWER: ASK OR CODE: Has a doctor ever told [^you / [^name]] that [^you have / he
| has / she has] diabetes?

- | 1 Yes
- | 2 No

| IF whether ever told had diabetes = yes [HeACd = 1]

| **HEINS***

| [^Do you / Does [^name]] currently inject insulin for diabetes?

- | 1 Yes
- | 2 No

| **HEMDB***

| [^Are you / Is [^name]] currently taking any tablets, pills or other medication that [^you
| swallow / he swallows / she swallows] for diabetes?

- | 1 Yes
- | 2 No

HEACE

Has a doctor discussed with [^you / [^name]] whether [^you / he / she] should take a medication called an ACE inhibitor or A2 receptor blocker?

INTERVIEWER: PROBE - 'These drugs are also called angiotensin converting enzyme inhibitors or angiotensin-II receptor blockers. Examples are captopril, enalapril, lisinopril, losartan, and valsartan.'

- 1 Yes
- 2 No

HEACEA*

SHOW CARD G

I would like to check whether any of the medications [^you are / [^name] is] taking are on this list of ACE inhibitors or A2 receptor blockers. Could you show me the medications, or the repeat prescription list for any medications, that [^you have / he has / she has] been taking over the past week?

INTERVIEWER: Please check the names of all medications to see if they are included in the list of ACE inhibitors or A2 receptor blockers. Press <1> if you identify one respondent's medications as being on the list of ACE inhibitors or A2 receptor blockers, otherwise press <2>.PROBE: Can I just check that these are / this is a medication that been taking over the past week?

- 1 Taking ACE inhibitor or A2 receptor blocker
- 2 Not taking ACE inhibitor or A2 receptor blocker
- 3 Taking other ACE inhibitor not on the showcard

IF whether taking ACE inhibitor / A2 receptor blocker in past week = no [HeAcea = 2]

HEWEE

Some doctors check to see if patients with diabetes have protein in their urine. [^Have you / Has [^name]] had a urine test for protein in the past 12 months?

INTERVIEWER: PROBE - 'This test may also be called a microalbumin test, and involves a first morning urine sample or 24-hour urine collection.'

- 1 Yes
- 2 No

IF whether had urine test in past 12 months = yes [Hewee = 1]

HEWEEA

Has a doctor ever told you that you have protein in your urine?

- 1 Yes
- 2 No

END OF FILTER

ELSE

IF whether taking ACE inhibitor / A2 receptor blocker in past week = taking other ACE inhibitor [HeAcea = 3]

HEDIXB@

INTERVIEWER: Enter name of other ACE inhibitor.

String 30

END OF FILTER

END OF FILTER

HEKIDN

Has a doctor ever told you that you that your diabetes has caused trouble with your kidneys?

- 1 Yes
- 2 No

HESUG

Have you ever had a special blood test to see how well your blood sugar was controlled?
This test is called a glycosylated haemoglobin, or haemoglobin A1c, or fructosamine. This is a blood test taken at a doctor's surgery or health centre or laboratory.

- 1 Yes
- 2 No

IF whether ever had blood sugar test = yes [Hesug = 1]

HESUGA

Have you had this test (glycosylated haemoglobin or fructosamine) performed in the past 12 months?

- 1 Yes
- 2 No

END OF FILTER

HEFTCHK

Some doctors suggest that some patients with diabetes have a regular foot examination. In the past year, has any doctor or nurse examined your bare feet?

- 1 Yes
- 2 No

HESLFCR

Some people with diabetes receive training to help manage their diabetes themselves. Have you ever participated in a course or class about diabetes, or received special training on how you can live with your diabetes from day-to-day?

INTERVIEWER: Press <F9> for examples of training.

Include:

- 1. A course at a clinic or hospital.
- 2. A session with the nurse at your local health centre or doctors surgery.
- 3. A session with a dietician including advice on coping with diabetes, rather than purely dietary advice.
- 4. Classes taught by or training led by any type of health professional or diabetes educator.

Do not include if respondent only read books or pamphlets without attending a course.

- 1 Yes
- 2 No

IF whether ever had diabetes management training = yes [Heslfcrcr = 1]

HESLFCM

When was the most recent time that you participated in a diabetes self-management course or class or received special training on how you can manage your diabetes?

INTERVIEWER: Enter the month here.

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May

06 June
07 July
08 August
09 September
10 October
11 November
12 December

IF month had diabetes management training = RESPONSE [HeslfcM = RESPONSE]

HESLFCY

(When was the most recent time that you participated in a diabetes self-management can manage your diabetes?)

INTERVIEWER: Enter the year here.

Range: 0..9997

[CHECK HE28]

END OF FILTER

END OF FILTER

HESLFCB

SHOW CARD H

How much do you think you know about managing your diabetes? Do you know...

INTERVIEWER: Read out...

- 1 ...just about everything you need to know,
- 2 most of what you need to know,
- 3 some of what you need to know,
- 4 a little of what you need to know,
- 5 or almost none of what you need to know?

END OF FILTER

END OF FILTER

IF ((type of CVD condition at Wave 1 = RESPONSE) AND (type of CVD condition = stroke)) OR ((type of CVD condition at Wave 1 = stroke) AND (whether confirms previous stroke condition = yes) AND (age first told had a stroke = RESPONSE)) [((HeDiaa (Wave 1) = RESPONSE) AND (HeDiaa = 8)) OR ((HeDiaa (Wave 1) = 8) AND (HeDiaC = 1) AND (HeAgE (Wave 1) = RESPONSE))]

HEAGE*

Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had a stroke?

INTERVIEWER: Enter age in years.

Range: 0..110

[CHECK HE29 - HE30]

END OF FILTER

IF ((type of CVD condition = stroke) AND (type of CVD condition at Wave 1 = RESPONSE)) [((HeDiaa = 8) AND (HeDiaa (Wave 1) = RESPONSE))]

HEAGER*

When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had a stroke?

INTERVIEWER: Enter response in month and year

- 01 January
- 02 February
- 03 March
- 04 April
- 05 May
- 06 June
- 07 July
- 08 August
- 09 September
- 10 October
- 11 November
- 12 December

HEAGERY*

INTERVIEWER: Enter the year at this question.

Range: 1900..2050

[CHECK HE31 - HE32]

END OF FILTER

*IF ((type of CVD condition at Wave 1 = RESPONSE) AND (type of CVD condition = stroke))
[[(HeDiaa (Wave 1) = RESPONSE) AND (HeDiaa = 8)]]*

HENMST*

How many strokes [^have you / has [^name]] had since we last talked to [^you / him / her] [^on date of last interview], according to a doctor?

- 1 1
- 2 2
- 3 3 or more

END OF FILTER

*IF (type of CVD condition = stroke) OR ((type of CVD condition at Wave 1 = stroke) AND
(whether confirms previous stroke condition = yes)) [(HeDiaa = 8) OR ((HeDiaa (Wave 1) = 8)
AND (HeDiaC = 1))]*

IF whether recommended medication to lower BP <> RESPONSE [Hehibpb <> RESPONSE]

HEHIBPB1

Some doctors suggest that some patients take medication to lower their blood pressure. Did a doctor or nurse ever suggest that you take any medication to lower your blood pressure?

- 1 Yes
- 2 No

[coded hehibpb1 in data]

END OF FILTER

HEPBS*

[[^Do you / Does [^name]] have any remaining problems because of [^your / his / her] stroke(s)?

- 1 Yes

2 No

IF whether any remaining problems because of stroke = yes [HePbs = 1]

HEWKS*

[^Do you / Does [^name]] have weakness in [^your / his / her] arms and legs, or decreased ability to move or use them?

1 Yes

2 No

HESPK*

([^Do you / Does [^name]] have) any difficulty speaking or swallowing?

1 Yes

2 No

HEVSI*

([^Do you / Does [^name]] have) any difficulty with vision?

1 Yes

2 No

HETHK*

([^Do you / Does [^name]] have) any difficulty in thinking or finding the right words to say?

1 Yes

2 No

END OF FILTER

END OF FILTER

IF (type of CVD condition = [angina, heart attack]) OR ((type of CVD condition at Wave 1 = [angina, heart attack]) AND ((whether confirms previous angina condition = yes) OR (whether confirms previous heart attack condition = yes))) [(HeDiaa = [2, 3]) OR (HeDiaa (Wave 1) = [2, 3]) AND ((HeDiaC = 1) OR (HeDiaC = 1))]

HEHRTA

Some doctors suggest that some patients take anticoagulant or blood thinning medication. Did any doctor suggest that [^you / [^name]] take medication to thin [^your / his / her] blood such as warfarin or aspirin, Plavix, Ticlid, or other blood thinning medication?

1 Yes

2 No

IF (whether advised to take blood thinning medication = Yes) OR (Whether is a proxy respondent = Yes) [Hehrta = 1 OR IAskPx = 1]

HEHRTB*

[^Are you / Is [^name]] currently taking medication to thin [^your / his / her] blood like Warfarin, Aspirin, Plavix, Ticlid, or other medication to thin the blood?

1 Yes

2 No

END OF FILTER

IF (whether taking blood thinning medication = Yes) [Hehrtb = 1]

HEHRTC

[^Are you / Is [^name]] taking Warfarin?

- 1 Yes
- 2 No

IF whether taking warfarin = yes [Hehrtc = 1]

HEHRTD

Many doctors ask patients on Warfarin to get their blood tested regularly. The test checks how thin their blood is, and is sometimes called an INR test. [^Do you / Does [^name]] get [^your / his / her] blood checked for this?

- 1 Yes
- 2 No

IF whether has INR test = yes [Hehrtd = 1]

HEHRTE

[^Have you / Has [^name]] had this blood test in the past 12 weeks?

- 1 Yes
- 2 No

IF whether had INR test in past 12 weeks = yes [Hehrte = 1]

HEHRTF

[^Have you / Has [^name]] had this blood test in the past 4 weeks?

- 1 Yes
- 2 No

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

IF (((type of CVD condition = [angina, heart attack, diabetes])) OR (((type of CVD condition at Wave 1 = [angina, heart attack, diabetes])) AND ((whether confirms previous angina condition = yes) OR (whether confirms previous heart attack condition = yes) OR (whether confirms previous diabetes condition = yes)))) AND (type of CVD condition = high cholesterol) [(((HeDiaa = [2, 3, 7])) OR (((HeDiaa (Wave 1) = [2, 3, 7])) AND ((HeDiaC = 1) OR (HeDiaC = 1) OR (HeDiaC = 1)))) AND (HeDiaa = 9)]

HECHOL

Has any doctor talked to you about how to lower your cholesterol? This would include changing your diet, losing weight, getting more exercise, or taking medication.

- 1 Yes
- 2 No

IF whether advised how to lower cholesterol = yes [Hechol = 1]

HECHOLA

Have you done any of these things to lower your cholesterol?

- 1 Yes
- 2 No

||
| END OF FILTER
|
END OF FILTER

IF type of CVD condition = cholesterol [HeDiaa = 9]

HECHOLB

Has a doctor or nurse explained high cholesterol in a way you could understand?

- 1 Yes
- 2 No

HECHOLC

Have doctors or nurses taken your preferences into account when making treatment decisions about your high cholesterol?

- 1 Yes
- 2 No

END OF FILTER

慢性病

IF ((type of chronic condition = RESPONSE) AND NOT (type of chronic condition at Wave 1 = none)) [((HeDiab (Wave 1) = RESPONSE) AND NOT (HeDiab (Wave 1) = 96))]

LOOP FOR Idx:= 1 TO 9

IF type of chronic condition at Wave 1 = Idx [HeDiab (Wave 1) = Idx]

HEDIAD*

INTERVIEWER: Please check the following sentence before reading out loud.

[^BLANK / Our records show that when we last interviewed [^you / ^name]] on [^date of last interview] [^you / he / she] said that [^you / he / she] had had (or had been told by a doctor [^you / he / she] had had) / Our records also show that when we last interviewed [^you / ^name]] on [^date of interview] [^you / he / she] said that [^you / he / she] had had (or had been told by a doctor [^you / he / she] had had)] ^chronic lung disease such as chronic bronchitis or emphysema / asthma / arthritis / osteoporosis, sometimes called thin or brittle bones / cancer or a malignant tumour / Parkinson's disease / an emotional, nervous or psychiatric problem / Alzheimer's disease / dementia, senility or another serious memory impairment].

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

- 1 Yes
- 2 No
- 3 Not read out as didn't make sense

[There is a separate variable for responses about each of the type of illness]

[Responses are recorded in hediad1 to hediad9]

IF whether confirms previous chronic condition = no [HeDiaD = 2]

HEDIAM*

INTERVIEWER: Code reason why respondent disputes having had [^chronic lung disease such as chronic bronchitis or emphysema / asthma / arthritis / osteoporosis, sometimes called thin or brittle bones / cancer or a malignant tumour / Parkinson's disease / an emotional, nervous or psychiatric problem / Alzheimer's disease / dementia, senility or another serious memory impairment]. Respondent says...

- 1 Never had

```

||| 2 No longer has
||| 3 Did not have previously, but has now
|||
||| [There is a separate variable for responses about each of the type of illness]
||| [Responses are recorded in hediam1 to hediam9]
|||
||| ELSE
|||
||| IF whether confirms previous chronic condition = yes [HeDiaD = 1]
|||
||| HEDIDS*
||| [^Do you / Does [^name]] still have [^chronic lung disease such as chronic bronchitis or
||| emphysema / asthma / arthritis / osteoporosis, sometimes called thin or brittle bones /
||| cancer or a malignant tumour / Parkinson's disease / an emotional, nervous or
||| psychiatric problem / Alzheimer's disease / dementia, senility or another serious memory
||| impairment]?
||| 1 Yes
||| 2 No
|||
||| [There is a separate variable for responses about each of the type of illness]
||| [Responses are recorded in hedids1 to hedids9]
|||
||| END OF FILTER
|||
||| END OF FILTER
|||
||| END OF FILTER
|||
||| END OF FILTER
|||
END OF FILTER

```

HEDIAB*

SHOW CARD

[^Has / Apart from what you have already told us, and thinking about what has happened since we last saw [^you / ^name] on [^date of last interview] has / Thinking about what has happened since we last saw [^you / ^name] on [^date of last interview] has] a doctor [^BLANK / ever] told [^you / ^name] that [^you have / he has / she has] (or had) any of the [^BLANK / other] conditions on this card?

INTERVIEWER: PROBE - 'What others?'...Code all that apply.

- 01 [^Chronic lung disease such as chronic bronchitis or emphysema]
- 02 [^Asthma]
- 03 [^Arthritis (including osteoarthritis , or rheumatism)]
- 04 [^Osteoporosis, sometimes called thin or brittle bones]
- 05 [^Cancer or a malignant tumour (excluding minor skin cancers)]
- 06 [^Parkinson's disease]
- 07 [^Any emotional, nervous or psychiatric problems]
- 08 [^Alzheimer's disease]
- 09 [^Dementia, senility or another serious memory impairment]
- 96 None of these

[Multiple responses to HEDIAB are recorded in variables HEDIB01 to HEDIB04]
[code maximum 9 out of 10 possible responses]

[CHECK HE33 - HE34]

IF ((type of chronic condition at Wave 1 = chronic lung disease) AND (whether confirms previous chronic condition = yes)) OR (type of chronic condition = chronic lung disease) [((HeDiab (Wave 1) = 1) AND (HeDiaD = 1)) OR (HeDiab = 1)]

HELNG*

[^Are you / Is [^name]] taking medication or other treatment for [^your / his / her] lung condition?

1 Yes

2 No

END OF FILTER

IF ((type of chronic condition at Wave 1 = asthma) AND (whether confirms previous chronic condition = yes)) OR (type of chronic condition = asthma) [((HeDiab (Wave 1) = 2) AND (HeDiaD = 1)) OR (HeDiab = 2)]

HEAMA*

[^Are you / Is [^name]] taking medication or other treatment for [^your / his / her] asthma?

1 Yes

2 No

END OF FILTER

IF type of chronic condition = arthritis = [HeDiab = 3]

HEART*

Which type or types of arthritis [^do you / does [^name]] have...

INTERVIEWER: Read out each in turn and code all that apply....

1 Osteoarthritis?

2 Rheumatoid arthritis?

3 Some other kind of arthritis?

**[Multiple responses to HEART are recorded in variables HEART1 and HEART2]
[code maximum 3 out of 3 possible responses]**

IF ((type of chronic condition at Wave 1 <> RESPONSE) AND (type of chronic condition = arthritis)) OR ((type of chronic condition at Wave 1 = arthritis) AND (whether confirms previous chronic condition = yes) AND (age first told had arthritis at Wave 1 <> RESPONSE)) [((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 3)) OR ((HeDiab (Wave 1) = 3) AND (HeDiaD = 1) AND (HeAgf (Wave 1) <> RESPONSE))]

HEAGF*

Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had arthritis?

INTERVIEWER: Enter age in years.

Range: 0..110

[CHECK HE35]

ELSE

IF ((type of chronic condition = arthritis) AND (type of chronic condition = RESPONSE)) AND NOT (type of chronic condition at Wave 1 = arthritis) [((HeDiab = 3) AND (HeDiab (Wave 1) = RESPONSE)) AND NOT (HeDiab (Wave 1) = 3)]

||| **HEAGFR***
||| When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he /
||| she] had arthritis?
||| INTERVIEWER: Enter response in month and year.
||| 01 January
||| 02 February
||| 03 March
||| 04 April
||| 05 May
||| 06 June
||| 07 July
||| 08 August
||| 09 September
||| 10 October
||| 11 November
||| 12 December

||| **HEAGFRY***
||| INTERVIEWER: Enter the year at this question.
||| Range: 1900..2050

||| **[CHECK HE36 - HE37]**

||| END OF FILTER

| END OF FILTER

| END OF FILTER

IF (type of arthritis = osteoarthritis) OR ((type of arthritis at Wave 1 = osteoarthritis) AND (type of chronic condition at Wave 1 = arthritis) AND (whether confirms previous chronic condition = yes)) [(HeArt = 1) OR ((HeArt (Wave 1) = 1) AND (HeDiab (Wave 1) = 3) AND (HeDiaD = 1))]

| **HEARTA**
| Has any doctor or nurse ever talked to you about...
| What your arthritis or joint pain will be like as time goes on?
| 1 Yes
| 2 No

| **HEARTB**
| (Has any doctor or nurse ever talked to you about...)
| How to keep your arthritis or joint pain from getting worse?
| 1 Yes
| 2 No

| **HEARTC**
| (Has any doctor or nurse ever talked to you about...)
| How your arthritis or joint pain will be treated?
| 1 Yes
| 2 No

| *IF whether told how arthritis pain will be treated = yes [HeArtc = 1]*

| **HEARTD**
| (Has any doctor or nurse ever talked to you about...)

| | what the specific purpose of the treatment for your arthritis or joint pain is?

| | 1 Yes

| | 2 No

| | END OF FILTER

| | **HEARTE**

| | Some doctors suggest trying paracetamol as the first medication for arthritis or joint pain.

| | Did any doctor or nurse recommend you try paracetamol before other medicines for your joint pain?

| | 1 Yes

| | 2 No

| | END OF FILTER

| | *IF ((type of chronic condition at Wave 1 = osteoporosis) AND (whether confirms previous chronic condition = yes)) OR (type of chronic condition = osteoporosis) [((HeDiab (Wave 1) = 4) AND (HeDiaD = 1)) OR (HeDiab = 4)]*

| | **HEOSTE**

| | Has any doctor or nurse recommended taking calcium pills or Vitamin D?

| | 1 Yes

| | 2 No

| | *IF (whether advised to take calcium/vit D pills = Yes) OR (Whether is a proxy respondent = Yes) [(HeOste = 1) OR (IAskPx = 1)]*

| | **HEOSTEA***

| | [^Do you / Does [^name]] take calcium pills or Vitamin D for [^your / his / her] osteoporosis or 'thin bones'?

| | 1 Yes

| | 2 No

| | END OF FILTER

| | **HEOSTEB**

| | Did a doctor or nurse recommend treatment with medication for [^your / his / her] osteoporosis or 'thin bones'?

| | 1 Yes

| | 2 No

| | *IF whether recommended osteoporosis medication = yes [HeOsteb = 1]*

| | **HEOSTEC**

| | Did [^you / [^name]] take any of them?

| | 1 Yes

| | 2 No

| | **HEOSTED**

| | Were these medicines recommended within 3 months of a doctor telling you that you had osteoporosis?

| | 1 Yes

| | 2 No

| | END OF FILTER

END OF FILTER

IF ((type of chronic condition at Wave 1 <> RESPONSE) AND (type of chronic condition = cancer)) OR ((type of chronic condition at Wave 1 = cancer) AND (whether confirms previous chronic condition = yes) AND (age first told had cancer at Wave 1 <> RESPONSE)) [((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 5)) OR ((HeDiab (Wave 1) = 5) AND (HeDiaD = 1) AND (HeAgg (Wave 1) <> RESPONSE))]

HEAGG*

Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had cancer or a malignant tumour?

INTERVIEWER: Enter age in years.

Range: 0..110

[CHECK HE38 - HE39]

ELSE

IF ((type of chronic condition = cancer) AND (type of chronic condition at Wave 1 = RESPONSE) AND NOT (type of chronic condition at Wave 1 = cancer)) [((HeDiab = 5) AND (HeDiab (Wave 1) = RESPONSE) AND NOT (HeDiab (Wave 1) = 5))]

HEAGGR*

When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had cancer or a malignant tumor?

INTERVIEWER: Enter response in month and year. Enter month here.

01 January

02 February

03 March

04 April

05 May

06 June

07 July

08 August

09 September

10 October

11 November

12 December

HEAGGRY*

INTERVIEWER: Enter the year at this question.

Range: 1900..2050

[CHECK HE40 - HE41]

END OF FILTER

END OF FILTER

IF type of chronic condition = cancer [HeDiab = 5]

HECANA*

SHOW CARD J

In which organ or part of [^your / [^name's]] body did [^your / his / her] (cancer / cancers / malignant tumour) start?

INTERVIEWER: Code one only.

- | 1 Lung
- | 2 Breast
- | 3 Colon, bowel or rectum
- | 4 Lymphoma
- | 5 Leukaemia
- | 6 Melanoma or other skin cancer
- | 95 Somewhere else

| **HECANB***

| During the last two years [^have you / has [^name]] received any treatment for [^your / his / her] cancer?

- | 1 Yes
- | 2 No

END OF FILTER

IF ((type of chronic condition <> RESPONSE) AND (type of chronic condition = Parkinson's disease)) OR ((type of chronic condition at Wave 1 = Parkinson's disease) AND (whether confirms previous chronic condition = yes) AND (age first told had Parkinson's disease <> RESPONSE)) [((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 6)) OR ((HeDiab (Wave 1) = 6) AND (HeDiaD = 1) AND (HePrk <> RESPONSE))]

| **HEPRK***

| Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had Parkinson's disease?

| INTERVIEWER: Enter age in years.

| Range: 0..110

| **[CHECK HE42 - HE43]**

ELSE

| *IF ((type of chronic condition = Parkinson's disease) AND (type of chronic condition at Wave 1 = RESPONSE) AND NOT (type of chronic condition at Wave 1 = Parkinson's disease)) [((HeDiab = 6) AND (HeDiab (Wave 1) = RESPONSE) AND NOT (HeDiab (Wave 1) = 6))]*

| **HEPRKR***

| When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had Parkinson's disease?

| INTERVIEWER: Enter response in month and year.

- | 01 January
- | 02 February
- | 03 March
- | 04 April
- | 05 May
- | 06 June
- | 07 July
- | 08 August
- | 09 September
- | 10 October
- | 11 November
- | 12 December

| **HEPRKRY***

| INTERVIEWER: Enter the year at this question.

| Range: 1900..2050

| **[CHECK HE44 - HE45]**

| END OF FILTER

END OF FILTER

IF ((type of chronic condition at Wave 1 <> RESPONSE) AND (type of chronic condition = psychiatric problems)) OR ((type of chronic condition at Wave 1 = psychiatric problems) AND (whether confirms previous chronic condition = yes) AND (age first told had psychiatric problems at Wave 1 <> RESPONSE))(((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 7)) OR ((HeDiab (Wave 1) = 7) AND (HeDiaD = 1) AND (HeAgh (Wave 1) <> RESPONSE)))

| **HEAGH***

| Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had emotional, nervous or psychiatric problems?

| INTERVIEWER: Enter age in years.

| Range: 0..110

| **[CHECK HE46]**

END OF FILTER

IF ((type of chronic condition = psychiatric problems) AND (type of chronic condition at Wave 1 = RESPONSE)) (((HeDiab = 7) AND (HeDiab (Wave 1) = RESPONSE)))

| **HEAGHR***

| When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had emotional, nervous or psychiatric problems?

| INTERVIEWER: Enter response in month and year.

| 01 January

| 02 February

| 03 March

| 04 April

| 05 May

| 06 June

| 07 July

| 08 August

| 09 September

| 10 October

| 11 November

| 12 December

| **HEAGHRY***

| INTERVIEWER: Enter the year at this question.

| Range: 1900..2050

| **[CHECK HE47 - HE48]**

END OF FILTER

IF type of chronic condition = psychiatric problems [HeDiab = 7]

| **HEPSY***

| SHOW CARD K
 | What type of emotional, nervous or psychiatric problems [^do (did) you / does (did) [^name]]
 | have?
 | INTERVIEWER: PROBE - 'What others?'
 | Code all that apply.
 | 1 Hallucinations
 | 2 Anxiety
 | 3 Depression
 | 4 Emotional problems
 | 5 Schizophrenia
 | 6 Psychosis
 | 7 Mood swings
 | 8 Manic depression
 | 95 Something else

**[Multiple responses to HEPSY are recorded in variables HEPSY1 to HEPSY6]
 [code maximum 9 out of 9 possible responses]**

END OF FILTER

*IF ((type of chronic condition at Wave 1 <> RESPONSE) AND (type of chronic condition =
 psychiatric problems)) OR ((type of chronic condition at Wave 1 = psychiatric problem) AND
 (whether confirms previous psychiatric condition = yes) AND NOT (type of chronic condition =
 psychiatric problems))(((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 7)) OR ((HeDiab
 (Wave 1) = 7) AND (HeDiaD = 1) AND NOT (HeDiab = 7)))*

| **HEYRC***
 | During the last two years [^have you / has [^name]] had emotional, nervous or psychiatric
 | problems?
 | 1 Yes
 | 2 No

END OF FILTER

IF type of chronic condition = psychiatric problems [HeDiab = 7]

| *IF types of psychiatric problems = depression [HePsy = 3]*

| **HEPSYA**
 | I have some questions about any treatment you may have had for your depression. Did a
 | doctor or nurse suggest that you take medication, or see a mental health professional for
 | counselling?
 | INTERVIEWER: PROBE - 'This may include seeing a psychiatrist, psychologist, or social
 | worker for counselling or psychotherapy.'
 | 1 Medication
 | 2 Counseling
 | 3 Both medication and counseling
 | 4 None

| *IF type of depression treatment recommended <> None [HePsya <> 4]*

| **HEPSYB**
 | Did you start [^taking medication / seeing a mental health professional / taking medication
 | and seeing a mental health professional] within 2 weeks of being offered this treatment?
 | 1 Yes
 | 2 No

```

| | |
| | | IF whether started depression treatment within 2 weeks = yes [HePsyb =1]
| | |
| | | HEPSYC
| | | Did you feel better within 6 weeks after starting to [^take medication / see a mental health
| | | professional / take medication and seeing a mental health professional]?
| | | 1 Yes
| | | 2 No
| | |
| | | IF whether felt better within 6 weeks = No [HePsync = 2]
| | |
| | | HEPSYD
| | | Did any doctor or nurse start you on medication, change the dose of the medication that
| | | you were taking or, change the medications to help you feel better?
| | | 1 Yes
| | | 2 No
| | |
| | | END OF FILTER
| | |
| | | END OF FILTER
| | |
| | | END OF FILTER
| | |
| | | END OF FILTER
| | |
| | | HEPSYE
| | | When you talked about these feelings with a doctor or nurse, did they ask you on that day if
| | | you had thoughts about suicide?
| | | 1 Yes
| | | 2 No
| | |
| | | END OF FILTER
| | |
| | | IF ((type of chronic condition at Wave 1 <> RESPONSE) AND (type of chronic condition =
| | | Alzheimer's)) OR ((type of chronic condition at Wave 1 = Alzheimer's) AND (whether confirms
| | | previous psychiatric problem = yes) AND (age first told had Alzheimer's at Wave 1 =
| | | RESPONSE))(((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 8)) OR ((HeDiab (Wave 1) =
| | | 8) AND (HeDiaD = 1) AND (HeAgi (Wave 1) <> RESPONSE)))
| | |
| | | HEAGI*
| | | Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first
| | | told by a doctor that [^you / he / she] had Alzheimer's Disease?
| | | INTERVIEWER: Enter age in years.
| | | Range: 0..110
| | |
| | | [CHECK HE49 - HE50]
| | |
| | | ELSE
| | |
| | | IF ((type of chronic condition = Alzheimer's) AND (type of chronic condition = RESPONSE)
| | | AND NOT (type of chronic condition at Wave 1 = Alzheimer's))(((HeDiab = 8) AND (HeDiab |
| | | (Wave 1) = RESPONSE) AND NOT (HeDiab (Wave 1) = 8)))
| | |
| | |
| | | HEAGIR*
| | | When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he /

```

| she] had Alzheimer's Disease?
| INTERVIEWER: Enter response in month and year.
| 01 January
| 02 February
| 03 March
| 04 April
| 05 May
| 06 June
| 07 July
| 08 August
| 09 September
| 10 October
| 11 November
| 12 December

| **HEAGIRY***

| INTERVIEWER: Enter the year at this question.
| Range: 1900..2050

| **[CHECK HE51 - HE52]**

| END OF FILTER

END OF FILTER

IF ((type of chronic condition at Wave 1 <> RESPONSE) AND (type of chronic condition = memory impairment)) OR ((type of chronic condition at Wave 1 = memory impairment) AND (whether confirms previous chronic condition = yes) AND (age first told had memory impairment at Wave 1 <> RESPONSE))(((HeDiab (Wave 1) <> RESPONSE) AND (HeDiab = 9)) OR ((HeDiab (Wave 1) = 9 AND (HeDiaD = 1) AND (HeAgj (Wave 1) <> RESPONSE)))

| **HEAGJ***

| Approximately how old [^were you / was [^name]] when [^you were / he was / she was] first told by a doctor that [^you / he / she] had dementia, senility or any other serious memory impairment?

| INTERVIEWER: Enter age in years.
| Range: 0..110

| **[CHECK HE53 - HE54]**

ELSE

| *IF ((type of chronic condition = memory impairment) AND (type of chronic condition at Wave 1 = RESPONSE) AND NOT (type of chronic condition at Wave 1 = memory impairment))*
| *[[((HeDiab = 9) AND (HeDiab (Wave 1) = RESPONSE) AND NOT (HeDiab (Wave 1) = 9))*

| **HEAGJR***

| When in the last two years [^were you / was [^name]] first told by a doctor that [^you / he / she] had dementia, senility or any other serious memory impairment?

| INTERVIEWER: Enter the response as month and year.
| Enter the month at this question.

| 01 January
| 02 February
| 03 March
| 04 April
| 05 May

06 June
07 July
08 August
09 September
10 October
11 November
12 December

HEAGJRY*

INTERVIEWER: Enter the year at this question.

Range: 1900..2050

[CHECK HE55 - HE56]

END OF FILTER

END OF FILTER

跌倒

IF (Age of respondent >= 60) [!AgeOf >= 60]

HEFLA

[^Have / Since we last talked to you on [^date of last interview] have] you fallen down

[^BLANK / in the last two years] (for any reason)?

1 Yes

2 No

/

IF whether fallen down = yes [HeFla = 1]

HEFLB

How many times have you fallen down [^since we last talked to you on [^date of last interview]/ in the last two years]?

Range: 0..400

[CHECK HE57]

HEFLC

In [^any of these falls / that fall], did you injure yourself seriously enough to need medical treatment?

1 Yes

2 No

IF (number of times fallen down > 2) AND (whether required medical treatment for fall = yes) [(HeFlb > 2) AND (HeFlc = 1)]

HEFLD

With any of your past falls, did a doctor or nurse talk with you to try to understand why you fell?

1 Yes

2 No

HEFLE

Did a doctor or nurse or physiotherapist test your balance or strength or watch how you walk to understand why you fell?

INTERVIEWER: PROBE - 'This might include standing with one foot in front of the other, standing with your eyes closed, walking heel to toe, getting up from a chair without using

|| | your hands.'
|| | 1 Yes
|| | 2 No

|| | **HEFLF**

|| | Did a doctor or nurse or physiotherapist recommend any additional tests, such as heart
|| | tests or brain scans to understand why you fell?
|| | 1 Yes
|| | 2 No

|| | END OF FILTER

| | END OF FILTER

| | END OF FILTER

HEFRAC

Have you [^BLANK / ever] fractured your hip since we last talked to you on [^date of last
interview]?

1 Yes
2 No

IF person's age >= 60 [IAgeOf >= 60]

| | **HEJI***

| | [^Have you / Has [^name]] [^BLANK / ever] had any joint replacements since we last talked
| | to [^you / him / her] on [^date of last interview]?
| | 1 Yes
| | 2 No

| | *IF whether had joint replacements = yes [HeJi = 1]*

|| | **HEJIA***

|| | Which joints did [^you / [^name]] have replaced?
|| | INTERVIEWER: PROBE - 'What others?'
|| | Code all that apply.
|| | 1 Hip
|| | 2 Both hips
|| | 3 Knee
|| | 4 Both knees
|| | 5 Hips(s) and knee(s)
|| | 6 Other joint

|| | **[Multiple responses to HEJIA are recorded in variables HEJIA1 and HEJIA2]
|| | [code maximum 6 out of 6 possible responses]**

|| | *IF joints replaced = [hip, both hips, hip and knee] [HeJia = [1, 2, 5]*

|| | **HEJIB***

|| | Was / Were the hip replacement(s) because of arthritis, a fracture or for some other
|| | reason?
|| | 1 Arthritis
|| | 2 Fracture
|| | 3 Both arthritis and a fracture
|| | 95 Other reason

```

| | |
| | | IF whether had joint replacements at Wave 1 <> RESPONSE [HeJi (Wave 1) <>
| | | RESPONSE]
| | |
| | | HEJIC*
| | | [^Have you / Has [^name]] had a hip replacement in the last two years?
| | | 1 Yes
| | | 2 No
| | |
| | | END OF FILTER
| | |
| | | END OF FILTER
| | |
| | | END OF FILTER
| | |
| | | END OF FILTER

```

HEIQA**

SHOW CARD L

Now we want you to remember what [^name] was like [^two years ago / when we last talked to you on [^date of last interview]] and to compare it with what [^he / she] is like now. [^BLANK / Two years ago was in 2002]. I will read out situations where [^name] has to use [^his / her] memory or intelligence and we want you to indicate whether this has improved, stayed the same or got worse in that situation [^over the past two years / since [^date of last interview]]. Note the importance of comparing [^name's] present performance with [^two years ago / when we last talked to you on [^date of last interview]]. So if [^two years ago / when we last talked to you on [^date of last interview]] [^name] always forgot where [^he / she] had left things, and [^he / she] still does, then this would be considered 'Hasn't changed much'. Please indicate the changes you have observed giving the appropriate answer from the card.

1 Press <1> and <Enter> to continue
2 Unable to answer - does not know what the person was like two years ago
[Don't Know and Refusal are not allowed]

IF whether can answer questions about participant's memory = continue [Heiqa = 1]

HEIQB**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at remembering things about family and friends, like occupations, birthdays or addresses?

1 Much improved
2 A bit improved
3 Not much change
4 A bit worse
5 Much worse

HEIQC**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at remembering things that have happened recently?

1 Much improved
2 A bit improved
3 Not much change
4 A bit worse
5 Much worse

HEIQD**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at recalling conversations a few days later?

- 1 Much improved
- 2 A bit improved
- 3 Not much change
- 4 A bit worse
- 5 Much worse

HEIQE**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at remembering [^his / her] address and telephone number?

- 1 Much improved
- 2 A bit improved
- 3 Not much change
- 4 A bit worse
- 5 Much worse

HEIQF**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at remembering what day and month it is?

- 1 Much improved
- 2 A bit improved
- 3 Not much change
- 4 A bit worse
- 5 Much worse

HEIQG**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at remembering where things are usually kept?

- 1 Much improved
- 2 A bit improved
- 3 Not much change
- 4 A bit worse
- 5 Much worse

HEIQH**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at remembering where to find things which have been put in a different place from usual?

- 1 Much improved
- 2 A bit improved
- 3 Not much change
- 4 A bit worse
- 5 Much worse

HEIQI**

SHOW CARD L

Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at knowing how to work familiar machines around the house?

- 1 Much improved

- | 2 A bit improved
- | 3 Not much change
- | 4 A bit worse
- | 5 Much worse

| **HEIQJ****

| SHOW CARD L

| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at learning to use a new gadget or machine around the house?

- | 1 Much improved
- | 2 A bit improved
- | 3 Not much change
- | 4 A bit worse
- | 5 Much worse

| **HEIQK****

| SHOW CARD L

| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at learning new things in general?

- | 1 Much improved
- | 2 A bit improved
- | 3 Not much change
- | 4 A bit worse
- | 5 Much worse

| **HEIQL****

| SHOW CARD L

| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at following a story in a book or on TV?

- | 1 Much improved
- | 2 A bit improved
- | 3 Not much change
- | 4 A bit worse
- | 5 Much worse

| **HEIQM****

| SHOW CARD L

| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at making decisions on everyday matters?

- | 1 Much improved
- | 2 A bit improved
- | 3 Not much change
- | 4 A bit worse
- | 5 Much worse

| **HEIQN****

| SHOW CARD L

| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how is [^name] at handling money for shopping?

- | 1 Much improved
- | 2 A bit improved
- | 3 Not much change
- | 4 A bit worse
- | 5 Much worse

| **HEIQO****

| SHOW CARD L
| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how
| is [^name] at handling financial matters, like the pension or dealing with the bank?
| 1 Much improved
| 2 A bit improved
| 3 Not much change
| 4 A bit worse
| 5 Much worse

| **HEIQP****

| SHOW CARD L
| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how
| is [^name] at handling other everyday arithmetic problems, like knowing how much food to
| buy, or knowing how long between visits from family or friends?
| 1 Much improved
| 2 A bit improved
| 3 Not much change
| 4 A bit worse
| 5 Much worse

| **HEIQQ****

| SHOW CARD L
| Compared with [^two years ago / when we last talked to you on [^date of last interview]], how
| is [^name] at using intelligence to understand what's going on and to reason things through?
| 1 Much improved
| 2 A bit improved
| 3 Not much change
| 4 A bit worse
| 5 Much worse

| END OF FILTER

疼痛

HEPAIN

Are you often troubled with pain?

- 1 Yes
- 2 No

IF whether often troubled with pain = yes [HePain = 1]

| **HEPAA**

| How bad is the pain most of the time? Is it...

| INTERVIEWER: Read out...

- | 1 mild,
- | 2 moderate,
- | 3 or, severe

| **HEPAB@**

| How would you rate your pain if you were walking on a flat surface?

| Please rate your pain from 0-10 for each of the following where 0 is no pain and 10 is severe
| or excruciating pain, as bad as you can imagine.

- | 1 Press <1> and enter to continue
- | 2 Can't walk or never walks

| *IF rating pain when walking = continue [HePab = 1]*

| **HEBCK**

|| (How would you rate the pain) in your back?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| **HEHIP**

|| (How would you rate the pain) in your hips?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| **HEKNE**

|| (How would you rate the pain) in your knees?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| **HEFET**

|| (How would you rate the pain) in your feet?
|| PROMPT IF NECESSARY: 'Where 0 is no pain and 10 is severe or excruciating pain, as
|| bad as you can imagine'.
|| Range: 0..10

|| END OF FILTER

END OF FILTER

*IF (knee pain rating = [6 .. 10] OR hip pain rating = [6 .. 10]) AND ((type of arthritis =
osteoarthritis) OR (type of arthritis at Wave 1 = osteoarthritis))[(HeKne = [6...10] OR HeHip =
[6...10]) AND ((HeArt = 1) OR (HeArt (Wave 1) = 1))]*

|| **HEPAC**

|| Has your knee or hip pain been bothering you for more than six months?
|| 1 Yes
|| 2 No

|| *IF whether had knee / hip pain for over six months = yes [HePac = 1]*

|| **HEPAD**

|| Are you taking or have you taken any medication or exercises to control the pain in your
|| knee or hip?
|| 1 Yes
|| 2 No

|| *IF whether taken pain medication = yes [HePad = 1]*

|| **HEPAE**

|| Do exercises and medicines control the pain in your knee or hip?
|| 1 Yes
|| 2 No

|| *IF whether pain controlled = no [HePae = 2]*

|| **HEPAF**

|| Did any doctor recommend that you should have surgery or joint replacement?
|| 1 Yes

2 No
IF whether advised to have surgery = yes [HePaf = 1]

HEPAF1

Did you see an orthopaedic specialist?

1 Yes

2 No

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

IF (knee pain rating = [1 .. 5] AND ((type of arthritis = osteoarthritis) OR (type of arthritis at Wave 1 = osteoarthritis)) AND (NOT (HeHip = [6 .. 10])))[(HeKne = [1...5] AND ((HeArt = 1) OR (HeArt (Wave 1) = 1)) AND (NOT (HeHip = [6...10])))]

HEKNEA

Has your knee pain been bothering you for more than 3 months?

1 Yes

2 No

IF whether had knee pain for over 3 months = yes [HeKnea = 1]

HEKNEB

Has a doctor or nurse suggested that you receive physiotherapy or attend a supervised exercise program for your knee pain?

1 Yes

2 No

IF whether exercise / physiotherapy has been recommended for knee pain = yes [HeKneb = 1]

HEKNEC

Did you see a physiotherapist or attend a supervised exercise program for your knee pain?

1 Yes

2 No

IF whether attended physiotherapist / exercise program = yes [HeKnec = 1]

HEPAK1

How well does the treatment control your pain?

1 Very well

2 Fairly well

3 Not very well

4 Not at all

END OF FILTER

END OF FILTER

||
| END OF FILTER
|
END OF FILTER

IF (level of pain = [moderate, severe]) AND ((whether had knee / hip pain for over 6 months <> RESPONSE) AND (whether had knee pain for over 3 months <> RESPONSE))[HePaa = [2, 3] AND HePac <> RESPONSE AND HeKnea <> RESPONSE]

| **HEPAG**
| Has this pain started within the past 12 months?
| 1 Yes
| 2 No

| *IF whether pain started within past year = yes [HePag = 1]*

|| **HEPAH**
|| Have you told your doctor or nurse about this pain?
|| 1 Yes
|| 2 No

|| *IF whether told doctor / nurse about pain = yes [HePah = 1]*

||| **HEPAI**
||| Did your doctor or nurse recommend any treatments for your pain?
||| 1 Yes
||| 2 No

||| *IF whether pain treatments recommended = yes [HePai = 1]*

|||| **HEPAJ**
|||| Are you currently receiving any treatment for your pain?
|||| 1 Yes
|||| 2 No

|||| *IF whether receiving treatment for pain = yes [HePaj = 1]*

||||| **HEPAK2**
||||| How well does the treatment control your pain?
||||| INTERVIEWER: Read out...
||||| 1 Very well
||||| 2 Fairly well
||||| 3 Not very well
||||| 4 Not at all

||||| END OF FILTER

||||| END OF FILTER

||||| END OF FILTER

||||| END OF FILTER

||||| END OF FILTER

IF rating pain when walking = can't walk [HePab = 2]

HEBAL

SHOW CARD M

How often do you have problems with keeping your balance when you are walking on a level surface?

- 1 Always
- 2 Very often
- 3 Often
- 4 Sometimes
- 5 Never
- 6 SPONTANEOUS: Never walks
- 7 SPONTANEOUS: Can't walk

IF (frequency of balance problems = [always, very often, often]) AND (Have already answered HeBal earlier in interview <> yes) [(HeBal = [1, 2, 3]) AND (NoHebal <> 1)]

HEBALA

Did a doctor or nurse recommend that you join an exercise program or get physiotherapy to improve your walking or balance?

- 1 Yes
- 2 No

***[There is a separate variable for responses about each of the type of walking aid]
[Responses are recorded in hebala1 and hebala2]***

*IF whether exercise / physiotherapy recommended to improve walking / balance = yes
[Hebala = 1]*

HEBALB

Did you join an exercise program or get physiotherapy?

- 1 Yes
- 2 No

***[There is a separate variable for responses about each of the type of illness]
[Responses are recorded in hebalb1 to hebalb2]***

END OF FILTER

HEBALC

Did any doctor or nurse suggest a 'stick' or 'zimmer frame' to improve your walking or balance?

- 1 Yes
- 2 No

***[There is a separate variable for responses about each of the type of aid]
[Responses are recorded in Hebalc1 and Hbalc2]***

IF whether uses walking aids has been asked <> yes [NoHeAid1 <> 1]

HEAD

Do you use any of the following?

INTERVIEWER: Read out and code all that apply.

Only include personal alarms used to call for assistance after falls etc.

- 1 A cane or walking stick
- 2 A zimmer frame or walker
- 3 A manual wheelchair

- 4 An electric wheelchair
- 5 A buggy or scooter
- 6 Special eating utensils
- 7 A personal alarm
- 8 Elbow crutches
- 96 None of these

***[Multiple responses to HEAID are recorded in variables HEAID9 to HEAID12]
[code maximum 8 out of 9 possible responses]***

[CHECK HE58]

*IF (walking aids used = none) AND (walking aids used = RESPONSE) AND NOT
(walking aids used at Wave 1 = none)[(HeAid = 96) AND (HeAid (Wave 1) = RESPONSE)
AND NOT (HeAid (Wave 1) = 96)]*

HEAIDC

Our records from your last interview show that you were using [^list of aids at HeAid].

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

- 1 Yes
- 2 No

[Responses to HEAIDC are recorded in variable HEAIDC2]

IF whether confirms previous walking aid = no [HeAidC = 2]

HEAIDW

INTERVIEWER: Code which aid respondent disputes. Code all that apply

- 1 [^High blood pressure or hypertension]
- 2 [^Angina]
- 3 [^A heart attack]
- 4 [^Congestive heart failure]
- 5 [^A heart murmur]
- 6 [^An abnormal heart rhythm]
- 7 [^Diabetes or high blood sugar]
- 8 [^A stroke (cerebral vascular disease)]

***[Multiple responses to HEAIDW are recorded in variables HEAIDW9 to HEAIDW16 -
@ All empty]
[code maximum 8 out of 8 possible responses]***

[CHECK HE59]

IF walking aids used = RESPONSE [HeAidW = RESPONSE]

LOOP FOR EACH WALKING AID DISPUTED

HEAIDN

- 1 Never used [^idx] type of walking aid]
- 2 No longer use [^idx] type of walking aid]
- 3 Did not use [^idx] type of walking aid] previously but does now

***[There is a separate variable for responses about each of the type of walking
aid. Responses are recorded in heaidn9-heaidn16@ - All empty]***

END OF FILTER

|||
||| END OF FILTER

|||
||| END OF FILTER

|||
||| END OF FILTER

|||
||| END OF FILTER

|||
||| END OF FILTER

|||
||| END OF FILTER

||| *IF NOT (frequency of balance problems = [never walks, can't walk]) [NOT (HeBal = [6, 7])]*

||| **HEDIZ***

||| SHOW CARD M

||| How often do you have problems with dizziness when you are walking on a level surface?

||| 1 Always

||| 2 Very often

||| 3 Often

||| 4 Sometimes

||| 5 Never

||| 6 SPONTANEOUS: Never walks

||| 7 SPONTANEOUS: Can't walk

|||
||| END OF FILTER

|||
||| END OF FILTER

心绞痛

HEANINT@

I am now going to ask you some questions mainly about symptoms of the chest.

1 Press <1> and <Enter> to continue.

HEANA

Have you ever had any pain or discomfort in your chest?

1 Yes

2 No

IF whether ever had pain or discomfort in chest = yes [HeAna = 1]

HEANB

Do you get it when you walk uphill or hurry?

1 Yes

2 No

3 Sometimes / Occasionally

4 Never walks uphill or hurries

5 Cannot walk

IF whether has pain when walking uphill or hurrying = sometimes [HeAnb = 3]

HEANC

Does this happen on most occasions?

1 Yes

2 No

|||
||| END OF FILTER

*IF whether has pain when walking uphill or hurrying = [yes, sometimes, never]
[HeAnb = [1, 3, 4]]*

HEAND

Do you get it when you walk at an ordinary pace on the level?

- 1 Yes
- 2 No
- 3 Sometimes / Occasionally
- 4 Never walks at an ordinary pace on the level

END OF FILTER

IF pain when walking at ordinary pace on the level = sometimes [HeAnd = 3]

HEANE

Does this happen on most occasions?

- 1 Yes
- 2 No

END OF FILTER

IF (whether has pain when walking uphill or hurrying = yes OR whether this happens on most occasions = yes OR pain when walking at ordinary pace = yes OR whether this happens on most occasions = yes)[(HeAnb = 1 OR HeAnc = 1 OR HeAnd = 1 OR HeAne = 1)]

HEANF

What do you do if you get it while you are walking? Do you...

INTERVIEWER: Read out...

- 1 ...stop,
- 2 slow down,
- 3 or, do you carry on?

IF action taken when pain occurs while walking = [stop, slow down] [HeAnf = [1, 2]]

HEANG

If you stand still does the pain go away or not?

INTERVIEWER: If respondent unsure, PROBE - 'What happens to the pain on most occasions?'

- 1 Pain goes away
- 2 Pain doesn't go away

IF whether pain goes away or remains = pain goes away [HeAng = 1]

HEANH

How soon does the pain go away? Does it go in...

INTERVIEWER: Read out...

- 1 ...10 minutes or less,
- 2 or, more than 10 minutes?

IF duration of pain = 10 minutes or less [HeAnh = 1]

HEANI

SHOW CARD N

Will you show me where you get this pain or discomfort?

INTERVIEWER: PROBE - 'Where else?'

Code all that apply.
1 Sternum (upper or middle)
2 Sternum lower
3 Left anterior chest
4 Left arm
5 Right anterior chest
6 Right arm
95 Somewhere else

**[Multiple responses to HEANI are recorded in variables HEANI1 to HEANI6]
[code maximum 7 out of 7 possible responses]**

IF location of pain = somewhere else [HeAni = 95]

HEANJ@

Please could you tell me where you get this pain or discomfort?

INTERVIEWER: WRITE IN

String 40

[Open responses to Heanj are coded and merged with the multiple responses to Heani (recorded in Heani11 to Heani5). These merged responses are recorded in variables Heanim1 to Heanim6]

END OF FILTER

*IF ((location of pain = RESPONSE) AND NOT (location of pain = somewhere else))
AND (NOT ((type of CVD condition = angina) OR (type of CVD condition = heart
attack) OR (type of CVD condition = diabetes) OR (type of CVD condition =stroke)))
[((HeAni = RESPONSE) AND NOT (HeAni = 95)) AND (NOT ((HeDiaa = 2) OR
(HeDiaa = 3) OR (HeDiaa = 7) OR (HeDiaa = 8)))]*

HEANL

Have you spoken to a doctor or nurse about this pain or discomfort?

1 Yes

2 No

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

END OF FILTER

*IF (whether told doctor about pain = yes AND Have already answered HeHrta earlier in
interview <> yes) [(HEAnI = 1 AND NoHeHrt <> 1)]*

HEHRTA

Did a doctor suggest that you take medication to thin your blood such as warfarin or aspirin,
Plavix, Ticlid, or other blood thinning medication?

1 Yes

2 No

[Responses are recorded in hehrta2]

IF whether blood-thinning medication recommended = yes [Hehrta = 1]

HEHRTB

Are you currently taking medication to thin your blood like Warfarin, Aspirin, Plavix, Ticlid, or other medication to thin the blood?

- 1 Yes
- 2 No

[Responses are recorded in hehrtb2]

IF whether blood-thinning medication taken = yes [Hehrtb = 1]

HEHRTC

Are you taking Warfarin?

- 1 Yes
- 2 No

[Responses are recorded in hehrtc2]

IF whether Warfarin taken = yes [Hehrtc = 1]

HEHRTD

Many doctors ask patients on Warfarin to get their blood tested regularly. The test checks how thin their blood is, and is sometimes called an INR test.

Do you get your blood checked for this?

- 1 Yes
- 2 No

[Responses are recorded in hehrtd2]

IF whether has INR test = yes [Hehrtd = 1]

HEHRTE

Have you had this blood test in the past 12 weeks?

- 1 Yes
- 2 No

[Responses are recorded in hehrte2]

IF whether had INR test in past 12 weeks = yes [Hehrte = 1]

HEHRTF

Have you had this blood test in the past 4 weeks?

- 1 Yes
- 2 No

[Responses are recorded in hehrtf2]

END OF FILTER

END OF FILTER

END OF FILTER

|||
| END OF FILTER
|
| END OF FILTER
|
| END OF FILTER

IF (whether told doctor about pain = yes AND Have already answered HeChol earlier in interview <> yes) [(HEAnl = 1 AND NoHechol <> 1)]

| **HECHOL**
| Has any doctor talked to you about how to lower your cholesterol? This would include
| changing your diet, losing weight, getting more exercise, or taking medication.
| 1 Yes
| 2 No

| **[Responses are recorded in hechol2]**

| *IF whether advised how to lower cholesterol = yes [Hechol = 1]*

|||
| **HECHOLA**
| Have you done any of these things to lower your cholesterol?
| 1 Yes
| 2 No

||| **[Responses are recorded in hechoa2]**

| END OF FILTER

| END OF FILTER

HEANK

Have you ever had a severe pain across the front of your chest lasting for half an hour or more?
1 Yes
2 No

呼吸部分

HERPA

Do you usually bring up any phlegm from your chest, first thing in the morning in winter?
1 Yes
2 No
3 Don't know

IF (whether brings up phlegm in the morning in winter = [no, don't know]) [(HeRpa = [2, 3])

| **HERPB**

| Do you usually bring up any phlegm from your chest, during the day or at night in the winter?
| 1 Yes
| 2 No

| END OF FILTER

IF (whether brings up phlegm in the morning in winter = yes) OR (whether brings up phlegm during the day or at night in winter = yes) [(HeRpa = 1) OR (HeRpb = 1)]

| **HERPC**

| Do you bring up phlegm like this on most days for as much as three months each year?

| 1 Yes
| 2 No
|
END OF FILTER

HERPD

Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

- 1 Yes
- 2 No
- 3 Never walks up hill or hurries
- 4 Cannot walk

*IF (whether gets short of breath when hurrying or walking uphill = [yes, never walks uphill])
[(HeRpd = [1, 3])]*

| **HERPE**

| Do you get short of breath walking with other people of your own age on level ground?

- | 1 Yes
- | 2 No
- | 3 Never walks with people of own age on level ground
- | 4 Cannot walk

| *IF (whether gets short of breath when walking on level ground = [yes, no]) [(HeRpe = [1, 2])]*

|| **HERPF**

|| Do you have to stop for breath when walking at your own pace on level ground?

- || 1 Yes
- || 2 No

| END OF FILTER

END OF FILTER

HERPG

Have you had attacks of wheezing or whistling in your chest at any time in the last 12 months?

- 1 Yes
- 2 No

HERPH

Have you at any time in the past 12 months been woken at night by an attack of shortness of breath?

- 1 Yes
- 2 No

HERPI

Have you ever had attacks of shortness of breath with wheezing?

- 1 Yes
- 2 No

IF whether ever had attacks of shortness of breath with wheezing = yes [HeRpi = 1]

| **HERPJ**

| Is / Was your breathing absolutely normal between attacks?

- | 1 Yes
- | 2 No

|
END OF FILTER

跛行

HECDA

Do you get pain or discomfort in either of your legs which comes on when you walk?

- 1 Yes
- 2 No
- 3 Cannot walk

IF whether has pain or discomfort in legs when walking = yes [HeCda = 1]

HECDB

Does this pain ever begin when you are standing still or sitting?

- 1 Yes
- 2 No

HECDC

Do you get it if you walk uphill or hurry?

- 1 Yes
- 2 No
- 3 Never walks uphill or hurries

HECDD

Do you get it when you walk at an ordinary pace on the level?

- 1 Yes
- 2 No
- 3 Never walks at an ordinary pace on the level

HECDE

If you stand still does the pain usually...

INTERVIEWER: Read out...

- 1 ...continue for more than 10 minutes,
- 2 or, disappear in 10 minutes or less?

HECDF

Where do you get this pain or discomfort? Is it in the...

INTERVIEWER: Read out each in turn and code all that apply.

- 1 ... Calf muscle?
- 2 ... Thigh or buttocks?
- 3 ... Somewhere else?

[Multiple responses to HECDF are recorded in variables HECDF1 to HECDF3]

[code maximum 3 out of 3 possible responses]

|
END OF FILTER

ADL

IF whether institutional respondent <> yes (IAskInst <> 1)

HEAVOID

When you go on a trip away from your home like a trip to the shop, restaurant, or visits to friends, how often do you purposely limit the amount of walking you have to do? Is it...

INTERVIEWER: Read out...

- 1 never,
- 2 rarely,
- 3 sometimes,
- 4 often,

| 5 or, always?
| 6 SPONTANEOUS: Never takes trip away from home
| 7 Cannot walk
|
END OF FILTER

HEADLA*

SHOW CARD O

We need to understand difficulties people may have with various activities because of a health or physical problem. Please tell me whether [^you have / [^name] has] any difficulty doing each of the everyday activities on this card. Exclude any difficulties that you expect to last less than three months.

Because of a health problem, [^do you / does he / does she] have difficulty doing any of the activities on this card?

INTERVIEWER: PROBE - 'What others?'....Code all that apply.

- 01 Walking 100 yards
- 02 Sitting for about two hours
- 03 Getting up from a chair after sitting for long periods
- 04 Climbing several flights of stairs without resting
- 05 Climbing one flight of stairs without resting
- 06 Stooping, kneeling, or crouching
- 07 Reaching or extending [^your / his / her] arms above shoulder level (either arm)
- 08 Pulling or pushing large objects like a living room chair
- 09 Lifting or carrying weights over 10 pounds, like a heavy bag of groceries
- 10 Picking up a 5p coin from a table
- 96 None of these

***[Multiple responses to HEADLA are recorded in variables HEADA01 to HEADA10]
[code maximum 10 out of 11 possible responses]***

[CHECK HE60]

HEADLB*

SHOW CARD P

Here are a few more everyday activities. Please tell me if [^you have / [^name] has] any difficulty with these because of a physical, mental, emotional or memory problem. Again exclude any difficulties you expect to last less than three months.

Because of a health or memory problem, [^do you / does he / does she] have difficulty doing any of the activities on this card?

INTERVIEWER: PROBE - 'What others?'...Code all that apply.

- 01 Dressing, including putting on shoes and socks
- 02 Walking across a room
- 03 Bathing or showering
- 04 Eating, such as cutting up your food
- 05 Getting in or out of bed
- 06 Using the toilet, including getting up or down
- 07 Using a map to figure out how to get around in a strange place
- 08 Preparing a hot meal
- 09 Shopping for groceries
- 10 Making telephone calls
- 11 Taking medications
- 12 Doing work around the house or garden
- 13 Managing money, such as paying bills and keeping track of expenses
- 96 None of these

**[Multiple responses to HEADLB are recorded in variables HEADB01 to HEADB13]
[code maximum 13 out of 14 possible responses]**

[CHECK HE61]

社会关怀

IF ((activities has difficulty doing - set A = RESPONSE) AND NOT (activities has difficulty doing - set A = none)) OR ((activities has difficulty doing - set B = RESPONSE) AND NOT (activities has difficulty doing - set B = none)) [((HeADLa = RESPONSE) AND NOT (HeADLa = 96)) OR ((HeADLb = RESPONSE) AND NOT (HeADLb = 96))]

HEHPA*

Thinking about the activities that [^you have / ^name] has] problems with, does anyone ever help [^you / him / her] with these activities (including [^your / his / her] partner or other people in [^your / his / her] household)?

- 1 Yes
- 2 No

IF (whether gets help with activities at Wave 1 = yes AND whether gets help with activities = no) [(HeHpa (Wave 1) = 1 AND HeHpa = 2)]

HEHPD*

Our records from [^your / his / her] last interview show that someone was helping [^you / ^name]] with the activities that [^you have / he has / she has] problems with.

INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.

- 1 Yes
- 2 No

IF whether confirms help received with activities = no [HeHpd = 2]

HEHPE

INTERVIEWER: Code reason why respondent disputes the record.

Respondent says...

- 1 Helper from wave 1 never helped
- 2 Helper from wave 1 no longer helps

END OF FILTER

END OF FILTER

IF whether gets help with activities = yes [HeHpa = 1]

HEHPB*

SHOW CARD Q

Who helps [^you / ^name]] with these activities?

INTERVIEWER: PROBE - 'Does anyone else help [^you / him / her] with these activities?'

Code all that apply.

- 01 Husband or wife or partner
- 02 Mother or father
- 03 Son
- 04 Son-in-law
- 05 Daughter
- 06 Daughter-in-law
- 07 Sister
- 08 Brother

- 09 Grandson
- 10 Granddaughter
- 11 Other relative
- 12 Unpaid volunteer
- 13 Privately paid employee
- 14 Social or health service worker
- 15 Friend or neighbour
- 95 Other person

**[Multiple responses to HEHPB are recorded in variables HEHPB01 to HEHPB09]
[code maximum 16 out of 16 possible responses]**

HEHPC

Would you say that the help [^you / he / she] receive...

INTERVIEWER: Read out...

- 1 ...Meets [^your / his / her] needs all the time,
- 2 usually meets [^your / his / her] needs,
- 3 sometimes meets [^your / his / her] needs,
- 4 or, hardly ever meets [^your / his / her] needs?

END OF FILTER

END OF FILTER

IF ((activities has difficulty doing - set A = RESPONSE AND NOT (activities has difficulty doing - set A = none)) OR (activities has difficulty doing - set B = RESPONSE AND NOT (activities has difficulty doing - set B = none)) AND (whether uses walking aids has been asked <> yes)) AND (whether uses walking aids has been asked <> yes) [((HeADLa = RESPONSE AND NOT (HeADLa = 96)) OR (HeADLb = RESPONSE AND NOT (HeADLb = 96)) AND (NoHeAid1 <> 1) AND (NoHeAid5 <> 1)]

HEAID*

[^Do you / Does [^name]] use any of the following?

INTERVIEWER: Read out and code all that apply.

Only include personal alarms used to call for assistance after falls etc.

- 1 A cane or walking stick
- 2 A zimmer frame or walker
- 3 A manual wheelchair
- 4 An electric wheelchair
- 5 A buggy or scooter
- 6 Special eating utensils
- 7 A personal alarm
- 8 Elbow crutches
- 96 None of these

**[Multiple responses to HEAID are recorded in variables HEAID17 to HEAID22]
[code maximum 8 out of 9 possible responses]**

[CHECK HE62]

IF (walking aids used = none) AND (walking aids used at Wave 1 = RESPONSE) AND NOT (walking aids used at Wave 1 = none)[(HeAid = 96) AND (HeAid (Wave 1) = RESPONSE) AND NOT (HeAid (Wave 1) = 96)]

HEAIDC

Our records from [^your / his / her] last interview show that [^you / [^name]] were using [^list

of aids at HeAid].
INTERVIEWER: Code 1 below unless respondent spontaneously disputes this record.
1 Yes
2 No

[Responses to HEAIDC are recorded in variable HEAIDC3]

*IF (whether confirms previous walking aid = no) AND (IW1[PNum].HeAid.CARDINAL > 1)
[(HeAidC = 2) AND (IW1[PNum].HeAid.CARDINAL > 1)]*

HEAIDW
INTERVIEWER: Code which aid respondent disputes.
CODE ALL THAT APPLY.
1 [^A cane or walking stick]
2 [^A zimmer frame or walker]
3 [^A manual wheelchair]
4 [^An electric wheelchair]
5 [^A buggy or scooter]
6 [^Special eating utensils]
7 [^A personal alarm]
8 [^Elbow crutches]
96 None of these

**[Multiple responses to HEAIDW are recorded in variable HEAIW17]
[code maximum 8 out of 8 possible responses]**

[CHECK HE63]

IF type of walking aid disputed = RESPONSE [HeAidW = RESPONSE]

LOOP FOR EACH WALKING AID DISPUTED

HEAIDN
1 Never used [^[idx] type of walking aid]
2 No longer use [^[idx] type of walking aid]
3 Did not use [^[idx] type of walking aid] previously but does now

**[There is a separate variable for responses about each of the type of walking aid
disputed. Responses are recorded in Heain17 to Heain21 - all empty except for
Heain19]**

END OF FILTER
END OF FILTER
END OF FILTER
END OF FILTER
END OF FILTER

尿失禁

HEINCT
We would like to ask you about incontinence.
During the last 12 months, have you lost any amount of urine beyond your control?
1 Yes
2 No

IF whether lost urine beyond control = yes [HeInct = 1]

HEINCTA

When you had this problem, did it last for more than 1 month?

- 1 Yes
- 2 No

IF whether incontinence lasted for more than 1 month = yes [HeIncta = 1]

HEINCTB

Have you ever mentioned this problem to a doctor or nurse?

- 1 Yes
- 2 No

IF whether mentioned incontinence to doctor / nurse = yes [HeInctb = 1]

HEINCTC

Did a doctor or nurse ask you when you lose urine, for example when you sneeze or laugh?

- 1 Yes
- 2 No

HEINCTD

Did a doctor or nurse ask you if you had trouble getting to the toilet?

- 1 Yes
- 2 No

HEINCTE

Did a doctor or nurse ask you if you had been treated for this problem before?

- 1 Yes
- 2 No

HEINCTF

Did a doctor or nurse ask you how important this problem was to you?

- 1 Yes
- 2 No

HEINCTG

Did a doctor or nurse ask you to provide a sample of urine for testing?

- 1 Yes
- 2 No

HEINCTH

Did a doctor or nurse talk with you about how to treat urinary incontinence?

- 1 Yes
- 2 No

IF person's sex = female [ISex = 2]

HEINCTI

Did a doctor or specialist such as a urologist or gynecologist perform an internal exam?
INTERVIEWER PROBE: This is called a pelvic examination, where a doctor examines your vagina and / or rectum.

- 1 Yes
- 2 No

1 Never smoked cigarettes
 2 No longer smoking cigarettes by last interview (wave 1)
 3 Stopped smoking cigarettes between waves 1 and 2
 ELSE
 IF whether smoking at previous wave disputed = yes [HeSkd = 1]
HESKF
 INTERVIEWER: Code response given by respondent
 1 Does smoke cigarettes nowadays
 2 Stopped smoking cigarettes between waves 1 and 2
 END OF FILTER
 END OF FILTER
 IF (reason smoking disputed = stopped smoking) OR (whether smokes now = stopped smoking) [HeSke = 3 OR HeSkf = 2]
HESTOP
 SHOW CARD R
 What was the main reason that you stopped smoking cigarettes?
 01 Doctor or nurse said I should stop
 02 It is unhealthy
 03 It is expensive / to save money
 04 Pressure from family or friends
 05 Worried about effect of passive smoke on people around me
 06 Stopped enjoying it
 07 Cosmetic reasons (e.g. smell, stained teeth, fingers, hair)
 08 It's becoming harder to smoke in public or at work
 09 Advertising
 95 Other (SPECIFY)
 IF reason for quitting smoking = other [Hestop = 95]
HESTOPA @
 INTERVIEWER: Enter other reason given for stopping smoking.
 String 30
 END OF FILTER
HENICO
 Did you use any nicotine products, such as nicotine patches, chewing gum, lozenges or other similar products at all to help you give up?
 INTERVIEWER: If respondent has given up more than once, ask about most recent occasion.
 1 Yes
 2 No
 END OF FILTER
 END OF FILTER
 IF whether smokes cigarettes nowadays = yes [HESka = 1]

HECIG

Do you smoke cigarettes or roll ups?

1 Cigarettes

2 Roll ups

3 Both cigarettes and roll-ups

IF whether smokes cigarettes or roll ups = [cigarettes, both] [HECig = [1, 3]]

HESKB

About how many cigarettes a day do you usually smoke on weekdays?

INTERVIEWER: If range given and can't estimate, enter mid-point.

If less than one a day, enter 0.

Range: 0..997

HESKC

About how many cigarettes a day do you usually smoke at weekends?

INTERVIEWER: If range given and can't estimate, enter mid-point.

If less than one a day, enter 0.

Range: 0..997

[CHECK HE64 - HE67]

END OF FILTER

IF whether smokes cigarettes or roll ups = [roll ups, both] [HECig = [2, 3]]

HETBA

How much tobacco do you normally smoke on a weekday?

INTERVIEWER: Code how answer is given.

1 Grams

2 Ounces

HETBB

(How much tobacco do you normally smoke on a weekday?)

INTERVIEWER: Enter amount.

Range: 0..997

[CHECK HE68 - HE70]

HETBC

How much tobacco do you normally smoke a day at weekends?

INTERVIEWER: Code how answer is given.

1 Grams

2 Ounces

HETBD

(How much tobacco do you normally smoke a day at weekends?)

INTERVIEWER: Enter amount.

Range: 0..997

[CHECK HE71 - HE73]

END OF FILTER

HECGSTP

Has a doctor or nurse ever advised you to stop smoking?

| 1 Yes
| 2 No
|
| *IF whether doctor / nurse advised to stop smoking = yes [Hecgstp = 1]*

| **HECGSTA**
| Did you stop for more than 6 months as a result of this advice?
| 1 Yes
| 2 No

| END OF FILTER

| **HECGNIC**
| Has any doctor or nurse ever told you about any nicotine products, such as nicotine patches,
| chewing gum, lozenges or other similar products at all to help you give up smoking?
| 1 Yes
| 2 No

| **HENICTK**
| [**^**Are you / Is [**^**name]] taking any medication to help [**^**you / him / her] stop smoking, such as
| nicotine replacement medication or gum or patches?
| 1 Yes
| 2 No

| END OF FILTER

体力活动

HEACTA
SHOW CARD S
We would like to know the type and amount of physical activity involved in your daily life.
Do you take part in sports or activities that are vigorous...

INTERVIEWER: Read out...
1 ...more than once a week,
2 once a week,
3 one to three times a month,
4 hardly ever, or never?

HEACTB
SHOW CARD S
And do you take part in sports or activities that are moderately energetic...

INTERVIEWER: Read out...
1 ..more than once a week,
2 once a week,
3 one to three times a month,
4 hardly ever, or never?

HEACTC
SHOW CARD S
And do you take part in sports or activities that are mildly energetic...

INTERVIEWER: Read out...
1 ..more than once a week,
2 once a week,
3 one to three times a month,
4 hardly ever, or never?

HETSET* @

INTERVIEWER: The Health section is finished.
Please enter <1> here to make the program store the current time and date.
Range: 1..1
[Don't Know and Refusal are not allowed]