

疾病史

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

|| 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