NATIONAL HEALTH SURVEY 2007–08

QUESTIONNAIRE

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Module A - Demographics

From Population	Question Wording	To Question
One randomly selected Adult UR aged 18 or over **One randomly selected Child UR aged 15 to 17**	**DEMOGRAPH_Q01** The next few questions are about language, education and work. Which language do you mainly speak at home? 1. English 2. Italian 3. Greek 4. Cantonese 5. Mandarin 6. Arabic 7. Vietnamese 8. German 9. Spanish 10. Tagalog 11. Other - specify	1. →EDATTA_Q01 2-10. →DEMOGRAPH_Q03 11. →DEMOGRAPH_Q02
IF DEMOGRAPH_Q01 = 11	**DEMOGRAPH_Q02** _Interviewer:_ _Enter other language spoken_ (Allow text entry 60 characters)	→DEMOGRAPH_Q03
IF DEMOGRAPH_Q02 is answered **IF DEMOGRAPH_Q01 = 2-10** Note: If a proxy is answering for the child, this is the proxy's understanding of how well the child speaks English.	**DEMOGRAPH_Q03** Do you consider you speak English very well, well, or not well? 1. Very well 2. Well 3. Not well 4. Not at all	→EDATTA_Q01

Supplementary Information

1. Persons aged 15+ are included in this module.

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Module B - Educational Attainment & Current Study

From Population	Question Wording	To question
IF DEMOGRAPH_Q03 is answered IF DEMOGRAPH_Q01 = 1	**EDATTA_Q01** What is the highest year of primary or secondary school that [you have/(proxy name) has] completed? 1. Year 12 or equivalent 2. Year 11 or equivalent 3. Year 10 or equivalent 4. Year 9 or equivalent 5. Year 8 or below 6. Never attended school	→EDATTA_Q02
IF EDATTA_Q01 is answered	**EDATTA_Q02** The next few questions are about any educational qualifications that [you have/(proxy name) has] completed. [Have you/has (proxy name)] completed a trade certificate, diploma, degree or any other educational qualification? 1. Yes 5. No	1. →EDATTA_Q03 5. →CURSTUD_Q01
IF EDATTA_Q02 = 1	**EDATTA_Q03** What is the level of the highest qualification that [you have/(proxy name) has] completed? *Interviewer: If 'Year 12 or equivalent' or 'Statement of Attainment', ask 'Have you completed any other educational qualifications'?'* 1. Level of qualification 2. Year 12 or equivalent 3. Statement of Attainment	1. →EDATTA_Q04 2 or 3. →CURSTUD_Q01

IF EDATTA_Q03 = 1	**EDATTA_Q04** *Interviewer: Enter level of qualification.* (Allow text entry 80 characters)	→EDATTA_Q05
IF EDATTA_Q04 is answered	**EDATTA_Q05** What is the main field of study for that qualification? *Interviewer: If 'Nursing', 'Arts', 'Teaching', 'Science' or 'Engineering', ask for more detail.* (Allow text string 100 characters)	→EDATTA_Q06
IF EDATTA_Q05 is answered	**EDATTA_Q06** Did [you/he/she] complete this qualification before 1998? 1. Yes 5. No	→CURSTUD_Q01
IF EDATTA_Q06 is answered **IF EDATTA_Q03 = 2 or 3** **IF EDATTA_Q02 = 5**	**CURSTUD_Q01** [Are you/is (proxy name)] currently taking <u>any</u> course of study for a trade certificate, diploma, degree or any other educational qualification? 1. Yes 5. No	1. →CURSTUD_Q02 5. →HASJOB_Q01
IF CURSTUD_Q01 = 1	**CURSTUD_Q02** At what type of educational institution [are you/is (proxy name)] currently enrolled? 1. Secondary school 2. University/Other higher education 3. TAFE/Technical college 4. Business college 5. Industry skills centre 6. Other	→CURSTUD_Q03

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IF CURSTUD_Q02 is answered	CURSTUD_Q03 [Are you/is (proxy name)] studying full-time or part-time? 1. Full-time 2. Part-time	→HASJOB_Q01

Supplementary Information

1. Persons aged 15+ are included in this module.

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Module C - Employment

From Population	Question Wording	To question
IF CURSTUD_Q03 is answered **IF CURSTUD_Q01 = 5**	**HASJOB_Q01** I would like to ask you about last week, that is, the week starting Monday the ...... and ending [last Sunday the ..../yesterday]. Last week, did [you/(proxy name)] do any work at all in a job, business or farm? 1. Yes 5. No 6. Permanently unable to work 7. Permanently not intending to work (if aged 65+)	1. →HASJOB_Q04 5. →HASJOB_Q02 6 or 7. →SF12_Q01
IF HASJOB_Q01 = 5	**HASJOB_Q02** Last week, did [you/(proxy name)] do any work without pay in a family business? 1. Yes 5. No 6. Permanently not intending to work (if aged 65+)	1. →HASJOB_Q04 5. →HASJOB_Q03 6. →SF12_Q01
IF HASJOB_Q02 = 5	**HASJOB_Q03** Did [you/(proxy name)] have a job, business or farm that [you/he/she] [were/was] away from because of holidays, sickness or any other reason? 1. Yes 5. No 6. Permanently not intending to work (if aged 65+)	1. →HASJOB_Q04 5. →LOOK_Q01 6. →SF12_Q01
IF HASJOB_Q03 = 1 **IF HASJOB_Q02 = 1** **IF HASJOB_Q01 = 1**	**HASJOB_Q04** Did [you/(proxy name)] have more than 1 job or business last week? 1. Yes 5. No	→JOBD_Q01

IF HASJOB_Q04 is answered	**JOBD_Q01** (The next few questions are about the job or business in which you usually work the most hours.) Did [you/(proxy name)] work for an employer, or in [your/his/her] own business? 1. Employer 2. Own business 3. Other/Uncertain	1. →JOBD_Q02 2. →JOBD_Q04 3. →JOBD_Q03
IF JOBD_Q01 = 1	**JOBD_Q02** [Are you/is (proxy name)] paid a wage or salary, or some other form of payment? 1. Wage/salary 2. Other/Uncertain	1. →JOBD_Q06_SG 2. →JOBD_Q03
IF JOBD_Q02 = 2 IF JOBD_Q01 = 3	**JOBD_Q03** What are [your/his/her] [working/payment] arrangements? 1. Unpaid voluntary work 2. Contractor/Subcontractor 3. Own business/Partnership 4. Commission only 5. Commission with retainer 6. In a family business without pay 7. Payment in kind 8. Paid by the piece/item produced 9. Wage/salary earner 10. Other	1. →LOOK_Q01 2-4. →JOBD_Q04 5-10. → JOBD_Q06_SG
IF JOBD_Q03 = 2-4 IF JOBD_Q01 = 2	**JOBD_Q04** [Do you/does (proxy name)] have employees in that business? 1. Yes 5. No	→JOBD_Q05
IF JOBD_Q04 is answered	**JOBD_Q05** Is that business incorporated? 1. Yes 5. No	→JOBD_Q06_SG

IF JOBD_Q05 is answered **IF JOBD_Q03 = 5 to 10** **IF JOBD_Q02 = 1**	**JOBD_Q06_SG** 1. If HASJOB_Q01 = 5 and HASJOB_Q02 = 5 and HASJOB_Q03 = 1 2. Otherwise	1. →HASJOB_Q07 2. →HASJOB_Q10
IF JOBD_Q06_SG = 1	**JOBD_Q07** What was the main reason [you/(proxy name)] [were/was] away from work last week? 1. Holiday/Flextime/Study/Personal reasons 2. Own illness or injury/Sick leave 3. No work available/not enough work 4. Standard work arrangements/Shift work 5. On strike/Locked out/Industrial dispute 6. Stood down 7. Bad weather/Plant breakdown 8. Other	1 or 3-8. →JOBD_Q10 2. →JOBD_Q08
IF JOBD_Q07 = 2	**JOBD_Q08** [Were/was[[you/(proxy name)] on workers' compensation last week? 1. Yes 5. No	1. →JOBD_Q09 5. →JOBD_Q10
IF JOBD_Q08 = 1	**JOBD_Q09** Will [you/(proxy name)] be returning to work for [your/his/her] employer? 1. Yes 5. No 6. Don't know	1. →JOBD_Q10 5 or 6. →LOOK_Q01
IF JOBD_Q09 = 1 **IF JOBD_Q08 = 5** **IF JOBD_Q07 = 1 or 3-8**	**JOBD_Q10** What is [your/(proxy name)'s] occupation in that [job/business]? *Interviewer: Enter description* (Allow text string 100 characters)	→JOBD_Q11

IF JOBD_Q10 is answered	**JOBD_Q11** What are [your/(proxy name)'s] main tasks and duties? *Interviewer: Enter description* (Allow text string 100 characters)	→JOBD_Q12
IF JOBD_Q11 is answered	**JOBD_Q12** What kind of business or service is carried out by [your/(proxy name)'s] [employer/business] at the place where [you/he/she] [work/s]? *Interviewer: Enter description* (Allow text string 100 characters)	→JOBD_Q13
IF JOBD_Q12 is answered	**JOBD_Q13** What is the name of [your/(proxy name)'s] [employer/business] at the place where [you/he/she] [work/s]? *Interviewer: Enter name* *Ctrl R may be entered here if necessary* *Ctrl K may be entered here if necessary* (Allow text string 100 characters)	→HOURS_Q01
IF HASJOB_Q03 = 5 **IF JOBD_Q03 = 1** **IF JOBD_Q09 = 5 or 6**	**LOOK_Q01** At any time in the last 4 weeks, [have you/has (proxy name)] been looking for full-time work? 1. Yes 5. No	1. →LOOK_Q03 5. →LOOK_Q02
IF LOOK_Q01 = 5	**LOOK_Q02** [Have you/has (proxy name)] been looking for part-time work at any time in the past 4 weeks? 1. Yes 5. No	1. →LOOK_Q03 5. →SF12_Q01

IF LOOK_Q02 = 1 **IF LOOK_Q01 = 1**	**LOOK_Q03** At any time in the last 4 weeks [have you/has (proxy name)] written, phone, or applied in person to an employer for work? 1. Yes 5. No	 1. →LOOK_Q10 5. →LOOK_Q04
IF LOOK_Q03 = 5	**LOOK_Q04** (At any time in the last 4 weeks [have you/has (proxy name)] Answered an advertisement for a job? 1. Yes 5. No	 1. →LOOK_Q10 5. →LOOK_Q05
IF LOOK_Q04 = 5	**LOOK_Q05** (At any time in the last 4 weeks [have you/has (proxy name)) Looked in newspapers? 1. Yes 5. No	 →LOOK_Q06
IF LOOK_Q05 is answered	**LOOK_Q06** (At any time in the last 4 weeks [have you/has (proxy name)] Checked factory noticeboards, or used the touchscreens at Centrelink offices? 1. Yes 5. No	 1. →LOOK_Q10 5. →LOOK_Q07
IF LOOK_Q06 = 5	**LOOK_Q07** At any time in the last 4 weeks [have you/has (proxy name)] been registered with Centrelink as a jobseeker? 1. Yes 5. No	 1. →LOOK_Q10 5. →LOOK_Q08

IF LOOK_Q07 = 5	**LOOK_Q08** (At any time in the last 4 weeks [have you/has (proxy name)] Checked or registered with an employment agency? 1. Yes 5. No	 1. →LOOK_Q10 5. →LOOK_Q09
IF LOOK_Q08 = 5	**LOOK_Q09** (At any time in the last 4 weeks [have you/has (proxy name)] Done anything else to find a job? 1. Advertised or tendered for work 2. Contacted friends/relatives 3. Other 4. Only looked in newspapers 5. None of these	 1or 2. →LOOK_Q10 3-5. →SF12_Q01
IF LOOK_Q09 = 1 or 2 **IF LOOK_Q08 = 1** **IF LOOK_Q07 = 1** **IF LOOK_Q06 = 1** **IF LOOK_Q04 =1** **IF LOOK_Q03 = 1**	**LOOK_Q10** If [you/(proxy name)] had found a [full-time/part-time] job could [you/he/she] have started work last week? 1. Yes 5. No 6. Don't know	 1 or 6. →LOOK_Q11 5. →SF12_Q01
IF LOOK_Q10 = 1 or 6	**LOOK_Q11** When did [you/(proxy name)] begin looking for work? *Interviewer:* *If less than 2 years ago, enter full date (dd/mm/yyyy)* *If 2 years to less than 5 years ago, enter month and year only (enter 2 spaces for the day)* *If 5 years or more age, enter the YEAR only (enter 4 spaces for the day and month)* *If did not look for work enter code 99*	 →LOOK_Q15

IF LOOK_Q11 is answered	**LOOK_Q15** When did [you/(proxy name)] last work for at least 2 weeks in a job of <u>35 hours or more</u> a week? *Interviewer:* *If less than 2 years, enter full date (dd/mm/yyyy)* *If 2 years to less than 5 years, enter month and year only (enter 2 spaces for the day)* *If 5 years or more age, enter the YEAR only (enter 4 spaces for the day and month)* *If never worked 35+ hrs/week, enter code 99.*	→SF12_Q01
IF JOBD_Q09 is answered	**HOURS_Q01** How many hours [do you/does (proxy name)] <u>usually</u> work each week in [that job/that business/all jobs]? *Interviewer: If usually works less than 1 hour, enter 0*	→SHIFT_Q02
IF HOURS_Q01 is answered	**SHIFT_Q02** In [your/(proxy name)'s] job with [name of employer/business], did [you/he/she] do any shift work at any time during the last 4 weeks? 1. Yes 5. No	1. →SHIFT_Q03 5. →SF12_Q01
IF SHIFT_Q02 = 1	**SHIFT_Q03** Is [your/(proxy name)'s] shift, a rotating shift which changes periodically? 1. Yes 5. No	1. →SF12_Q01 5. →SHIFT_Q04

IF SHIFT_Q03 = 5	**SHIFT_Q04** (Is [your/(proxy name)'s] shift) A regular evening, night or graveyard shift? 1. Yes 5. No	1. →SF12_Q01 5. →SHIFT_Q05
IF SHIFT_Q04 = 5	**SHIFT_Q05** (Is [your/(proxy name)'s] shift) A regular morning shift? 1. Yes 5. No	1. →SF12_Q01 5. →SHIFT_Q06
IF SHIFT_Q05 = 5	**SHIFT_Q06** (Is [your/(proxy name)'s] shift) A regular afternoon shift? 1. Yes 5. No	1. →SF12_Q01 5. →SHIFT_Q07
IF SHIFT_Q06 = 5	**SHIFT_Q07** What kind of shift is it? 1. Irregular shift 2. Split shift (consisting of two distinct periods each day) 3. On call 4. Other	→SF12_Q01

Supplementary Information

1. Persons aged 15+ are included in this module.

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Module D - Self Assessed Health

From Population	Question Wording	To Question
IF SHIFT_Q07 is answered **IF SHIFT_Q06 = 1** **IF SHIFT_Q05 = 1** **IF SHIFT_Q04 = 1** **IF SHIFT_Q03 = 1** **IF SHIFT_Q02 = 5** **IF LOOK_Q15 = is answered** **IF LOOK_Q11 = 99** **IF LOOK_Q10 = 5** **IF LOOK_Q09 = 3-5** **IF LOOK_Q02 = 5** **IF HASJOB_Q03 = 6** **IF HASJOB_Q02 = 6** **IF HASJOB_Q01 = 6 or 7**	**SF12_Q01** Now we have some questions about [your/(proxy name)'s] health. *Interviewer: Press [1] to continue.*	→SF12_Q02
IF SF12_Q01 is answered	**SF12_Q02** In general would you say that [your/(proxy name)] health is excellent, very good, good, fair or poor? 1. Excellent 2. Very good 3. Good 4. Fair 5. Poor	→HEALF_Q01

Supplementary Information

1. Persons aged 15+ are included in this module.

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Module E - Healthy Lifestyles

From population	Question wording	To population
IF SF12_Q02 is answered **IF respondent is 15+ years**	**HEALF_Q01** *Interviewer: Show Prompt Card 1 (Press F9)* [Do you/does (proxy name)] have check-ups with [your/his/her] GP? 1. Yes 5. No 6. Don't have a GP 7. Don't know	1. →HEALF_Q02 5 or 7. →HEALF_Q03 6. →HEALF_Q04
IF HEALF_Q01 = 1	**HEALF_Q02** How frequently [do you/does (proxy name)] usually have these check-ups? 1. At least once a month 2. Every 3 months 3. Every 6 months 4. Annually 5. Less frequently 6. Not regularly 7. Other	→HEALF_Q03
IF HEALF_Q02 = 1-6 **IF HEALF_Q02a is answered** **IF HEALF_Q01 = 5 or 7**	**HEALF_Q03** *Interviewer: Show Prompt Card 2 (Press F9)* [Have you/has (proxy name)] discussed any of these lifestyle issues with [your/his/her] GP in the last 12 months? 1. Yes 5. No 6. Don't know	→HEALF_Q04

IF HEALF_Q03 is answered	**HEALF_Q04** *Interviewer: Show Prompt Card 3 (Press F9)* Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals for [your/his/her] own health in the <u>last 12 months?</u> 1. Yes 5. No 6. Don't know	 1. →HEALF_Q05 5 or 6.→ MWBSTAT_Q01
IF HEALF_Q04 = 1	**HEALF_Q05** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Specialist doctor 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Diabetes educator 17. Dietitian/Nutritionist 18. Naturopath 19. Nurse 20. Occupational therapist 21. Optician/Optometrist 22. Osteopath 23. Physiotherapist/Hydrotherapist 24. Psychologist 25. Social worker/Welfare officer 26. Other	 →HEALF_Q07

IF HEALF_Q05 = 10-25	**HEALF_Q07** *Interviewer: Show Prompt Card 2 and 3* *(Press F9)* [Have you/has (proxy name)] discussed these lifestyle issues with any of these health professionals for [your/his/her] health in the last 12 months? 1. Yes 5. No 6. Don't know	1. →HEALF_Q 08 5 or 6. →MWBSTAT_Q01
IF HEALF_Q07 = 1	**HEALF_Q08** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Specialist doctor 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Diabetes educator 17. Dietitian/Nutritionist 18. Naturopath 19. Nurse 20. Occupational therapist 21. Optician/Optometrist 22. Osteopath 23. Physiotherapist/Hydrotherapist 24. Psychologist 25. Social worker/Welfare officer 26. Other	→MWBSTAT_Q01

Supplementary Information

1. Persons aged 15+ years are included in this module.

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Module F - Mental Wellbeing

From Population	Question Wording	To population
IF HEALF_Q04 = 5 or 6 **IF HEALF_Q07 = 5 or 6** **IF HEALF_Q08 = 10 - 25** **IF HEALF_Q09 is answered** **IF Respondent = 18+ years** **IF Respondent = 15-17 years → PAIN_Q01**	**MWBSTAT_Q01** The following questions are about your feelings in the past 4 weeks. *Interviewer: Press [1] to continue.*	→MWBSTAT_Q02
IF MWBSTAT_Q01 is answered	**MWBSTAT_Q02** *Interviewer: Show Prompt Card 4 (Press F9)* *Ctrl R may be used here if necessary.* In the past 4 weeks, about how often did you feel tired out <u>for no good reason</u>? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q03

IF MWBSTAT_Q02 is answered	**MWBSTAT_Q03** _Interviewer: Show Prompt Card 4 (Press F9)_ _Ctrl R may be used here if necessary._ (In the past 4 weeks,) about how often did you feel nervous? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	1-4. →MWBSTAT_Q04 5. →MWBSTAT_Q05
IF MBWSTAT_Q03 = 1 to 4	**MWBSTAT_Q04** _Interviewer: Show Prompt Card 4 (Press F9)_ _Ctrl R may be used here if necessary._ (In the past 4 weeks,) about how often did you feel so nervous that nothing could calm you down? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q05

IF MWBSTAT_Q04 is answered **IF MWBSTAT_Q03 = 5**	**MWBSTAT_Q05** _Interviewer: Show Prompt Card 4 (Press F9)_ _Ctrl R may be used here if necessary._ (In the past 4 weeks,) about how often did you feel hopeless? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q06
IF MWBSTAT_Q05 is answered	**MWBSTAT_Q06** _Interviewer: Show Prompt Card 4 (Press F9)_ _Ctrl R may be used here if necessary._ (In the past 4 weeks,) about how often did you feel restless or fidgety? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	1-4. →MWBSTAT_Q07 5. →MWBSTAT_Q08

IF MWBSTAT_Q06 = 1-4	**MWBSTAT_Q07** _Interviewer: Show Prompt Card 4 (Press F9)_ _Ctrl R may be used here if necessary._ (In the past 4 weeks,) about how often did you feel so restless you could not sit still? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q08
IF MWBSTAT_Q07 is answered **IF MWBSTAT_Q06 = 5**	**MWBSTAT_Q08** _Interviewer: Show Prompt Card 4 (Press F9)_ _Ctrl R may be used here if necessary._ (In the past 4 weeks,) about how often did you feel depressed? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q09

IF MWBSTAT_Q08 is answered	**MWBSTAT_Q09** *Interviewer: Show Prompt Card 4 (Press F9)* *Ctrl R may be used here if necessary.* (In the past 4 weeks,) about how often did you feel that everything was an effort? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q10
IF MWBSTAT_Q09 is answered	**MWBSTAT_Q10** *Interviewer: Show Prompt Card 4 (Press F9)* *Ctrl R may be used here if necessary.* (In the past 4 weeks,) about how often did you feel so sad that nothing could cheer you up? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBSTAT_Q11

IF MWBSTAT_Q10 is answered	**MWBSTAT_Q11** *Interviewer: Show prompt Card 4 (Press F9)* *Ctrl R may be used here if necessary.* (In the past 4 weeks,) about how often did you feel worthless? 1. All of the time 2. Most of the time 3. Some of the time 4. A little of the time 5. None of the time	→MWBMED_Q01
IF MWBSTAT_Q11 is answered	**MWBMED_Q01** Some people take supplements or remedies for aspects of their mental well-being; for example, to improve their concentration or reduce stress. Have you taken any vitamins or mineral supplements for your mental well-being in the last 2 weeks? 1. Yes 5. No	→MWBMED_Q02
IF MWBMED_Q01 is answered	**MWBMED_Q02** (In the last 2 weeks,) Have you taken any herbal or natural treatments for your mental well-being? 1. Yes 5. No	→MWBMED_Q03_SG

IF MWBMED_Q02 is answered	**MWBMED_Q03_SG** 1. MWBMED_Q01 = 1 or if MWBMED_Q02 = 1 2. Otherwise	1. →MWBMED_Q04 2. →MWBMED_Q06
IF MWBMED_Q02 is answered NB: 'Multivitamins' was not included on the prompt card as the interest was in particular vitamins, however, there was a category available in the instrument for interviewers to use if required.	**MWBMED_Q04** It might be easier to answer these questions if you have the vitamin and herbal remedies in front of you. *Interviewer: Show Prompt Card 5 (Press F9)* Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Fish oils/Omega 3 11. Ginkgo Biloba 12. Brahmi 13. Magnesium/Iron/Iodine 14. Vitamin B complex 15. Rescue Remedy (Bach flower) 16. St John's wort (Hypericum) 17. Valerian/Oatstraw/ Passionflower/Damiana/Kava 18. Evening Primrose Oil 19. Bee Pollen 20. Ginseng 21. Other 22. Multivitamins	→MWBMED_Q06

IF MWBMED_Q04 = 10-19 **IF MWBMED_Q03 _SG = 2**	**MWBMED_Q06** *Interviewer: Show Prompt Card 6 (Press F9)* [Other than the vitamin and herbal remedies you just told me about/other than the vitamins and mineral supplements you just told me about/other than the herbal treatments you just told me about] Have you taken any of the following medication for your mental well-being in the <u>last 2 weeks</u>? 1. Yes 5. No	1. →MWBMED_Q07 5. →MWBMED_Q12_SG
IF MWBMED_Q06 = 1	**MWBMED_Q07** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Sleeping tablets or capsules 2. Tablets or capsules for anxiety or nerves 3. Tranquillisers 4. Antidepressants 5. Mood stabilisers 6. Other medications for your mental well being	→MWBMED_Q08

IF MWBMED_Q07 is answered	**MWBMED_Q08** It might be easier to answer these questions if you have the medication in front of you. What are the names or brands of these medications? *Interviewer: 5 fields are available: enter only <u>one</u> name/brand per field.* *If more than 5 reported, prompt for <u>main</u> 5 names/brands.*	1. If 5 medications entered: →MWBMED_Q09 2. Otherwise: →MWBMED_Q10
IF MWBMED_Q08 = 1	**MWBMED_Q09** *Interviewer: Enter code 1 if only 5 medications reported. If 6 or more medications enter code 2.* 1. Five 2. Six or more	→MWBMED_Q10
IF MWBMED_Q09 is answered IF MWBMED_Q08 = 2	**MWBMED_Q10** How long have you been taking (name of medication)? Is it less than 1 month, 1 to 3 months, 3 to 6 months or 6 months or more? 1. Less than 1 month 2. 1 month to less than 3 months 3. 3 months to less than 6 months 4. 6 months or more 5. Don't know	→MWBMED_Q11

IF MWBMED_Q10 is answered	**MWBMED_Q11** How often did you take (name of medication) for your mental well-being in the last 2 weeks? 1. Every day and/or night 2. More than 3 days and/or nights in a week 3. 1-3 days and/or nights a week 4. Less than once a week 5. Varies/as required	→MWBMED_Q12_SG
IF MWBMED_Q11 is answered **IF MWBMED_Q06 = 5**	**MWBMED_Q12_SG** 1. If more than one medication identified in MHC_Q23 2. Otherwise	1. Repeat questions MWBMED_Q10 and MWBMED_Q11 for all other medications identified in MWBMED_Q08, then→PAIN_Q01 2. →PAIN_Q01
IF MWBMED_Q12 _SG is answered **IF AGE 15-17 years FROM HEALF_Q09**	**PAIN_Q01** The next questions are about bodily or physical pain you have had in the last 4 weeks. *Interviewer: Show Prompt Card 7 (Press F9) Only one response allowed* How much bodily pain have you had during the last 4 weeks? 1. None 2. Very mild 3. Mild 4. Moderate 5. Severe 6. Very severe	1. →DIS_Q01 2-6. →PAIN_Q02

IF PAIN_Q01 = 2 to 6	**PAIN_Q02** During the last 4 weeks, did pain interfere not at all, a little bit, moderately, quite a bit or extremely with your normal work (including both work outside the home and housework)? 1. Not at all 2. A little bit 3. Moderately 4. Quite a bit 5. Extremely	→ DIS_Q01

Supplementary Information

1. Persons aged 18+ are included in this module.
2. Persons aged 15-17 are included for questions PAIN_Q01 and PAIN_Q02 only.

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Module G - Disability

From population	Question wording	To population
IF PAIN_Q01 = 1 **IF PAIN_Q02 is** **answered**	**DIS_Q01** I would now like to ask about any conditions [you/(proxy name)] may have that have lasted, or are likely to last, for six months or more. _Interviewer:_ _Show Prompt Card 8 (Press F9)_ [Do you/does (proxy name)] have any of these conditions? 1. Yes 5. No	1. →DIS_Q02 5. →DIS_Q03
IF DIS_Q01 = 1	**DIS_Q02** Which ones? _Interviewer:_ _More than one response allowed. Press space bar between responses._ 10. Sight problems <u>not corrected by glasses or contact lenses</u> 11. Hearing problems 12. Speech problems 13. Blackouts, fits or loss of consciousness. 14. Difficulty learning or understanding things. 15. Limited use of arms or fingers. 16. Difficulty gripping things. 17. Limited use of legs or feet. 18. Any condition that restricts physical activity or physical work (e.g. back problems, migraines) 19. Any disfigurement or deformity 20. Any mental illness for which help or supervision is required.	→DIS_Q03

IF DIS_Q02 is answered **IF DIS_Q01 = 5**	**DIS_Q03** _Interviewer: Show Prompt Card 9 (Press F9)_ Still thinking of conditions lasting 6 months or more, [are you/is (proxy name)] restricted in everyday activities by any of these? 1. Yes 5. No	1. →DIS_Q04 5. →DIS_Q05_SG
IF DIS_Q03 = 1	**DIS_Q04** Which ones? _Interviewer: More than one response allowed. Press space bar between responses._ 1. Shortness of breath, or difficulty breathing 2. Chronic or recurring pain 3. A nervous or emotional condition 4. Long-term effects as a result of a head injury, stroke or other brain damage 5. Any other long-term condition that requires treatment or medication 6. Any other long-term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.	→DIS_Q05_SG
IF DIS_Q04 is answered **IF DIS_Q03 = 5**	**DIS_Q05_SG** 1. If DIS_Q01 = 5 and DIS_Q03 = 5 2. Otherwise	1. →BDYMSS_Q01 2. →DIS_Q06
IF DIS_Q05_SG = 2	**DIS_Q06** _Interviewer: Show Prompt Card 10 (Press F9)_ Because of the [condition/conditions] you have told me about, [do you/does (proxy name)] ever need help or supervision with any of these tasks? 1. Yes 5. No	1. →DIS_Q07 5. →DIS_Q08

IF DIS_Q06 = 1	**DIS_Q07** [Do you/does (proxy name)] always need help with any of these tasks? 1. Yes 5. No	→DIS_Q10_SG
IF DIS_Q06 = 5	**DIS_Q08** *Interviewer: Show Prompt Card 10 (Press F9)* Because of the [condition/conditions] you have told me about, [do you/does (proxy name)] ever have <u>difficulty</u> with any of these tasks? 1. Yes 5. No	1. →DIS_Q10_SG 2. →DIS_Q09
IF DIS_Q08 = 2	**DIS_Q09** Even though [you/(proxy name)] can do these self-care, mobility and communication tasks without difficulty, [do you/does (proxy name)] use any aids to assist with these tasks? 1. Yes 5. No	→DIS_Q10_SG
IF DIS_Q09 is answered **IF DIS_Q08 = 1** **IF DIS_Q07 is answered**	**DIS_Q10_SG** 1. If aged less than 5 2. If aged 5 - 64 3. Otherwise	1. →ASTH_Q01 2. →DIS_Q11 3. →BDYMSS_Q01

IF DIS_Q10_SG = 2	DIS_Q11 *Interviewer: Show Prompt Card 11 (Press F9)* Because of the [condition/conditions] you have told me about, [do you/does (proxy name)] have any difficulties with education such as these? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Not attending school/further study due to condition 2. Need time off school/study 3. Attend special classes/school 4. Other related difficulties 5. None of the above	→DIS_Q11a_SG
IF DIS_Q11 is answered	DIS_Q11a_SG 1. If aged 0 to 4 2. If aged 5 to 14 3. Otherwise	1. →ASTH_Q01 2. →DIET_Q01 3. →DIS_Q12
IF DIS_Q11a_SG = 2	DIS_Q12 *Interviewer: Show Prompt Card 12 (Press F9)* Because of the [condition/conditions] you have told me about, [do you/does (proxy name)] have any difficulties with employment such as these? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Type of job could do 2. Number of hours that can be worked 3. Finding suitable work 4. Needing time off work 5. Permanently unable to work 6. None of the above	→DIS_Q13_SG

IF DIS_Q12 is answered	**DIS_Q13_SG** 1. If DIS_Q02 = 2 or more responses OR DIS_Q04 = 2 or more responses OR DIS_Q02 = 1 or more responses AND DIS_Q04 = 1 or more responses 2. Otherwise	1. →DIS_Q14 2. →BDYMSS_Q01
IF DIS_Q13_SG = 1	**DIS_Q14** You have told me that [you have/(proxy name) has] (conditions). Which of these cause [you/him/her] the most problems?	→BDYMSS_Q01

Supplementary Information

1. Persons aged 0+ years are included in this module. Persons aged under 15 do not answer questions 12-14.
2. If question DIS_Q11 = 1 to 4, then '5' cannot be selected.
3. If question DIS_Q12 = 1 to 5, then '6' cannot be selected.

NATIONAL HEALTH SURVEY 07/08

Module H - Self-reported Body Mass

From Population	Question wording	To population
IF DIS_Q14 is answered **IF DIS_Q13_SG = 2** **IF DIS_Q10_SG = 2** **IF DIS_Q05 = 2**	**BDYMSS_Q01** I would now like to ask you some questions about [your/(proxy name)'s] height and weight. Do you consider [yourself/(proxy name)] to be an acceptable weight, underweight or overweight? 1. Acceptable weight 2. Underweight 3. Overweight 4. Currently pregnant	1-3. →BDYMSS_Q02 4. →EXER_Q01
IF BDYMSS_Q01 = 1-3	**BDYMSS_Q02** Has [your/(proxy name)'s] weight increased, decreased or stayed the same since this time last year? 1. Increased 2. Decreased 3. Stayed about the same	→BDYMSS_Q03
IF BDYMSS_Q02 is answered	**BDYMSS_Q03** How much [do you/does (proxy name)] weigh? 1. Kilograms 2. Stone/pounds 3. Pounds 4. Don't know	1. →BDYMSS_Q04 2. →BDYMSS_Q05 3. →BDYMSS_Q06 4. →BDYMSS_Q07
IF BDYMSS_Q03 = 1	**BDYMSS_Q04** *Interviewer: Enter weight in kilograms.* (Allow numeric entry 10.....250)	→BDYMSS_Q07

IF BDYMSS_Q03 = 2	**BDYMSS_Q05** _Interviewer:_ _Enter weight in stones and pounds_ _Press TAB to move between stones and pounds_ Allow numeric entry for stones 5.......35 Allow numeric entry for pounds 0.......14	→BDYMSS_Q07
IF BDYMSS_Q03 = 3	**BDYMSS_Q06** _Interviewer:_ _Enter weight in pounds_ Allow numeric entry 50........450	→BDYMSS_Q07
IF BDYMSS_Q06 is answered **IF BDYMSS_Q05 is answered** **IF BDYMSS_Q04 is answered** **IF BDYMSS_Q03 = 4**	**BDYMSS_Q07** How tall [are you/is (proxy name)] without shoes? _Interviewer:_ _Select centimetres or feet/inches._ 1. Centimetres 2. Feet/inches 3. Don't know	1. →BDYMSS_Q08 2. →BDYMSS_Q09 3. →EXER_Q01
IF BDYMSS_Q07 = 1	**BDYMSS_Q08** _Interviewer:_ _Enter height in centimetres._ Allow numeric entry 100........300	→EXER_Q01
IF BDYMSS_Q07 = 2	**BDYMSS_Q09** _Interviewer:_ _Enter height in feet/inches. Press TAB to move between feet and inches._ Allow numeric entry for feet 3........8 Allow numeric entry for inches 0........35	→EXER_Q01

Supplementary Information

1. Persons aged 15+ years are included in this module

NATIONAL HEALTH SURVEY 07/08

Module J - Exercise

From Population	Question Wording	To Population
IF BDYMSS_Q09 is answered **IF BDYMSS_Q08 is answered** **IF BDYMSS_Q07 = 3** **IF BDYMSS_Q01 = 4**	**EXER_Q01** The next few questions are about walking for fitness, recreation and sport. Please do not include <u>any</u> other walking that [you/proxy name] may have done for other reasons. This will be recorded later. In the <u>last 2 weeks</u> [have you/has (proxy name)] <u>walked</u> for fitness, recreation or sport? 1. Yes 5. No 6. Permanently unable to walk	 1. →EXER_Q02 5. →EXER_Q07 6. →EXER_Q07
IF EXER_Q01 = 1	**EXER_Q02** How many times did [you/proxy name] walk (for fitness, recreation or sport) in the <u>last 2 weeks.</u> *Interviewer: Enter number of times.* *Ctrl K may be used here if necessary*	 →EXER_Q03
IF EXER_Q02 is answered	**EXER_Q03** What was the <u>total amount</u> of time [you/proxy name] spent walking (for fitness, recreation or sport) in the <u>last 2 weeks?</u> *Interviewer: Enter time in hours and minutes.* *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary*.	 →EXER_Q04

IF EXER_Q03 is answered	**EXER_Q04** How many days in the <u>last week</u> did [you/proxy name] walk for fitness, recreation or sport? (Allow numeric entry 1 digit - 0....7)	→EXER_Q05_SG
IF EXER_Q04 is answered	**EXER_Q05_SG** 1. If EXER_Q04 = zero 2. Otherwise	1. →EXER_Q07 2. →EXER_Q06
IF EXER_Q05_SG = 2	**EXER_Q06** What was the total amount of time [you/proxy name] spent walking for fitness, recreation or sport in the <u>last week?</u> *Interviewer:* Enter time in hours and *minutes.* *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary.*	→EXER_Q07
IF EXER_Q06 is answered **IF EXER_Q05_SG = 1** **IF EXER_Q01 = 5**	**EXER_Q07** The next few questions are about moderate and vigorous exercise. Please exclude walking that you may have done for fitness, recreation or sport, and household chores, gardening or yardwork**.** In the <u>last 2 weeks</u>, did [you/proxy name] do any exercise which caused a <u>moderate</u> increase in [your/his/her] heart rate or breathing, that is, moderate exercise? 1. Yes 5. No	1. →EXER_Q08 5. →EXER_Q13

IF EXER_Q07 = 1	**EXER_Q08** How many times did [you/proxy name] do any moderate exercise in the <u>last 2 weeks?</u> *Interviewer:* Enter number of times. *Ctrl K may be used here if necessary.* (Allow numeric entry 2 digit - 1....98)	→EXER_Q09
IF EXER_Q08 is answered	**EXER_Q09** What was the <u>total amount</u> of time [you/proxy name] spent doing moderate exercise in the <u>last 2 weeks?</u> *Interviewer:* Enter time in hours and minutes. *Enter two digits for each. Enter '00' for hours and minutes if answer is in minutes or hours, respectively, only.*	→EXER_Q10
IF EXER_Q09 is answered	**EXER_Q10** How many days in the <u>last week</u> did [you/proxy name] do any moderate exercise? (Allow numeric entry 1 digit - 0....7)	→EXER_Q11_SG
IF EXER_Q10 is answered	**EXER_Q11_SG** 1. If EXER_Q10 = zero 2. Otherwise	1. →EXER_Q13 2. →EXER_Q12
IF EXER_Q11_SG = 2	**EXER_Q12** What was the total amount of time [you/proxy name] spent doing moderate exercise in the <u>last week?</u> *Interviewer:* Enter time in hours and minutes. *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary*	→EXER_Q13

IF EXER_Q12 is answered **IF EXER_Q11_SG = 1** **IF EXER_Q07 = 5**	**EXER_Q13** In the <u>last 2 weeks</u>, did [you/proxy name] do any (other) exercise which caused a <u>large</u> increase in [your/his/her] heart rate or breathing, that is, vigorous exercise? 1. Yes 5. No	1. →EXER_Q14 5. →EXER_Q19a
IF EXER_Q13= 1	**EXER_Q14** How many times did [you/proxy name] do any vigorous exercise in the <u>last 2 weeks?</u> *Interviewer:* Enter number of times. *Ctrl K may be used here if necessary.* (Allow numeric entry 2 digit - 1....98)	→EXER_Q15
IF EXER_Q14 is answered	**EXER_Q15** What was the <u>total amount</u> of time [you/proxy name] spent doing vigorous exercise in the <u>last 2 weeks?</u> *Interviewer:* Enter time in hours and minutes. *Enter two digits for each. Enter '00' for hours and minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary.*	→EXER_Q16_SG
IF EXER_Q15 is answered	**EXER_Q16_SG** 1. If EXER_Q13 = 1 2. Otherwise	1. →EXER_Q17 2. →EXER_Q19a
IF EXER_Q16_SG = 1	**EXER_Q17** How many days <u>last week</u> did [you/proxy name] do any vigorous exercise? (Allow numeric entry 1 digit - 0....7)	→EXER_Q18_SG

IF EXER_Q17 is answered	**EXER_Q18_SG** 1. If EXER_Q17 = zero 2. Otherwise	1. →EXER_Q19a 2. →EXER_Q19
IF EXER_Q18_SG = 2	**EXER_Q19** What was the total amount of time [you/proxy name] spent doing vigorous exercise in the <u>last week?</u> _Interviewer:_ _Enter time in hours and minutes._ _Enter two digits for each. Enter '00' for hours and minutes if answer is in minutes or hours, respectively, only._ _Ctrl K may be used here if necessary._	→EXER_Q19a
IF EXER_Q19 is answered	**EXER_Q19a** Thinking about the types of exercise you have already told me about, that is (walking for fitness, recreation or sport, moderate or vigorous exercise), how many days in the last week did [you/proxy name] exercise? (Allow numeric entry 1 digit - 0....7)	→EXER_Q19aa
IF EXER_Q19a is answered **IF EXER_Q18_SG = 1** **IF EXER_Q16_SG = 2** **IF EXER_Q13 = 5**	**EXER_Q19aa** Thinking about all the physical activity [you/proxy name] typically [do/does] now, would you say [you are/he is/she is] more active than this time last year, less active or stayed about the same as this time last year? 1. More active 2. Less active 3. Stayed about the same 4. Don't know	→EXER_Q20

IF EXER_Q19a is answered	**EXER_Q20** (Excluding walking for fitness, recreation and sport already reported), in the <u>last week</u>, did [you/proxy name] walk for at least 10 minutes continuously to get to and from places? 1. Yes 5. No	1. →EXER_Q21 5. →EXER_Q23_SG
IF EXER_Q20 = 1	**EXER_Q21** On how many days did [you/proxy name] walk for at least 10 minutes continuously to get to and from places in the <u>last week</u>? (Allow numeric entry 1 digit - 0....7)	→EXER_Q22
IF EXER_Q21 is answered	**EXER_Q22** How much time in total did [you/proxy name] spend walking to get to and from places in the <u>last week</u>? *Interviewer:* *Enter time in hours and minutes.* *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary.*	→EXER_Q23_SG
IF EXER_Q22 is answered **IF EXER_Q20 = 5**	**EXER_Q23_SG** 1. If HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1 2. Otherwise	1. →EXER_Q24 2. →EXER_Q27

IF EXER_Q23_SG = 1	**EXER_Q24** _Interviewer: Only one response is allowed. Read all categories as a running prompt._ When [you are/(proxy name) is] at work, which of the following best describes what [you do/he does/she does] on a typical work day? 1. Mostly sitting 2. Mostly standing 3. Mostly walking 4. Mostly heavy labour or physically demanding work 5. Don't know	→EXER_Q25_SG
IF EXER_Q24 is answered	**EXER_Q25_SG** 1. If HOURS_Q01 > 34 2. Otherwise	1. →EXER_Q26 2. →EXER_Q27
IF EXER_Q25_SG = 1	**EXER_Q26** The following question is about sitting at work (including time spent sitting at a desk). How much time [do you/does (proxy name)] spend sitting at work] on a <u>usual work day</u>? _Interviewer: Please note that occupations that involve driving are to include this time as 'sitting' time at work._ _Enter time in hours and minutes._ _Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only._ _Ctrl K may be used here if necessary._	→EXER_Q26a

IF EXER_Q26 is answered	**EXER_Q26a** (Excluding any time you have already mentioned), how much time in total [do you/does (proxy name)] usually spend sitting while watching television or using the computer before and after work? *Interviewer: enter time in hours and minutes.* *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary.*	→EXER_Q28
IF EXER_Q23_SG = 2 **IF EXER_Q25_SG = 2**	**EXER_Q27** How much time [do you/does (proxy name)] spend sitting while watching television or using the computer on a <u>usual week day</u>? *Interviewer: enter time in hours and minutes.* *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary.*	→EXER_Q28
IF EXER_Q26a is answered **IF EXER_Q27 is answered**	**EXER_Q28** How much time [do you/does (proxy name)] spend sitting in other leisure time on a <u>usual [work/week] day</u>? *Interviewer: Show Prompt Card 13 (Press F9)* *Enter time in hours and minutes.* *Enter two digits for each. Enter '00' for hours or minutes if answer is in minutes or hours, respectively, only.* *Ctrl K may be used here if necessary.*	→ SMOKE_Q01

Supplementary Information

1. Persons aged 15+ are included in this module.
2. Only full-time employed persons answer Q26.

NATIONAL HEALTH SURVEY 07/08

Module K - Smoking

From Population	Question Wording	To population
IF EXER_Q28 is answered	**SMOKE_Q01** I would now like to ask you some questions about smoking. [Do you/does (proxy name)] currently smoke? 1. Yes 5. No	 1.→SMOKE_Q02 5.→SMOKE_Q04
IF SMOKE_Q01 = 1	**SMOKE_Q02** [Do you/does (proxy name)] smoke regularly, that is, at least once a day? 1. Yes 5. No	 1. →SMOKE_Q08 5. →SMOKE_Q03
IF SMOKE_Q02 = 5	**SMOKE_Q03** [Do you/does (proxy name)] smoke at least once a week? 1. Yes 5. No	 →SMOKE_Q04
IF SMOKE_Q03 is answered **IF SMOKE_Q01 = 5**	**SMOKE_Q04** [Have you/has (proxy name)] <u>ever</u> smoked regularly, that is, at least once a day? 1. Yes 5. No	 →SMOKE_Q05
IF SMOKE_Q04 is answered	**SMOKE_Q05** [Have you/has (proxy name)] smoked at least 100 cigarettes in your entire life? 1. Yes 5. No	 1.→SMOKE_Q07_SG 5.→SMOKE_Q06

IF SMOKE_Q05 = 5	**SMOKE_Q06** [Have you/has (proxy name)] ever smoked pipes, cigars or other tobacco products at least 20 times in [your/his/her] entire life? 1. Yes 5. No	→SMOKE_Q07_SG
IF SMOKE_Q05 = 1 **IF SMOKE_Q06 = is answered**	**SMOKE_Q07_SG** 1. If SMOKE_Q04 = 1 2. If SMOKE_Q01 = 1 and SMOKE_Q04 = 5 3. Otherwise	1.→SMOKE_Q08 2.→SMOKE_Q13 3.→SMOKE_Q14_SG
IF SMOKE_Q02 = 1 **IF SMOKE_Q07_SG = 1**	**SMOKE_Q08** How old [were you/was (proxy name)] when [you/he/she] first started to smoke regularly (that is, at least once a day)? *Interviewer: Enter age.* Allow numeric entry 2 digits.	→SMOKE_Q09_SG
IF SMOKE_Q08 is answered	**SMOKE_Q09_SG** 1. If SMOKE_Q02 = 1 2. Otherwise	1. →SMOKE_Q13 2. →SMOKE_Q10
IF SMOKE_Q09_SG = 2	**SMOKE_Q10** Did [you/(proxy name)] stop smoking regularly, that is, at least once a day, within the last 12 months? 1. Yes 5. No	→SMOKE_Q11
IF SMOKE_Q10 = is answered	**SMOKE_Q11** How old [were you/was (proxy name)] when [you/he/she] stopped smoking regularly? *Interviewer: Enter age.* Allow numeric entry 2 digits.	→SMOKE_Q12_SG

IF SMOKE_Q11 is answered	**SMOKE_Q12_SG** 1. If SMOKE_Q01 = 1 and SMOKE_Q10 = 5 2. Otherwise	1.→SMOKE_Q13 2.→SMOKE_Q14_SG
IF SMOKE_Q09 _SG = 1 **IF SMOKE_Q12 _SG = 1** **IF SMOKE_Q07 _SG = 2** **IF SMOKE_Q01 =1 AND SMOKE_ Q02=1**	**SMOKE_Q13** Has [your/(proxy name)'s] smoking increased, decreased or stayed about the same since this time last year? 1. Increased 2. Decreased 3. Stayed about the same	→SMOKE_Q14_SG
IF SMOKE_Q12 _SG = 2 **IF SMOKE_Q13 is answered** **IF SMOKE_Q07 _SG = 3**	**SMOKE_Q14_SG** 1. If UR in a single person HH and SMOKE_Q01 = 1 2. If UR in a single person HH and SMOKE_Q01 = 5 3. Otherwise	1.→SMKHOUS_Q03_ SG 2.→DIET_Q01 3.→SMKHOUS_Q01
IF SMOKE_Q14_SG = 3	**SMKHOUS_Q01** Does anyone else in this household regularly smoke, that is, at least once a day? 1. Yes 5. No	1.→SMKHOUS_Q02 5.→SMKHOUS_Q03_ SG
IF SMKHOUS_Q01 = 1	**SMKHOUS_Q02** How many other people in this household smoke regularly? *Interviewer: Enter number.* Allow numeric entry 2 digit.	→ SMKHOUS_Q03_SG

IF SMOKE_Q14_ SG = 1 **IF SMKHOUS_ Q01 = 5** **IF SMKHOUS_ Q02 is answered**	**SMKHOUS_Q03_SG** 1. If SMOKE_Q02 = 1 or SMKHOUS_Q02 is answered 2. Otherwise	1.→SMKHOUS_Q04 2.→SMKHOUS_Q05_ SG
IF SMKHOUS_ Q03_SG = 1	**SMKHOUS_Q04** [Do you/does anyone in this household] usually smoke inside the house? 1. Yes 5. No	 → SMKHOUS_Q05_SG
IF SMKHOUS _Q04 = is answered **IF SMKHOUS _Q03 = 2**	**SMKHOUS_Q05_SG** 1. If respondent is 15-17 years of age, living with parent/guardian, and answered for self. 2. Otherwise	1.→SMOKHOUS_Q0 6 2. →DIET_Q01
IF SMKHOUS _Q05_SG = 1	**SMKHOUS_Q06** *Interviewer: Mark whether a parent was present while interview being conducted.* 1. Parent present during whole interview. 2. Parent present for part of interview 3. Parent not present	→DIET_Q01

Supplementary Information

1. Persons aged 15+ are included in this module.

NATIONAL HEALTH SURVEY 07/08

Module L - Dietary Behaviours

From Population	Question Wording	To population
IF SMKHOUS_Q06 is answered **IF SMKHOUS_ Q05_SG = 2** **IF SMOKE_Q07_SG = 2** **IF SMOKE_Q14_SG = 2** **IF DIS_Q11a_SG = 2** **IF EXER_Q28 = 1**	**DIET_Q01** The next few questions are about some of the foods that [you/(proxy name)] eat and drink. _Interviewer: Show Prompt Card 14 (Press F9)_ What is the main type of milk that [you/(proxy name)] <u>usually</u> use? 1. Cow's milk 2. Soy milk 3. Evaporated or sweetened condensed milk 4. Other type of milk - specify 5. Does not drink milk 6. Don't know	1-3. →DIET_Q03 4. →DIET_Q02 5-6. →DIET_Q04
IF DIET_Q01 = 4	**DIET_Q02** _Interviewer: Enter other type of milk._ (Allow text entry 60 characters).	→DIET_Q03
IF DIET_Q02 is answered **IF DIET_Q01 = 1-3**	**DIET_Q03** _Interviewer: Show Prompt Card 15 (Press F9)_ What is the fat content of the milk [you/(proxy name)] usually use? 1. Whole milk/regular/full cream (3% or more) 2. Reduced fat e.g. Low/Lite/HiLo (around 1 or 2%) 3. Skim e.g. Skinny/Shape/Fat Free (less than 1%) 4. Don't know.	→DIET_Q04

IF DIET_Q03 is answered **IF DIET_Q01 = 5-6**	**DIET_Q04** This question is about [your/(proxy name)'s] usual consumption of vegetables, including fresh, frozen and tinned vegetables. *Interviewer: Show Prompt Card 16 (Press F9).* How many serves of vegetables do [you/(proxy name)] <u>usually</u> eat each day? 1. 1 serve or less 2. 2 serves 3. 3 serves 4. 4 serves 5. 5 serves 6. 6 serves or more 7. Don't eat vegetables	→DIET_Q05
IF DIET_Q04 is answered	**DIET_Q05** Since this time last year, has the amount of vegetables [you/(proxy name)] usually consume, increased, decreased or stayed about the same? 1. Increased 2. Decreased 3. Stayed about the same	→DIET_Q06

IF DIET_Q05 is answered	**DIET_Q06** This question is about [your/(proxy name)'s] usual consumption of fruit, including fresh, frozen and tinned fruit. *Interviewer: Show Prompt Card 17 (Press F9)* How many serves of fruit do [you/(proxy name)] <u>usually</u> eat each day? 1. 1 serve or less 2. 2 serves 3. 3 serves 4. 4 serves 5. 5 serves 6. 6 serves or more 7. Don't eat fruit	→DIET_Q07
IF DIET_Q06 is answered	**DIET_Q07** Since this time last year, has the amount of fruit [you/(proxy name)] usually consume increased, decreased or stayed about the same? 1. Increased 2. Decreased 3. Stayed about the same	→DIET_Q08_SG
IF DIET_Q07 is answered	**DIET_Q08_SG** 1. If age = 5-14 2. If age = 15+	1. →ASTH_Q01 2. →ALCCON_Q02

Supplementary Information

1. Persons aged 5+ years are included in this module.

Module M - Alcohol

From Population	Question Wording	To population
IF DIET_Q08 = 2	**ALCCON_Q02** The next few questions are about alcoholic drinks. Some people may drink more or less than others, depending on their lifestyle and individual choices. How long ago did [you/proxy name] <u>last</u> have an alcoholic drink? 1. 1 week or less 2. More than 1 week to less than 2 weeks 3. 2 weeks to less than 1 month 4. 1 month to less than 3 months 5. 3 months to less than 12 months 6. 12 months 7. More than 12 months 8. Never 9. Don't remember	1. →ALCDAY_Q01 2-5. →ALCUSU_Q02 6-9. →ALC_Q04_SG
IF ALCCON_Q02 = 1	**ALCDAY_Q01** On which days in the last 7 days did [you/proxy name] have drinks that contained alcohol? *Interviewer: More than one response is allowed. Press space bar between responses.* 1. All 2. Monday 3. Tuesday 4. Wednesday 5. Thursday 6. Friday 7. Saturday 8. Sunday	→ALCMAT_Q01

IF ALCDAY_Q01 is answered	**ALCMAT_Q01** What did [you/proxy name] have to drink on (insert most recent day to interview day/insert second most recent day to interview day/insert third most recent day to interview day)? *Interviewer: Show Prompt Card 18 (Press F9)* *More than one response is allowed. Press space bar between responses.* 1. Beer 2. Wine 3. Champagne/sparkling wine 4. Ready to drink spirits/liqueurs 5. Liqueurs 6. Spirits 7. Fortified wine 8. Cider 9. Cocktail 10. Other	1. →ALCMAT_Q03 2. →ALCMAT_Q02 3. →ALCMAT_Q06 4 to 8. →ALCMAT_Q03 9. →ALCMAT_Q06 10. →ALCMAT_Q01a
IF ALCMAT_Q01 = 10	**ALCMAT_Q01a** *Enter other type of drink.* (Allow text entry - 60 characters)	→ALCMAT_Q03
IF ALCMAT_Q01 = 2	**ALCMAT_Q02** What type of wine was that? *Ctrl K may be used here if necessary.* 1. White 2. Red 3. Low alcohol	→ALCMAT_Q04_SG
IF ALCMAT_Q01 = 1, 4-8 **IF ALCMAT_Q01a is answered**	**ALCMAT_Q03** What type or brand of (drink) was that? (Allow text entry 60 characters)	→ALCMAT_Q04_SG

IF ALCMAT_Q03 is answered **IF ALCMAT_Q02 is answered** **IF ALCMAT_Q01=1**	**ALCMAT_Q04_SG** 1. If ALCMAT_Q01 = 1 2. Otherwise	1. →ALCMAT_Q05 2. →ALCMAT_Q06
IF ALCMAT_Q04 _SG=1	**ALCMAT_Q05** What strength of beer was that? 1. Light 2. Medium 3. Full strength 4. Not known	→ALCMAT_Q06
IF ALCMAT_Q01=3 **IF ALCMAT_Q05 is answered** **IF ALCMA_Q04_SG =2**	**ALCMAT_Q06** How many (drinks) did [you/proxy name] have? (Allow numeric entry 3 digits for each drink reported)	→ALCMAT_Q07
IF ALCMAT_Q06 is answered	**ALCMAT_Q07** What was the size of (drink)? Beer 1. 5oz/140ml glass 2. 7oz/200ml glass 3. 10oz/285ml glass 4. 15oz/425ml glass 5. 20oz/575ml glass 6. Pony 7. Butcher 8. Middy 9. Handle 10. Pot 11. Schooner 12. Pint 13. Twist tops 14. Stubbie/Normal can 15. Bottle/Longneck (Tooheys) 16. Bottle/Longneck (other brands) 17. Other - specify Wine 1. 120ml 2. 140ml 3. 200ml 4. 750ml bottle 5. 1 litre bottle	→ALCMAT_Q08_SG

6. Flagon
7. 2 litre cask
8. 4 litre cask
9. 5 litre cask
17. Other - specify

Champagne
1. 120ml glass (small)
2. 140ml glass (medium)
3. 170ml glass (average serve)
4. 200ml glass (large)
5. 750ml bottle
17. Other - specify

Ready to Drink
1. 200ml bottle/can
2. 275ml bottle/can
3. 330ml bottle/can
4. 375ml bottle/can
5. 400ml bottle/can
17. Other - specify

Liqueurs/Spirits
1. Half nip (15ml)
2. Nip (30ml)
3. Double nip (60ml)
17. Other - specify

Fortified Wine
1. 2oz/60ml Port/Sherry glass
2. 3oz/90ml Port glass
3. 26oz/750ml bottle
4. Flagon
5. 2 litre Cask
6. 4 litre Cask
7. 5 litre Cask
17. Other - specify

Cider
1. 120ml glass (small)
2. 140ml glass (medium)
3. 200ml glass (large)
4. 26oz/750ml bottle
17. Other - specify

IF ALCMAT_Q07 =17	**ALCMAT_Q07Other** Please specify: • type of vessel; • size of vessel; and • number of nips. (Allow text entry 60 characters)	→ALMAT_Q08_SG
IF ALCMAT_Q07 is answered **IF ALCMAT_Q07Other is answered**	**ALCMAT_Q08_SG** 1. If second and third most recent drinking day reported in ALCDAY_Q01 2. Otherwise	1. →Repeat ALCMAT_ Q01 to ALCMAT_ Q07Other for second and third most recent drinking day 2. →ALCUSU_Q01
IF ALCMAT_Q08 = 2	**ALCUSU_Q01** Is the amount [you/proxy name] drank last week more, about the same, or less, compared to most weeks? 1. More 2. About the same 3. Less	→ALCUSU_Q02
IF ALCUSU_Q01 is answered	**ALCUSU_Q02** How often did you have an alcoholic drink of any kind in the <u>last 12 months</u>? 1. Every day 2. 5 to 6 days a week 3. 3 to 4 days a week 4. 1 to 2 days a week 5. 2 to 3 days a month 6. About 1 day a month 7. Less often than 1 day a month 8. Don't know	→ALCGQF_Q01

IF ALCUSU_Q02 is answered **IF ALCCON_02 = 2-5**	**ALCGQF_Q01** *Interviewer: Show Prompt Card 19 (Press F9)* The next questions are about the number of standard drinks that [you/proxy name] have had in the last 12 months. This card shows the standard drink guide**.** In the last 12 months how often [have you/has (proxy name)] had [7 or more/11 or more] standard drinks in a day? 1. Times per week 2. Number of times in the last 12 months 3. Nil	1. →ALCGQF_Q02 2. →ALCGQF_Q03 3. →ALCGQF_Q04
IF ALCGQF_Q01 = 1	**ALCGQF_Q02** *Interviewer: Enter number of times per week.* *Ctrl K may be used here if necessary.* (Allow numeric entry 1 digit - 0..7)	→ALCGQF_Q04
IF ALCGQF_Q01 = 2	**ALCGQF_Q03** *Interviewer: Enter number of times in the last 12 months.* *Ctrl K may be used here if necessary.* (Allow numeric entry 1..366)	→ALCGQF_Q04

IF ALCGQF_Q03 is answered **IF ALCGQF_Q02 is answered** **IF ALCGQF_Q01 = 3**	**ALCGQF_Q04** *Interviewer: Show Prompt Card 19 (Press F9)* In the last 12 months, how often [have you/has (proxy name)] had [5 or more/7 or more] standard drinks in a day? 1. Times per week 2. Number of times in the last 12 months 3. Nil	1. →ALCGQF_Q05 2. →ALCGQF_Q06 3. →ALC_Q03
IF ALCGQF_Q04 =1	**ALCGQF_Q05** *Interviewer: Enter times per week. Ctrl K may be used here if necessary.* (Allow numeric entry 1 digit - 0..7)	→ALC_Q03
IF ALCGQF_Q04 = 2	**ALCGQF_06** *Interviewer: Enter number of times in the last 12 months.* *Ctrl K may be used here if necessary.* (Allow numeric entry 1..366**)**	→ALC_Q03
IF ALCGQF_06 is answered **IF ALCGQF_05 is answered** **IF ALCGQF_04 = 3**	**ALC_Q03** Has the amount of alcohol that [you/proxy name] usually [drink/s] increased, decreased or stayed about the same since this time last year? 1. Increased 2. Decreased 3. Stayed about the same	→ALC_Q04_SG
IF ALC_Q03 is answered **IF ALCCON_Q02 = 6-9** **IF ALC_Q01 = 1**	**ALC_Q04_SG** 1. If respondent is 15-17 years of age, living with parent/guardian and answering for self. 2. Otherwise	1. →ALC_Q05 2. →ASTH_Q01

IF ALC_Q04_SG = 1	**ALC_Q05** *Interviewer:* Mark whether a parent was present during the interview. 1. Parent present during whole interview 2. Parent present for part of interview 3. Parent not present	→ASTH_Q01

Supplementary Information

1. Persons aged 15+ years are asked these questions.
2. Coding fields required after questions ALCMAT_Q01a, ALCMAT_Q03, ALCMAT_Q07-code 17

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Module N - Asthma

From Population	Question Wording	To population
IF ALC_Q05 is answered **IF ALC_Q04_SG = 2** **IF ALCCON_Q02 = 6-9** **IF DIET_Q08_SG = 1** **IF DIS_Q10_SG = 1**	**ASTH_Q01** Earlier I asked you some questions about whether [you were/(proxy name) was] restricted in [your/his/her] day to day activities because of any medical conditions [you/he/she] had. Now I want to ask you about some specific medical conditions, including some that you might have already mentioned. I would like to ask about asthma. [Have you/has (proxy name)] ever been told by a doctor or nurse that [you/he/she] [have/has] asthma? 1. Yes 5. No 6. Don't know	1. →ASTH_Q02 5 or 6. →CNCR_Q01
IF ASTH_Q01 = 1	**ASTH_Q02** Symptoms of asthma include coughing, wheezing, shortness of breath and chest tightness. [Have you/has (proxy name)] had any symptoms of asthma or taken treatment for asthma in the <u>last 12 months</u>? 1. Yes 5. No	→ASTH_Q03
IF ASTH_Q02 is answered	**ASTH_Q03** [Do you/does (proxy name)] still get asthma? 1. Yes 5. No	→ASTH_Q04_SG

IF ASTH_Q03 is answered	**ASTH_Q04_SG** 1. If ASTH_Q02 = 1 or ASTH_Q03 = 1 2. Otherwise	1. →ASTH_Q05 2. →CNCR_Q01
IF ASTH_Q04_SG = 1	**ASTH_Q05** The next questions are about any medication that [you/proxy name] may have used or taken in the last 2 weeks, which are directly related to [your/(proxy name)'s] asthma. Including any vitamin and mineral supplements as well as any natural or herbal medicines, [have you/has (proxy name)] used or taken any medication for asthma in the last 2 weeks? 1. Yes 5. No 6. Don't know	1. →ASTH_Q06 5. or 6. →ASTH_Q15
IF ASTH_Q05= 1	**ASTH_Q06** It might be easier to answer these questions if you have the medication in front of you. [Have you/has (proxy name)] taken any vitamin or mineral supplements for [your/his/her] asthma in the last 2 weeks? 1. Yes 5. No 6. Don't know	→ASTH_Q07
IF ASTH_Q06 is answered	**ASTH_Q07** [Have you/has (proxy name)] used or taken any herbal or natural treatments for [your/his/her] asthma in the last 2 weeks? 1. Yes 5. No 6. Don't know	→ASTH_Q08

IF ASTH_Q07 is answered	**ASTH_Q08** (Other than the vitamins and herbal treatments you just told me about/other than the vitamins and mineral supplements you just told me about/other than the herbal treatments you just told me about,) [have you/has (proxy name] taken any (other) medication for asthma in the <u>last 2 weeks.</u> 1. Yes 5. No 6. Don't know	1. →ASTH_Q09 5 or 6. →ASTH_Q15
If ASTH_Q08 = 1	**ASTH_Q09** (It might be easier to answer these questions if you have the medication in front of you.) What are the names or brands of all the (other) asthma medication [you have/(proxy name) has] taken in the <u>last 2 weeks.</u> *Interviewer: 3 fields are available: enter only one name/brand per field. Press enter to go to the next field.* *If more than 3 reported, prompt for the <u>main</u> 3 names/brands.* (Allow text entry: 60 characters per medication.)	→ASTH_Q10
IF ASTH_Q09 is answered	**ASTH_Q10** How often did [you/proxy name] use (name of first medication) in the <u>last 2 weeks?</u> 1. Every day and/or night 2. 3 or more times a week 3. 1 to 2 times a week 4. Less than once a week 5. Varies/as required	→ASTH_Q11_SG

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IF ASTH_Q10 is answered	**ASTH_Q11_SG** 1. If only 1 medication identified in ASTH_Q09 2. Otherwise	1. →ASTH_Q15 2. →ASTH_Q12
IF ASTH_Q11_SG = 2	**ASTH_Q12** How often did [you/proxy name] use (name of second medication) in the <u>last 2 weeks</u>? 1. Every day and/or night 2. 3 or more times a week 3. 1 to 2 times a week 4. Less than once a week 5. Varies/as required	→ASTHMA_Q13_SG
IF ASTH_Q12 is answered	**ASTH_Q13_SG** 1. If only 2 medications identified in ASTH_Q11 2. Otherwise	1. →ASTH_Q15 2. →ASTH_Q14
IF ASTH_Q13_SG = 2	**ASTH_Q14** How often did [you/proxy name] use (name of third medication) in the <u>last 2 weeks</u>? 1. Every day and/or night 2. 3 or more times a week 3. 1 to 2 times a week 4. Less than once a week 5. Varies/as required	→ASTH_Q15

IF ASTH_Q14 is answered **IF ASTH_Q11_SG = 1** **IF ASTH_Q13_SG = 1** **IF ASTH_Q08 = 5 or 6** **IF ASTH_Q05 = 5 or 6**	**ASTH_Q15** How often [do you/does (proxy name)] usually visit the GP about [your/his/her] asthma? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→ASTH_Q16
IF ASTH_Q15 is answered	**ASTH_Q16** How often [do you/does (proxy name)] usually visit a Specialist about [your/his/her] asthma? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→ASTH_Q17
IF ASTH_Q16 is answered	**ASTH_Q17** *Interviewer: Show Prompt Card 20 (Press F9)* Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals about [your/his/her] asthma in the last 12 months? 1. Yes 5. No 6. Don't know	1. →ASTH_Q18 5 or 6. →ASTH_Q20

IF ASTH_Q17 = 1	**ASTH_Q18** Which ones? *Interviewer:* *More than one response is allowed. Press space bar between responses.* 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Dietitian/Nutritionist 17. Naturopath 18. Nurse 19. Occupational Therapist 20. Optician/Optometrist 21. Osteopath 22. Physiotherapist/Hydrotherapist 23. Psychologist 24. Social worker/Welfare officer 25. Other	→ASTH_Q20
IF ASTH_Q16 = 5 or 6 IF ASTH_Q18 = 11-24	**ASTH_Q20** At any time in the <u>last 12 months</u>, was [your/proxy name's] asthma worse or out of control? 1. Yes 5. No	1. →ASTH_Q21 5. →ASTH_Q22
IF ASTH_Q20 = 1	**ASTH_Q21** How many times in the <u>last 12 months</u>, [have you/has (proxy name)] gone to a hospital or emergency department because [your/his/her] asthma was worse or out of control? *Interviewer:* *Enter number of times* (Allow numeric entry 3 digits - 1..366)	→ASTH_Q22

IF ASTH_Q21 is answered **IF ASTH_Q20 = 5**	**ASTH_Q22** [Do you/does (proxy name)] have a written asthma action plan, that is, written instructions of what to do if [your/his/her] asthma is worse or out of control? 1. Yes 5. No 6. Never heard of one 7. Don't know	→ASTH_Q23
IF ASTH_Q22 is answered	**ASTH_Q23** *Interviewer: Show Prompt Card 21 (Press F9)* Thinking about your asthma, [have you/has (proxy name)] ever discussed any of these items with [your/his/her] GP or Specialist? 1. Yes 5. No 6. Don't know	1. →ASTH_Q24 5 or 6. →ASTH_Q26_SG
IF ASTH_Q23 = 1	**ASTH_Q24** Was that discussion with [your/proxy name's] GP or Specialist? 1. GP 2. Specialist 3. Both	→ASTH_Q25
IF ASTH_Q24 is answered	**ASTH_Q25** [Have you/has (proxy name)] discussed these items with [your/his/her] [GP/Specialist] in the last 12 months? 1. Yes 5. No	→ASTH_Q26_SG

IF ASTH_Q25 is answered **IF ASTH_Q23 = 5 or 6**	**ASTH_Q26_SG** 1. IF CURSTUD_Q01 = 1 or HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1 or 15-24 yr olds on HH form = studying full-time. 2. If 'Child questionnaire' and aged 5 to 14 yrs and ASTH_Q03 = 1. 3 Otherwise.	1 or 2. →ASTH_Q27 3. →CNCR_Q01
IF ASTH_Q26_SG = 1 or 2	**ASTH_Q27** I now want you to think about any time off [work/study/school] because of [your/proxy name's] asthma in the <u>last 12 months</u>. [Have you/has (proxy name)] stayed away from [work/study/school] for more than half a day because of [your/his/her] asthma? 1. Yes 5. No	1. →ASTH_Q28 5. →CNCR_Q01
IF ASTH_Q27 = 1	**ASTH_Q28** On how many days in the <u>last 12 months</u>, did [you/proxy name] stay away from [work/study/school] because of [your/his/her] asthma? (Allow numeric entry 3 digits - 1..366)	→CNCR_Q01

Supplementary Information

1. Persons aged 0+ years are included in this module..
2. Coding fields required after questions ASTH_Q09 (3 fields)

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Module O - Cancer

From Population	Question Wording	To population
IF ASTH_Q28 is answered **IF ASTH_Q27 = 5** **IF ASTH_Q26_SG = 3** **IF ASTH_Q04_SG = 2** **IF ASTH_Q01 = 5 or 6**	**CNCR_Q01** [Do you/does (proxy name)] or anyone else, <u>regularly</u> check [your/his/her] skin for any changes in freckles and moles? 1. Yes 5. No 6. Don't know	→CNCR_Q03
IF CNCR_Q01 is answered	**CNCR_Q03** The next few questions are about cancer. *Interviewer: Press [1] to continue.*	→CNCR_Q04
IF CNCR_Q03 is answered	**CNCR_Q04** [Have you/has (proxy name)] ever been told by a doctor or nurse that [you/he/she] [have/has] any type of cancer? 1. Yes 5. No	1. →CNCR_Q05 5. →CARSTAT_Q01
IF CNCR_Q04 = 1	**CNCR_Q05** What type of cancer [were you/was (proxy name)] told [you/he/she] had? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma) 11. Colon/rectum/bowel cancer (colorectal) 12. Breast 13. Prostate 14. Lung (include trachea, pleura and bronchus) 15. Cervical cancer 16. Other female reproductive organs (include uterus, ovary) 17. Bladder/kidney 18. Stomach	10-22. →CNCR_Q07_SG 23. →CNCR_Q06

	19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 22. Cancer of unknown primary site 23. Other - specify	
IF CNCR_Q05 = 23	**CNCR_Q06** *Interviewer: Please specify other type of cancer.* (Allow text entry 60 characters)	→CNCR_Q07_SG
IF CNCR_Q06 is answered **IF CNCR_Q05 = 10-22**	**CNCR_Q07_SG** 1. If CNCR_Q05 = 10 2. Otherwise	1. →CNCR_Q08 2. →CNCR_Q11
IF CNCR_Q07_SG = 1	**CNCR_Q08** What type of skin cancer was this? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squanous cell carcinoma (SCC) 4. Other form of skin cancer 5. Don't know	→CNCR_Q11
IF CNCR_Q08 is answered **IF CNCR_Q07_SG = 2**	**CNCR_Q11** Including cancer which is in remission, [do you/does (proxy name)] <u>currently</u> have cancer? 1. Yes 5. No	1. →CNCR_Q12_SG 5. →CARSTAT_Q01
IF CNCR_Q11 = 1	**CNCR_Q12_SG** 1. If CNCR_Q05 = multiple response 2. Otherwise	1. →CNCR_Q13 2. →CNCR_Q14_SG

IF CNCR_Q12_SG = 1	**CNCR_Q13** What types of cancer [do you/does (proxy name)] currently have? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Skin cancer (include melanoma, basal cell carcinoma, squamous cell carcinoma) 11. Colon/rectum/bowel cancer (colorectal) 12. Breast 13. Prostate 14. Lung (include trachea, pleura and bronchus) 15. Cervical cancer 16. Other female reproductive organs (include uterus, ovary) 17. Bladder/kidney 18. Stomach 19. Leukaemia 20. Non-Hodgkin lymphoma 21. Other type of lymphoma 22. Cancer of unkown primary site 23. (Other type identified in CNCR_Q05)	→CNCR_Q14_SG
IF CNCR_Q13 is answered **IF CNCR_Q12_SG = 2**	**CNCR_Q14_SG** 1. If CNCR_Q13 = 10 and CNCR_Q08 = multiple response 2. Otherwise	1. →CNCR_Q15 2. →CNCR_Q16
IF CNCR_Q14_SG = 1	**CNCR_Q15** What type of skin cancer is this? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Melanoma 2. Basal cell carcinoma (BCC) 3. Squamous cell carcinoma (SCC) 4. Other form of skin cancer 5. Don't know	→CNCR_Q16

IF CNCR_Q15 is answered **IF CNCR_Q14_SG = 2**	**CNCR_Q16** The next questions are about vitamin and mineral supplements and herbal or natural treatments that you may have used or taken in the last 2 weeks which are directly related to your [cancer]. [Have you/has (proxy name)] taken any vitamin or mineral supplements for [your/his/her] cancer in the last 2 weeks? 1. Yes 5. No 6. Don't know	→CNCR_Q17
IF CNCR_Q16 is answered	**CNCR_Q17** [Have you/has (proxy name)] take any natural or herbal medicines for [your/his/her] cancer in the last 2 weeks? 1. Yes 5. No 6. Don't know	→CNCR_Q18
IF CNCR_Q17 is answered	**CNCR_Q18** How frequently [do you/does (proxy name)] usually consult [your/his/her] GP about [your/his/her] cancer? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→CNCR_Q19

IF CNCR_Q18 is answered	**CNCR_Q19** How frequently [do you/does (proxy name)] usually consult a Specialist about [your/his/her] cancer? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→CNCR_Q20
IF CNCR_Q19 is answered	**CNCR_Q20** *Interviewer: Show Prompt Card 22 (Press F9)* Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals about [your/his/her] cancer in the last 12 months? 1. Yes 5. No 6. Don't know	1. →CNCR_Q21 5 or 6. →CNCR_Q23_SG
IF CNCR_Q20 = 1	**CNCR_Q21** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Dietitian/Nutritionist 17. Naturopath 18. Nurse 19. Occupational Therapist 20. Optician/Optometrist 21. Osteopath 22. Physiotherapist/Hydrotherapist 23. Psychologist	→CNCR_Q23_SG

	24. Social worker/Welfare officer 25. Other	
IF CNCR_Q21 is answered **IF CNCR_Q20 = 5 or 6**	**CNCR_Q23_SG** 1. If CURSTUD_Q01 = 1 or HASJOB_Q01 =1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1 or 15-24 yr olds on HH form = studying full-time 2. If 'Child questionnaire' and aged 5 to 14 yrs 3. Otherwise	1. or 2. →CNCR_Q24 3. →CARSTAT_Q01
IF CNCR_Q23_SG = 1 or 2	**CNCR_Q24** I now want you to think about any time off [work/study/school] for [your/proxy name's] cancer in the last 12 months. [Have you/has (proxy name)] stayed away from [work/study/school] for more than half a day because of [your/his/her] cancer? 1. Yes 5. No	1. →CNCR_Q25 5. →CARSTAT_Q01
IF CNCR_Q24 = 1	**CNCR_Q25** On how many days in the last 12 months did [you/proxy name] stay away from [work/study/school] because of [your/his/her] cancer? (Allow numeric entry 3 digits - 1....366)	→CARSTAT_Q01

Supplementary information

1. Persons aged 0+ years are included in this module.
2. Coding fields required after question CNCR_Q06

Module P - Cardiovascular/Circulatory

From Population	Question Wording	To population
IF CNCR_Q24 = 5 IF CNCR_Q23_SG = 3 IF CNCR_Q11 = 5 IF CNCR_Q04 = 5	**CARSTAT_Q01** I would now like to ask about conditions of the heart and circulatory systems. *Interviewer: Press [1] to continue*	→CARSTAT_Q02
IF CARSTAT_Q01 is answered	**CARSTAT_Q02** *Interviewer: Show Prompt Card 23 (Press F9)* This card shows some <u>examples</u> of these conditions. Including any conditions which can be controlled with medication, [have you/has (proxy name)] ever been told by a doctor or nurse that [you have/(proxy name) has] any heart or circulatory conditions? 1. Yes 5. No	1. →CARSTAT_Q03 5. →CARSTAT_Q23_SG
IF CARSTAT_Q02 = 1	**CARSTAT_Q03** What are the names of these conditions? *Interviewer: Prompt for any other heart or circulatory conditions.* *More than one response allowed. Press space bar between responses.* 10. Rheumatic heart disease 11. Heart attack 12. Heart failure 13. Stroke (including after effects of stroke) 14. Angina 15. High blood pressure/hypertension 16. Low blood pressure/hypotension 17. Hardening of the arteries/atherosclerosis/arteriosclerosis 18. Fluid problems/fluid retention/oedema 19. High cholesterol	10-23. →CARSTAT_Q05 24. →CARSTAT_Q04

	20. Rapid or irregular heartbeats/tachycardia/palpitations 21. Heart murmur/heart valve disorder 22. Haemorrhoids 23. Varicose veins 24. Other - specify (Allow text entry: 60 characters)	
IF CARSTAT_Q03 = 24	**CARSTAT_Q04** *Interviewer: Please specify other type of heart or circulatory conditions.* (Allow text entry for up to 3 conditions) (Allow text entry: 60 characters per condition)	→CARSTAT_Q05
IF CARSTAT_Q04 is answered **IF CARSTAT_Q03 = 10-23**	**CARSTAT_Q05** Including any conditions which [you are/(proxy name) is] controlling with medication, [do you/does (proxy name)] currently have any heart or circulatory conditions. 1. Yes 5. No	1. CARSTAT_Q07(If CARSTAT_Q03 is 2 or more conditions) OR CARSTAT_Q14 (If CARSTAT_Q03 is less than 2 conditions) 5. →CARSTAT_Q23 _SG
IF CARSTAT_Q05 = 1 (If CARSTAT_Q03 is 2 or more conditions)	**CARSTAT_Q07** What are the names of these heart or circulatory conditions? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Rheumatic heart disease 11. Heart attack 12. Heart failure 13. Stroke (including after effects of stroke) 14. Angina 15. High blood pressure/hypertension 16. Low blood pressure/hypotension 17. Hardening of the arteries/atherosclerosis/arteriosclerosis 18. Fluid problems/fluid retention/oedema	→CARSTAT_Q08 _SG

	19. High cholesterol 20. Rapid or irregular heartbeats/tachycardia/palpitations 21. Heart murmur/heart valve disorder 22. Haemorrhoids 23. Varicose veins 24. (Other condition reported in CARSTAT_Q04)	
IF CARSTAT_Q07 is answered **IF CARSTAT_ Q06_SG = 2**	**CARSTAT_Q08_SG** 1. If CARSTAT_Q07 = at least one category selected in 14 to 24 2. Otherwise	1. →CARSTAT_Q09 2. →CARSTAT_Q14
IF CARSTAT_ Q08_SG = 1	**CARSTAT_Q09** (Again remembering to include any conditions which can be controlled with medication.) [Has this condition/have any of these conditions] lasted, or [is it/are they] expected to last, for 6 months or more? 1. Yes 5. No	1. →CARSTAT_Q10_SG. 5.→CARSTAT_Q10a_SG
IF CARSTAT_Q09 = 1	**CARSTAT_Q10_SG** 1. If CARSTAT_Q07 = 2 or more selected 2. Otherwise	1. →CARSTAT_Q11 2. →CARSTAT_Q14
IF CARSTAT_Q09 = 5	**CARSTAT_Q10a_SG** 1. If CARSTAT_Q07 = at least one category 10 to 13 is selected 2. Otherwise	1. →CARSTAT_Q14 2. →CARSTAT_Q23_SG

| IF CARSTAT_Q10 _SG = 1 | **CARSTAT_Q11**
Which conditions are they?

Interviewer: _More than one response allowed. Press space bar between responses._

10. Rheumatic heart disease
11. Heart attack
12. Heart failure
13. Stroke (including after effects of stroke)
14. Angina
15. High blood pressure/hypertension
16. Low blood pressure/hypotension
17. Hardening of the arteries/atherosclerosis/arterioclerosis
18. Fluid problems/fluid retention/oedema
19. High cholesterol
20. Rapid or irregular heartbeats/tachycardia/palpitations
21. Heart murmur/heart valve disorder
22. Haemorrhoids
23. Varicose veins
24. (Other condition reported in CARSTAT_Q04)

(Display responses reported in CARSTAT_Q07 for selection in this question) | →CARSTAT_Q14 |
| **IF CARSTAT_Q11 is answered**
IF CARSTAT_ Q10a_SG = 1
IF CARSTAT_ Q10_SG = 2
IF CARSTAT_ Q08_SG=2 | **CARSTAT_Q14**
How often [do you/does (proxy name)] usually consult [your/his/her] GP about [your/his/her] [condition/s]?

1. Once a month or less
2. Every 2 to less than 3 months
3. Every 3 to less than 6 months
4. Every 6 months
5. Every 7 to 11 months
6. Every 12 months
7. Periodically, as needed
8. Not at all
9. Don't know | →CARSTAT_Q15 |

IF CARSTAT_Q14 is answered	**CARSTAT_Q15** How often [do you/does (proxy name)] usually consult a Specialist about [your/his/her] [condition/s]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→CARSTAT_Q16
IF CARSTAT_Q15 is answered	**CARSTAT_Q16** *Interviewer: Show Prompt Card 24 (Press F9)* Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals about [your/his/her] [condition/s] in the last 12 months? 1. Yes 5. No	1. →CARSTAT_Q17 5. →CARSTAT_Q19
IF CARSTAT_Q16 = 1	**CARSTAT_Q17** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Dietitian/Nutritionist 17. Naturopath 18. Nurse 19. Occupational Therapist 20. Optician/Optometrist 21. Osteopath 22. Physiotherapist/Hydrotherapist 23. Psychologist 24. Social worker/Welfare officer 25. Other	→CARSTAT_Q19

IF CARSTAT_Q17 = 11-24 **IF CARSTAT_Q16 = 5**	**CARSTAT_Q19** *Interviewer: Show Prompt Card 25 (Press F9)* Thinking about [your/proxy name's] [condition/s], [have you/has (proxy name)] ever discussed any of the items on that card with [your/his/her] GP or Specialist? 1. Yes 5. No 6. Don't know	1. →CARSTAT_Q20 5 or 6. →CARSTAT_Q23_SG
IF CARSTAT_Q19 = 1	**CARSTAT_Q20** Was that discussion with [your/proxy name's] GP or Specialist? 1. GP 2. Specialist 3. Both	→CARSTAT_Q22
IF CARSTAT_Q20 is answered	**CARSTAT_Q22** [Have you/has (proxy name)] discussed these items with [your/his/her] [GP/Specialist] in the last 12 months? 1. Yes 5. No 6. Don't know	→CARSTAT_Q23_SG
IF CARSTAT_Q10a_SG = 2 **IF CARSTAT_Q22 is answered** **IF CARSTAT_Q19 = 5 or 6** **IF CARSTAT_Q05 = 5** **IF CARSTAT_Q02 = 5**	**CARSTAT_Q23_SG** 1. If respondent is aged 45 years or over. 2. If respondent is aged 18-44 years and CARSTAT_Q05 = 1 3. Otherwise	1 or 2. →CARSTAT_Q24 3. →CARSTAT_Q27_SG

IF CARSTAT_Q23 _SG = 1 or 2	**CARSTAT_Q24** [Have you/has (proxy name)] had [your/his/her] cholesterol checked within the <u>last 5 years</u>? 1. Yes 5. No 6. Don't know	1. →CARSTAT_Q25 _SG 5 or 6. →CARSTAT_ Q27_SG
IF CARSTAT_Q24 = 1	**CARSTAT_Q25_SG** 1. CARSTAT_Q05 = 1 2. Otherwise	1. →CARSTAT_Q26 2. →CARSTAT_Q27 _SG
IF CARSTAT_Q25 _SG = 1	**CARSTAT_Q26** Was [your/proxy name's] cholesterol checked in the <u>last 12 months</u>? 1. Yes 5. No 6. Don't know	→CARSTAT_Q27 _SG
IF CARSTAT_Q26 is answered **IF CARSTAT_Q25 _SG = 2** **IF CARSTAT_Q24 = 5 or 6** **IF CARSTAT_Q23 _SG = 3**	**CARSTAT_Q27_SG** 1. If respondent is aged 18 years or over. 2. Otherwise	1. →CARSTAT_Q28 2. →CARMED_Q01 _SG
IF CARSTAT_Q27 _SG = 1	**CARSTAT_Q28** [Have you/has (proxy name)] had [your/his/her] blood pressure checked in the <u>last 2 years</u>? 1. Yes 5. No 6. Don't know	1.→ CARSTAT_Q29 _SG 5 or 6. →CARMED_ Q01_SG
IF CARSTAT_Q28 = 1	**CARSTAT_Q29_SG** 1. If CARSTAT_Q05 = 1 2. Otherwise	1. →CARSTAT_Q30 2.→ CARMED_Q01 _SG

IF CARSTAT_Q29 _SG = 1	**CARSTAT_Q30** [Have you/has (proxy name)] had [your/his/her] blood pressure checked in the last 12 months? 1. Yes 5. No 6. Don't know	1. →CARSTAT_Q31 5 or 6 →CARMED_Q01_SG
IF CARSTAT_Q30 = 1	**CARSTAT_Q31** *Interviewer: Only one response allowed.* Is [your/proxy name's] blood pressure usually checked by: 1. A GP 2. A specialist 3. Other health professional e.g. a nurse 4. None of the above	→CARSTAT_Q32
IF CARSTAT_Q31 is answered	**CARSTAT_Q32** Did [you/proxy name] test [your/his/her] own blood pressure in the last 12 months? 1. Yes 5. No 6. Don't know	→CARMED_Q01_SG
IF CARSTAT_Q32 is answered **IF CARSTAT_Q30 = 5 or 6** **IF CARSTAT_Q29 _SG = 2** **IF CARSTAT_Q28 = 5 or 6** **IF CARSTAT_Q27 _SG = 2**	**CARMED_Q01_SG** 1. If CARSTAT_Q07 = 1 condition only reported 2. IF CARSTAT_Q07 = 2 or more conditions 3. Otherwise	1. →CARMEDC_Q01 2. →CARMEDA_Q01 3. →ARTH_Q01

IF CARMED_Q01 _SG = 2	**CARMEDA_Q01** The next few questions are about any medication that [you/proxy name] may have used or taken, in the <u>last 2 weeks</u>, which are directly related to [your/his/her] heart or circulatory condition/s. Including any vitamin and mineral supplements, as well as any natural or herbal medicines, [have you/has (proxy name)] used or taken any medication for any of [your/his/her] heart or circulatory conditions in the <u>last 2 weeks</u>? 1. Yes 5. No	1. →CARMEDA_Q02 5. →CARMEDC_Q15
IF CARMEDA_ Q01 = 1	**CARMEDA_Q02** Do you know which conditions [you are /(proxy name) is] taking each medication for? 1. Yes 5. No 6. Some	1 or 6.→CARMEDC_ Q01 5. →CARMEDB_Q02
IF CARMEDA_ Q02 = 5	**CARMEDB_Q02** (It might be easier to answer these questions if you have the medication in front of you.) [Have you/has (proxy name)] taken any vitamin or mineral supplements for [your/his/her] heart or circulatory condition/s in the <u>last 2 weeks</u>? 1. Yes 5. No	→CARMEDB_Q03
IF CARMEDB_ Q02 is answered	**CARMEDB_Q03** [Have you/has (proxy name)] used or taken any herbal or natural treatments for [your /his/her] heart or circulatory conditions in the <u>last 2 weeks</u>? 1. Yes 5. No	→CARMEDB_Q04 _SG

IF CARMEDB_ Q03 is answered	**CARMEDB_Q04_SG** 1. If CARMEDB_Q02 or CARMEDB_Q03 =1 2. Otherwise	1. →CARMEDB_Q05 2. →CARMEDB_Q06
IF CARMEDB_ Q04_SG =1	**CARMEDB_Q05** (Other than the vitamins or herbal treatments you just told me about), [have you/has (proxy name)] taken any (other) medication for [your/his/her] heart or circulatory conditions in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1. →CARMEDB_Q06 5 or 6. →CARMEDC _Q15
IF CARMEDB_ Q04_SG = 2 **IF CARMEDB_ Q05 = 1**	**CARMEDB_Q06** What are the names or brands of all the (other) medication [you have/(proxy name) has] taken for [your/his/her] heart or circulatory condition(s) in the <u>last 2 weeks</u>? *Interviewer: 3 fields are available: enter only one name/brand per field. Press enter to go to the next field. If more than 3 reported, probe for <u>main 3</u> names/brands.* *Ctrl K may be used here if necessary.* (Allow text entry: 60 characters per medication)	→CARMEDB_Q07 _SG
IF CARMEDB_ Q06 is answered	**CARMEDB_Q07_SG** 1. If CARMEDB_Q06 = 3 medications recorded 2. Otherwise	1. →CARMEDB_Q08 2. →CARMEDC_Q15
IF CARMEDB_ Q07_SG = 1	**CARMEDB_Q08** *Interviewer: Mark number of medications reported.* 1. Three 2. 4 or more medications reported	→CARMEDC_Q15

IF CARMEDA_ Q02 = 1 or 6 IF CARMED_Q01 _SG = 1	**CARMEDC_Q01** The next few questions are about any medication that [you/proxy name] may have used or taken, in the <u>last 2 weeks</u>, which are directly related to [your/his/her] heart or circulatory [condition/s]. Including any vitamin and mineral supplements, as well as any natural or herbal medicines, [have you/has (proxy name)] taken any medication for [your/his/her] [first/second/third condition in CARSTAT_Q07] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1. →CARMEDC_Q02 5 or 6. →CARMEDC_ Q09_SG
IF CARMEDC_ Q01 = 1	**CARMEDC_Q02** It might be easier to answer these questions if you have the medication in front of you. [Have you/has (proxy name)] taken any vitamin or mineral supplements for [your/his/her] [first/second/third condition in CARSTAT_Q07] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	→CARMEDC_Q03
IF CARMEDC_ Q02 is answered	**CARMEDC_Q03** [Have you/has (proxy name)] used or taken any herbal or natural treatments for [your/his/her] [first/second/third condition in CARSTAT_Q07] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	→CARMEDC_Q04 _SG

IF CARMEDC_Q03 is answered	CARMEDC_Q04_SG 1. If CARMEDC_Q02 = 1 or CARMEDC_Q03 = 1 2. Otherwise	1. →CARMEDC_Q05 2. →CARMEDC_Q06
IF CARMEDC_Q04_SG = 1	CARMEDC_Q05 Other than the vitamins or herbal treatments you just told me about, [have you/has (proxy name)] taken any medication for [your/his/her] [first/second/third condition in CARSTAT_Q07] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1. →CARMEDC_Q06 5 or 6. →CARMDC_Q09_SG
IF CARMEDC_Q05 = 1 IF CARMEDC_Q04_SG = 2	CARMEDC_Q06 What are the names or brands of all the medication [you have/(proxy name) has] taken for [your/his/her] [first/second/third condition in CARSTAT_Q07] in the <u>last 2 weeks</u>? *Interviewer: 3 fields are available: enter only one name/brand per field. Press enter to go to the next field.* *If more than 3 reported, prompt for <u>main 3</u> names/brands* *Ctrl K may be used here if necessary.* (Allow text entry: 60 characters per medication).	→CARMEDC_Q07_SG
IF CARMEDC_Q06 is answered	CARMEDC_Q07_SG 1. If number of medications recorded in CARMEDC_Q06 = 3 2. Otherwise	1. →CARMEDC_Q08 2. →CARMEDC_Q09_SG

IF CARMEDC_ Q07_SG = 1	**CARMEDC_Q08** *Interviewer: Mark number of medications reported.* 1. Three 2. 4 or more reported 3. No names or brands known	→CARMEDC_Q09 _SG
IF CARMEDC_ Q08 is answered **IF CARMEDC_ Q07_SG = 2** **IF CARMEDC_ Q05 = 5 or 6** **IF CARMEDC_ Q01 = 5 or 6**	**CARMEDC_Q09_SG** 1. If 2 or more conditions reported in CARSTAT_Q07 2. Otherwise	1. →Repeat CARMEDC_Q01 to CARMEDC_Q07 for 2nd condition & 3rd condition 2.→CARMEDC_Q10 _SG
IF CARMEDC_ Q09_SG =2	**CARMEDC_Q10_SG** 1. If only one condition reported in CARSTAT_Q07 2. If CARMEDC_Q01 and CARMEDC_ Q05 are not equal to code 6 and CARMEDC_Q06 is not equal to Ctrl K for all of 1st 3 conditions. 3. If CARMEDA_Q02 or CARMEDC_ Q01 or CARMEDC_Q05 = 6 or CARMEDC_Q06 = Ctrl K for any of 1st 3 conditions	1 or 2. →CARMEDC _Q15 3. →CARMEDC_Q11
IF CARMED_Q10 _SG = 3	**CARMEDC_Q11** [Have you/has (proxy name)] taken any other medication for [your/his/her] heart or circulatory condition(s) in the <u>last 2 weeks</u>? 1. Yes 5. No	1. →CARMEDC_Q12 5. →CARMEDC_Q15

IF CARMEDC_ Q11 = 1	**CARMEDC_Q12** What are the names or brands of all the other medication [you have/(proxy name) has] taken for [your/his/her] heart or circulatory condition(s) in the <u>last 2 weeks</u>. *Interviewer: 3 fields are available: enter only one name/brand per field. Press enter to go to the next field.* *If more than 3 reported, prompt for <u>main</u> 3 names/brands.* *Ctrl K may be used here if necessary.* (Allow text entry: 60 characters per medicine)	→CARMEDC_Q13 _SG
IF CARMEDC_ Q12 is answered	**CARMEDC_Q13_SG** 1. If number of medications in CARMEDC_Q12 = 3 2. Otherwise	1. →CARMEDC_Q14 2. →CARMEDC_Q15
IF CARMEDC_ Q13_SG = 1	**CARMEDC_Q14** *Interviewer: Mark number of medications recorded in CARMEDC_Q12* 1. Three 2. 4 or more reported	→CARMEDC_Q15
IF CARMEDC_ Q14 is answered **IF CARMEDC_ Q13_SG = 2** **IF CARMEDC_ Q11 = 5** **IF CARMEDC_ Q10_SG =1 or 2** **IF CARMEDB_ Q08 is answered** **IF CARMEDB_ Q07_SG = 2** **IF CARMEDB_ Q05 = 5 or 6** **IF CARMEDA_ Q01 = 5**	**CARMEDC_Q15** (Including the medications you have already mentioned), [do you/does (proxy name)] take aspirin on a daily basis? 1. Yes 5. No 6. Don't know	1. →CARMEDC_Q16 5 or 6. →CARMEDC_ Q17_SG

IF CARMEDC_ Q15 = 1	**CARMEDC_Q16** [Were you/was (proxy name)] advised by a doctor to take aspirin on a daily basis for [your/his/her] [condition/s]? 1. Yes 5. No	→CARMEDC_Q17 _SG
IF CARMEDC_ Q16 is answered **IF CARMEDC_ Q15 = 5 or 6**	**CARMEDC_Q17_SG** 1. IF CURSTUD_Q01 = 1 or HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1 or 15-24 yr olds on HH form = studying full-time 2. If 'Child questionnaire' and aged 5 to 14 yrs and CARSTAT_Q05 = 1 3. Otherwise	1 or 2. →CARDAY_ Q01 3. →ARTH_Q01
IF CARMEDC_ Q17_SG = 1 or 2	**CARDAY_Q01** I now want you to think about any time off [work/study/school] because of [your/proxy name's] heart or circulatory conditions in the <u>last 12 months</u>? [Have you/has (proxy name)] stayed away from [work/study/school] for more than half a day because of [your/his/her] [condition/s]? 1. Yes 5. No	1. →CARDAY_Q02 5. →ARTH_Q01
IF CARDAY_Q01 = 1	**CARDAY_Q02** On how many days in the <u>last 12 months</u> did [you/proxy name] stay away from [work/study/school] because of [your/his/her] [condition/s]? (Allow numeric entry 3 digits - 1....366)	→ ARTH_Q01

Supplementary Information

1. Persons aged 0+ years are included in this module.
2. Question CARSTAT_Q24 and related questions are to be asked of all respondents aged 45+ years whether a cardio condition has been identified or not.
3. Question CARSTAT_Q28 and related questions are to be asked of all persons aged 18+ years whether a cardio condition had been identified or not.
4. Coding fields required after questions CARSTAT_Q04 (3 fields), CARMEDB_Q06 (3 fields), CARMEDC_Q06 (3 fields), CARMEDC_Q12 (3 fields)

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Module Q1 - Arthritis

From Population	Question Wording	To population
IF CARDAY_Q02 is answered IF CARDAY_Q01 = 5 IF CARMEDC_ Q17_SG = 3 IF CARMED_Q01 _SG = 3	**ARTHF_Q01** The next few questions are about arthritis or related conditions. [Do you/does (proxy name)] have, or [have you/has he/has she] ever had Gout? 1. Yes 5. No	→ARTHF_Q02
IF ARTHF_Q01 is answered	**ARTHF_Q02** ([Do you/does (proxy name)] have, or [have you/has he/has she] ever had:) Rheumatism? 1. Yes 5. No	→ARTHF_Q03
IF ARTHF_Q02 is answered	**ARTHF_Q03** ([Do you/does (proxy name)]have, or [have you/has he/has she] ever had:) Arthritis? 1. Yes 5. No	1. →ARTHF_Q04 5. →ARTHF_Q09_SG
IF ARTHF_Q03 = 1	**ARTHF_Q04** The next few questions are about what types of arthritis [you have/(proxy name) has] ever had. [Do you/does (proxy name)] have, or [have you/has he/has she] had osteoarthritis? 1. Yes 5. No	→ARTHF_Q05

IF ARTHF_Q04 is answered	**ARTHF_Q05** [Do you/does (proxy name)] have, or [have you/has he/has she] ever had rheumatoid arthritis? 1. Yes 5. No	→ARTHF_Q06
IF ARTHF_Q05 is answered	**ARTHF_Q06** [Do you/does (proxy name)] have, or [have you/has he/has she] ever had any other type of arthritis? 1. Yes - can specify type 3. Yes - but type unknown 5. No	→ARTHF_Q07_SG
IF ARTHF_Q06 is answered	**ARTHF_Q07_SG** 1. If ARTHF_Q06 = 1 2. Otherwise	1. →ARTHF_Q08 2. →ARTHF_Q09_SG
IF ARTHF_Q07 _SG = 1	**ARTHF_Q08** *Interviewer: Enter a brief description of the other type of arthritis.* (Allow text entry 60 characters)	→ARTHF_Q09_SG
IF ARTHF_Q08 is answered **IF ARTHF_Q07_ SG = 2** **IF ARTHF_Q03 = 5**	**ARTHF_Q09_SG** 1. If ARTHF_Q01 = 5 and ARTHF_Q02 = 5 and ARTHF_Q03 = 5 and age >14 2. If ARTHF_Q01 = 5 and ARTHF_Q02 = 5 and ARTHF_Q03 = 5 and age <15 3. Otherwise	1. →OSTEO_Q01 2. →DIABST_Q01 3. →ARTH_Q01_SG
IF ARTHF_Q09 _SG = 3	**ARTH_Q01_SG** 1. If only one of ARTHF_Q01 = 1 or ARTHF_Q02 = 1 or ARTHF_Q04 = 1 or ARTHF_Q05 = 1 or ARTHF_Q06 = 1 or 2 2. Otherwise	1. →ARTH_Q02 2. →ARTH_Q03

IF ARTH_Q01_SG = 1	**ARTH_Q02** [Do you/does (proxy name)] <u>currently</u> have (name of condition)? 1. Yes 5. No 6. Don't know	→ARTH_Q05_SG
IF ARTH_Q01_SG = 2	**ARTH_Q03** [Do you/does (proxy name)] <u>currently</u> have any of these conditions? 1. Yes 5. No 6. Don't know	1. →ARTH_Q04 5 or 6.→ARTH_Q05 _SG
IF ARTH_Q03 = 1	**ARTH_Q04** Which ones? *Interviewer: Multiple responses allowed. Press space bar between responses.* 1. Gout 2. Rheumatism 3. Osteoarthritis 4. Rheumatoid arthritis 5. [insert specified type of arthritis from ARTHF_Q08] 6. Arthritis - type unknown	→ARTH_Q05_SG
IF ARTH_Q04 is answered **IF ARTH_Q03 = 5 or 6** **IF ARTH_Q02 is answered**	**ARTH_Q05_SG** 1. If ARTH_Q04 = 1 2. If ARTHF_Q01 = 1 and ARTH_Q02 = 1 3. Otherwise	1 or 2. →ARTH_Q06 3. →ARTH_Q07_SG
IF ARTH_Q05_SG = 1	**ARTH_Q06** [Has your/has (proxy name's)] gout lasted, or is it expected to last, for six months or more? 1. Yes 5. No 6. Don't know	→ARTH_Q07_SG

IF ARTH_Q06 is answered **IF ARTH_Q05_SG = 2**	**ARTH_Q07_SG** 1. If ARTH_Q04 = 2 2. If ARTHF_Q02 = 1 and ARTH_Q02 = 1 3. Otherwise	1 or 2. →ARTH_Q08 3. →ARTH_Q09_SG
IF ARTH_Q07_SG = 1	**ARTH_Q08** [Has your/has (proxy name's)] rheumatism lasted, or is it expected to last, for six months or more? 1. Yes 5. No 6. Don't know	→ARTH_Q09_SG
IF ARTH_Q08 is answered **IF ARTH_Q07_SG = 2**	**ARTH_Q09_SG** 1. If ARTH_Q04 = 1 or 2 2. IF ARTH_Q02 = 5 3. Otherwise	1 or 2. →OSTEO_Q01 3. →ARTH_Q10
IF ARTH_Q09_SG = 3	**ARTH_Q10** [Were you/was (proxy name)] told by a doctor or nurse that [you have/he has/she has] (first condition)? 1. Yes 5. No 6. Don't know	→ARTH_Q11_SG
IF ARTH_Q10 is answered	**ARTH_Q11_SG** 1. If a second condition is reported in ARTH_Q04 other than code 1 or code 2 2. Otherwise	1. →ARTH_Q12 2. →ARTH_Q17_SG
IF ARTH_Q11_SG = 1	**ARTH_Q12** [Were you/was (proxy name)] told by a doctor or nurse that [you have/he has/she has] (second condition)? 1. Yes 5. No 6. Don't know	→ARTH_Q13_SG

IF ARTH_Q12 is answered	**ARTH_Q13_SG** 1. If a third condition is reported in ARTH_Q04 other than code 1 or code 2 2. Otherwise	1. →ARTH_Q14 2. →ARTH_Q17_SG
IF ARTH_Q13_SG = 1	**ARTH_Q14** [Were you/was (proxy name)] told by a doctor or nurse that [you have/he has/she has] (third condition)? 1. Yes 5. No 6. Don't know	→ARTH_Q15_SG
IF ARTH_Q14 is answered	**ARTH_Q15_SG** 1. If a fourth condition is reported in ARTH_Q04 other than code 1 or code 2 2. Otherwise	1. →ARTH_Q16 2. →ARTH_Q17_SG
IF ARTH_Q15_SG = 1	**ARTH_Q16** [Were you/was (proxy name)] told by a doctor or nurse that [you have/he has/she has] (fourth condition)? 1. Yes 5. No 6. Don't know	→ARTH_Q17_SG
IF ARTH_Q16 is answered **IF ARTH_Q11_SG, Q13_SG or Q15 _SG = 2**	**ARTH_Q17_SG** 1. If 'arthritis' reported as a condition 2. Otherwise	1. →ARTH_Q18 2. →ARTHMED_Q01
IF ARTH_Q17_SG = 1	**ARTH_Q18** How old [were you/was (proxy name)] when [you/he/she] were first told that you had arthritis? *Interviewer: Enter age in years.* *Ctrl K may be used here if necessary.* (Allow numeric entry 2 digits - 0....99)	→ARTHMED_Q01

Supplementary information

1. Persons aged 0+ years are asked this set of questions.
2. Coding fields required after question ARTHF_Q08

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Module Q2 - Arthritis Medications

From Population	Question Wording	To population
IF ARTH_Q18 is answered **IF ARTH_Q17_SG = 2**	**ARTHMED_Q01** The next few questions are about medication that [you/proxy name] may have used or taken for arthritis in the <u>last 2 weeks.</u> Please <u>do not include</u> any vitamin and mineral supplements, as well as any natural or herbal medicines in your answer. These will be asked about later. [Have you/has (proxy name)] taken any medication for arthritis in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1. →ARTHMED_Q03 5 or 6. →ARTHMED_Q06
IF ARTHMED_ Q01 = 1	**ARTHMED_Q03** (It might be easier to answer these questions if you have the medication in front of you.) What are the names or brands of all the arthritis medication [you have/(proxy name) has] taken for [your/his/her] arthritis in the <u>last 2 weeks</u>? *Interviewer: 3 fields are available: enter only <u>one</u> name/brand per field. Press enter to go to the next field.* *If more than 3 reported, probe for <u>main</u> 3 names/brands.* Allow text entry: 60 characters for each medication.	→ARTHMED_Q04 _SG

IF ARTHMED_ Q03 is answered	**ARTHMED_Q04_SG** 1. If 3 medications entered in ARTHMED_Q03 2. If 1 or 2 medications entered in ARTHMED_Q03	1. →ARTHMED_Q05 2. →ARTHMED_Q06
IF ARTHMED_ Q04_SG = 1	**ARTHMED_Q05** *Interviewer: Enter code 1 if only three medications reported. If 4 or more medications enter code 2.* 1. Three 2. Four or more	→ARTHMED_Q06
IF ARTHMED_ Q05 is answered **IF ARTHMED_ Q04_SG = 2** **IF ARTHMED_ Q01 = 5 or 6**	**ARTHMED_Q06** *Interviewer: Show Prompt Card 26 (Press F9)* (Other than the medication you just told me about,) [Have you/has (proxy name)] used or taken any of these for [your/his/her] arthritis in the last 2 weeks? 1. Yes 5. No 6. Don't know	1. →ARTHMED_Q07 5 or 6. →OSTEO_Q01
IF ARTHMED_ Q06 = 1	**ARTHMED_Q07** Which ones? *Interviewer: Multiple response allowed. Press space bar between responses.* 1. Vitamin D supplements 2. Calcium supplements 3. Glucosamine 4. Fish Oil/Omega 3 oils 5. Fish liver oils 6. Chondroitin/Shark cartilage 7. Any other vitamin or mineral supplements 8. Any other natural or herbal treatments	→ARTHMED_Q08 _SG

IF ARTHMED_Q07 is answered	ARTHMED_Q08_SG 1. If ARTHMED_Q07= 1 2. Otherwise	1. →ARTHMED_Q09 2. →ARTHMED_Q10_SG
IF ARTHMED_Q08_SG = 1	**ARTHMED_Q09** What is the name or brand of the vitamin D supplement [you are/(proxy name) is] taking? *Interviewer: Enter only one name/brand. If more than one reported, probe for main name/brand.* *Ctrl K may be used here if necessary* (Allow text entry 60 characters)	→ARTHMED_Q10_SG
IF ARTHMED_Q09 is answered IF ARTHMED_Q08_SG = 2	**ARTHMED_Q10_SG** 1. If ARTHMED_Q07= 2 2. Otherwise	1. →ARTHMED_Q11 2. →ARTHMED_Q12_SG
IF ARTHMED_Q10_SG = 1	**ARTHMED_Q11** What is the name or brand of the calcium supplement [you are/(proxy name) is] taking? *Interviewer: Enter only one name/brand. If more than one reported, probe for main name/brand.* *Ctrl K may be used here if necessary.* (Allow text entry 60 characters)	→ARTHMED_Q12_SG
IF ARTHMED_Q11 is answered IF ARTHMED_Q10_SG = 2	**ARTHMED_Q12_SG** 1. If ARTHMED_Q07= 7 2. Otherwise	1. →ARTHMED_Q13 2. →ARTHMED_Q14_SG

IF ARTHMED_ Q12_SG = 1	**ARTHMED_Q13** What type of vitamin or mineral supplement [are you/is (proxy name)] taking? _Interviewer: Enter only one name/brand. If more than one reported, probe for main name/brand._ _Ctrl K may be used here if necessary._ (Allow text entry 60 characters.)	→ARTHMED_Q14 _SG
IF ARTHMED_ Q13 is answered IF ARTHMED_ Q12_SG = 2	**ARTHMED_Q14_SG** 1. If ARTHMED_Q07= 8 2. If age <15 3. Otherwise	1. →ARTHMED_Q15 2. →AO_Q01 3. →OSTEO_Q01
IF ARTHMED_ Q14_SG = 1	**ARTHMED_Q15** What type of natural or herbal treatment [are you/is (proxy name)] taking? _Interviewer: Enter only one name/brand. If more than one reported, probe for main name/brand._ _Ctrl K may be used here if necessary._ (Allow text entry 60 characters)	→OSTEO_Q01

Supplementary information

1. Persons aged 0+ years who recorded having any form of arthritis are sequenced to this set of questions.
2. Coding fields required after questions ARTHMED_Q03 (3 fields), ARTHMED_Q09, ARTHMED_Q11, ARTHMED_Q13, ARTHMED_Q15

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Module Q3 - Osteoporosis

From Population	Question Wording	To Population
IF ARTHMED_ Q15 is answered IF ARTHMED_ Q14_SG = 3 IF ARTHMED_Q06 = 5 or 6 IF ARTH_Q09_SG = 1 or 2 IF ARTHF_Q09 _SG = 1	**OSTEO_Q01** I would like to ask about osteoporosis. [Have you/has (proxy name)] ever been told by a doctor or nurse that [you have/(proxy name) has] osteoporosis or osteopenia? (Osteopenia is a mild loss of bone density that may progress to osteoporosis). 1. Yes 5. No 6. Don't know	 1. →OSTEO_Q02 5 or 6.→OSTEO_Q01a _SG
IF OSTEO_Q01 = 5 or 6	**OSTEO_Q01a_SG** 1. If ARTHF_Q09_SG = 3 2. If AGE > 49 3. Otherwise	 1. →AO_Q01 2. →AO_Q15 3. →DIABST_Q01
IF OSTEO_Q01 = 1	**OSTEO_Q02** Which one [were you/was (proxy name)] told [you/he/she] [have/has]? 1. Osteoporosis 2. Osteopenia 3. Both	 →OSTEO_Q04
IF OSTEO_Q02 is answered	**OSTEO_Q04** At what age [were you/was (proxy name)] when [you/he/she] [were/was] first told that [you/(proxy name)] had [osteoporosis/osteopenia]? *Interviewer: Enter age in years.* *Ctrl K may be used here if necessary.* (Allow numeric entry 2 digits - 0..99)	 →OSTEOMED_Q01

IF OSTEO_Q04 is answered	**OSTEOMED_Q01** The next few questions are about medication that [you/proxy name] may have used or taken for [osteoporosis/osteopenia] in the <u>last 2 weeks</u>. Please <u>do not include</u> vitamin and mineral supplements, as well as natural or herbal medicines in your answer. These will be asked about later. [Have you/has (proxy name)] taken any medication for [osteoporosis/osteopenia] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	 1. →OSTEOMED_Q03 5 or 6. →OSTEOMED _Q06
IF OSTEOMED_ Q01 = 1	**OSTEOMED_Q03** (It might be easier to answer these questions if you have the medication in front of you.) What are the names or brands of all the [osteoporosis/osteopenia] medication [you have/(proxy name) has] taken in the <u>last 2 weeks</u>? *Interviewer: 3 fields are available: enter only <u>one</u> name/brand per field. Press enter to go to the next field.* *If more than 3 reported, probe for the <u>main</u> 3 names/brands.* (Allow text entry: 60 characters for each medication)	 →OESTOMED_Q04 _SG
IF OSTEOMED _Q03 is answered	**OSTEOMED_Q04_SG** 1. If medications reported in OSTEOMED_Q03 = 3 2. If medications reported in OSTEOMED_Q03 = 1 or 2	 1. →OSTEOMED_Q05 2. →OSTEOMED_Q06

IF OSTEOMED _Q04_SG = 1	**OSTEOMED_Q05** *Interviewer: Enter code 1 if only three medications reported. If 4 or more medications enter code 2.* 1. Three 2. Four or more	→OSTEOMED_Q06
IF OSTEOMED _Q05 is answered **IF OSTEOMED _Q04_SG = 2** **IF OSTEOMED _Q01 = 5 or 6**	**OSTEOMED_Q06** *Interviewer: Show Prompt Card 26 (Press F9)* (Other than the medication you just told me about), [have you/has (proxy name)] used or taken any of these for [your/his/her] [osteoporosis/osteopenia] in the last 2 weeks? 1. Yes 5. No 6. Don't know	1. →OSTEOMED_Q07 5 or 6. →AO_Q01
IF OSTEOMED _Q06 = 1	**OSTEOMED_Q07** Which ones? *Interviewer: Multiple response allowed. Press space bar between responses.* 1. Vitamin D supplements 2. Calcium supplements 3. Glucosamine 4. Fish Oil/Omega 3 oils 5. Fish liver oils 6. Chondroitin/Shark cartilage 7. Any other vitamin or mineral supplements 8. Any other natural or herbal treatments	→OSTEOMED_Q08 _SG
IF OSTEOMED _Q07 is answered	**OSTEOMED_Q08_SG** 1. If OSTEOMED_Q07 = 1 2. Otherwise	1. →OSTEOMED_Q09 2. →OSTEOMED _Q10_SG

IF OSTEOMED _Q08_SG = 1	**OSTEOMED_Q09** What is the name or brand of the vitamin D supplement [you are/(proxy name) is] taking? *Interviewer: Please enter a brief description.* (Allow text entry 60 characters)	→OSTEOMED_Q10 _SG
IF OSTEOMED _Q09 is answered IF OSTEOMED _Q08_SG = 2	**OSTEOMED_Q10_SG** 1. If OSTEOMED_Q07= 2 2. Otherwise	1. →OSTEOMED_Q11 2. →OSTEOMED_Q12 _SG
IF OSTEOMED _Q10_SG = 1	**OSTEOMED_Q11** What is the name or brand of the calcium supplement [you are/(proxy name) is] taking? *Interviewer: Please enter a brief description* (Allow text entry 60 characters)	→OSTEOMED_Q12 _SG
IF OSTEOMED _Q11 is answered IF OSTEOMED _Q10_SG = 2	**OSTEOMED_Q12_SG** 1. If OSTEOMED_Q07 = 7 2. Otherwise	1. →OSTEOMED_Q13 2. →OSTEOMED_Q14 _SG
IF OSTEOMED _Q12_SG = 1	**OSTEOMED_Q13** What type of vitamin or mineral supplements [are you/is (proxy name)] taking? *Interviewer: Please enter a brief description.* (Allow text entry 60 characters)	→OSTEOMED_Q14 _SG
IF OSTEOMED _Q13 is answered IF OSTEOMED _Q12_SG = 2	**OSTEOMED_Q14_SG** 1. If OSTEOMED_Q07 = 8 2. Otherwise	1. →OSTEOMED_Q15 2. →AO_Q01

IF OSTEOMED _Q14_SG = 1	**OSTEOMED_Q15** What type of natural or herbal treatment [are you/is (proxy name)] taking? *Interviewer: Please enter a brief description.* (Allow text entry 60 characters)	→AO_Q01
IF OSTEOMED _Q16_SG = 2 **IF OSTEOMED _Q06 = 5 or 6** **IF ARTHMED _Q14 SG=2** **IF OSTEO_Q01a _SG = 1 or 2**	**AO_Q01** How often [do you/does (proxy name)] usually visit the GP about [your/his/her] [arthritis/osteoporosis/osteopenia]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→AO_Q02
IF AO_Q01 is answered	**AO_Q02** How often [do you/does (proxy name)] usually visit a Specialist about [your/his/her] [arthritis/osteoporosis/ osteopenia]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→AO_Q03
IF AO_Q02 is answered	**AO_Q03** *Interviewer: Show Prompt Card 27 (Press F9)* Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals about [your/his/her]	

	[arthritis/osteoporosis/osteopenia] in the <u>last 12 months</u>? 1. Yes 5. No 6. Don't know	1. →AO_Q04 5 or 6. →AO_Q06
IF AO_Q03 = 1	**AO_Q04** Which ones? *Interviewer:* *More than one response allowed. Press space bar between responses.* 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Dietitian/Nutritionist 17. Naturopath 18. Nurse 19. Occupational therapist 20. Optician/Optometrist 21. Osteopath 22. Physiotherapist/Hydrotherapist 23. Psychologist 24. Social worker/Welfare officer 25. Other	→AO_Q06
IF AO_Q05 is answered **IF AO_Q04 = 11-24** **IF AO_Q03 = 5 or 6**	**AO_Q06** *Interviewer:* *Show Prompt Card 28 (Press F9)* Thinking about [your/proxy name's] [arthritis/osteoporosis/osteopenia], [have you/has he/has she] ever discussed any of these items with [your/his/her] GP or Specialist? 1. Yes 5. No 6. Don't know	1. →AO_Q07 5 or 6. →AO_Q10

IF AO_Q06 = 1	**AO_Q07** Was that discussion with [your/proxy name's] GP or Specialist? 1. GP 2. Specialist 3. Both	→AO_Q_09
IF AO_Q07 is answered	**AO_Q09** [Have you/has (proxy name)] discussed these items with [your/his/her] [GP/Specialist] in the last 12 months? 1. Yes 5. No 6. Don't know	→AO_Q10
IF AO_Q09 is answered **IF AO_Q06= 5 or 6**	**AO_Q10** *Interviewer:* *Show Prompt Card 29 (Press F9)* [Have you/has (proxy name)] taken any of these actions for [your/his/her] [arthritis/osteoporosis/osteopenia] in the last 2 weeks? 1. Yes 5. No 6. Don't know	1. →AO_Q11 5 or 6. →AO_Q12_SG
IF AO_Q10 = 1	**AO_Q11** Which ones? *Interviewer:* *More than one response allowed. Press space bar between responses.* 1. Did weight/strength/resistance training 2. Obtained and/or used physical aids (used at home or work) 3. Water therapy 4. Massage 5. Changed eating pattern/diet 6. Losing weight 7. Exercised most days 8. Other action taken	→AO_Q12_SG

IF AO_Q11 is answered IF AO_Q10 = 5 or 6	**AO_Q12_SG** 1. If HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_Q03 = 1 or CURSTUD_Q01 = 1 or 15-24 yr old on Household Form = studying full-time 2. If 'Child questionnaire' and aged 5 to 14 yrs and ARTHF_Q03 =1 or ARTHF_Q04 = 1 or ARTHF_Q05 =1 or ARTHF_Q06 = 1 or 2 3. Otherwise	1 or 2. →AO_Q13 3. →AO_Q15
IF AO_Q12_SG = 1 or 2	**AO_Q13** I now want you to think about any time off [work/study/school] for [your/proxy name's] [arthritis/osteoporosis/osteopenia] in the <u>last 12 months.</u> [Have you/has (proxy name)] stayed away from [work/study/school] for more than half a day because of [your/his/her] [arthritis/osteoporosis]? 1. Yes 5. No 6. Don't know	1. →AO_Q14 5 or 6. →AO_Q15
IF AO_Q13 = 1	**AO_Q14** On how many days in the <u>last 12 months</u> did [you/proxy name] stay away from [work/study/school] because of [your/his/her] [arthritis/osteoporosis/osteopenia]? (Allow numeric entry - 3 digits)	→AO_Q15
IF AO_Q14 is answered IF AO_Q13 = 5 or 6 IF AO_Q12_SG = 3 IF OSTEO_Q01a _SG=2	**AO_Q15** [Have you/has (proxy name)] ever had [your/his/her] bone density tested? 1. Yes 5. No 6. Don't know	1. →AO_Q16 5 or 6. →DIABST_Q01

IF AO_Q15 = 1	**AO_Q16** Was the bone density test taken in the <u>last 2 years</u>? 1. Yes 5. No 6. Don't know	
		→DIABST_Q01

Supplementary Information

1. Persons aged 0+ years are included in this module.
2. Questions AO_Q15 and AO_Q16 are only asked for persons aged 50+ and respondents age <50 if OSTEO_Q01 = 1.
3. Questions AO_Q13 and AO_Q14 are asked of all respondents aged 5+ years.
4. Questions OSTEO_Q01 to OSTEOMED_Q15 are only asked for persons aged 15+ years.

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Module R1 - Diabetes

From Population	Question wording	To population
IF AO_Q18 is answered IF AO_Q15 = 5 or 6 IF OSTEO_Q01 = 5 or 6 IF AO_Q17 = 1, 2, 3 or 6 IF OSTEOMED _Q16_SG = 1 IF ARTHF_Q09_SG = 2	**DIABST_Q01** These next few questions are about Diabetes and High Sugar Levels. [Have you/has (proxy name)] ever been told by a doctor or nurse that [you/he/she] [have/has] Diabetes? 1. Yes 5. No	1. →DIABST_Q06 5. →DIABST_Q02
If DIABST_Q01 = 5	**DIABST_Q02** [Have you/has (proxy name)] ever been told by a doctor or nurse that [you/he/she] [have/has]) High Sugar Levels in [your/his/her] blood or urine? 1. Yes 5. No	1. →DIABST_Q05_SG 5. →DIABST_Q03_SG
IF DIABST_Q02 = 5	**DIABST_Q03_SG** 1. If respondent is aged 50+ years 2. If CARSTAT_Q08_SG = 2 or CARSTAT_Q09 = 1 3. Otherwise	1 or 2. →DIABST_Q04 3. →DIABST_Q05_SG
IF DIABST_Q03_SG = 1 or 2	**DIABST_Q04** [Have you/has (proxy name)] been screened for diabetes in the last 3 years? 1. Yes 5. No 6. Don't know	→DIABST_Q05 _SG

IF DIABST_Q02 = 1 **IF DIABST_Q03_SG = 3** **IF DIABST_Q04 is answered**	**DIABST_Q05_SG** 1. If DIABST_Q01 = 5 and DIABST_Q02 = 5 2. If DIABST_Q01 = 5 and DIABST_Q02 = 1	1. →SIGH_Q01 2. →HSL_Q01
IF DIABST_Q01 = 1	**DIABST_Q06** At what age [were you/was (proxy name)] first told that [you/proxy name] had Diabetes? *Interviewer: Enter age in years* *Ctrl K may be used here if necessary.* (Allow numeric entry 0..99)	→DIABST_Q07
IF DIABST_Q06 is answered	**DIABST_Q07** What type of Diabetes [were you/was (proxy name)] told [you/he/she] have? *Interviewer: More than one response is allowed. Press space bar between responses.* 1. Type 1 (Insulin Dependent Diabetes Mellitus/Juvenile Onset Diabetes/Type A) 2. Type 2 (Non-Insulin Dependent Diabetes Mellitus/Adult Onset Diabetes/Type B) 3. Gestational (pregnancy) 4. Diabetes insipidus 5. Other - specify 6. Don't know	→DIABST_Q08_SG
IF DIABST_Q07 is answered	**DIABST_Q08_SG** 1. If DIABST_Q07 = 5 2. Otherwise	1. →DIABST_Q09 2. →DIABST_Q10

IF DIABST_Q08_SG = 1	**DIABST_Q09** *Interviewer: Enter only one type of 'other' diabetes.* *If more than one type of 'other' diabetes is reported, probe for main type.* (Allow text entry 60 characters)	→DIABST_Q10
IF DIABST_Q09 is answered **IF DIABST_Q08_SG = 2**	**DIABST_Q10** [Do you/does (proxy name)] currently have diabetes? 1. Yes 5. No 6. Don't know	1. →DIABST_Q11_SG 5 or 6. →SIGH_Q01
IF DIABST_Q10 = 1	**DIABST_Q11_SG** 1. If DIABST_Q07= a single response. 2. If DIABST_Q07 = multiple responses.	1. →DIABST_Q13_SG 2. →DIABST_Q12
IF DIABST_Q11_SG = 2	**DIABST_Q12** Which types [do you/does (proxy name)] currently have? *Interviewer: More than one response is allowed. Press space bar between responses.* 1. Type 1 (Insulin Dependent Diabetes Mellitus/Juvenile Onset Diabetes/Type A) 2. Type 2 (Non-Insulin Dependent Diabetes Mellitus/Adult Onset Diabetes/Type B) 3. Gestational (pregnancy) 4. Diabetes insipidus 5. (insert answer from DIABST_Q09) 6. Type unknown	→DIABST_Q13_SG
IF DIABST_Q12 is answered **IF DIABST_11_SG = 1**	**DIABST_Q13_SG** 1. If DIABST_Q07 = 4 only 2. Otherwise	1. →SIGH_Q01 2. →DIABMA_Q01

IF DIABST_Q05_SG = 2	**HSL_Q01** At what age [were you/was (proxy name)] first told that [you/he/she] had high sugar levels? _Interviewer:_ _Enter age in years._ _Ctrl K may be used here if necessary._ (Allow numeric entry 0..99)	→HSL_Q02
IF HSL_Q01 is answered	**HSL_Q02** [Do you/does (proxy name)] currently have high sugar levels? 1. Yes 5. No 6. Don't know	1. →HSL_Q03 5 or 6. →SIGH_Q01
IF HSL_Q02 = 1	**HSL_Q03** [Have your/has (proxy name's)] high sugar levels lasted, or are they expected to last, for 6 months or more? 1. Yes 5. No 6. Don't know	1. →DIABMA_Q01 5 or 6. →SIGH_Q01
IF HSL_Q03 = 1 **IF DIABST_Q13_SG = 2**	**DIABMA_Q01** How frequently [do you/does (proxy name)] usually consult [your/his/her] GP about [your/his/her] [diabetes/high sugar levels]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→DIABMA_Q02

IF DIABMA_Q01 is answered	**DIABMA_Q02** How frequently [do you/does (proxy name)] usually consult a Specialist about [your/his/her] [diabetes/high sugar levels]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→DIABMA_Q03
IF DIABMA_Q02 is answered	**DIABMA_Q03** *Interviewer:* Show Prompt Card 30 (Press F9) Thinking about [your/proxy name's] [diabetes/high sugar levels], [have you/has (proxy name)] ever discussed any of these with [your/his/her] GP or Specialist? 1. Yes 5. No 6. Don't know	1. →DIABMA_Q04 5 or 6. →DIABMA_Q06
DIABMA_Q03 = 1	**DIABMA_Q04** Was that discussion with [your/proxy name's] GP or Specialist? 1. GP 2. Specialist 3. Both	→DIABMA_Q05
IF DIABMA_Q04 is answered	**DIABMA_Q05** [Have you/has (proxy name)] discussed these items with [your/his/her] [GP/Specialist] in the last 12 months? 1. Yes 5. No 6. Don't know	→DIABMA_Q06

IF DIABMA_Q05 is answered **IF DIABMA_Q03 = 5 or 6**	**DIABMA_Q06** _Interviewer: Show Prompt Card 31 (Press F9)_ Has [your/proxy name's] GP ever referred [you/him/her] to, or suggested [you/he/she] consult any of these health professionals about [your/his/her] [diabetes/high sugar levels]? 1. Yes 5. No 6. Don't know	1. →DIABMA_Q07 5 or 6. →DIABMA_Q10
IF DIABMA_Q06 = 1	**DIABMA_Q07** Which ones? _Interviewer: More than one response allowed. Press space bar between responses._ 10. Diabetes Educator 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Dietitian/Nutritionist 17. Naturopath 18. Nurse 19. Occupational therapist 20. Optician/Optometrist 21. Osteopath 22. Physiotherapist/Hydrotherapist 23. Psychologist 24. Social worker/Welfare officer 25. Other	→DIABMA_Q09

IF DIABMA_Q07 is answered	**DIABMA_Q09** Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals about [your\his\her] [diabetes/high sugar levels] in the <u>last 12 months</u>? *Interviewer: Show Prompt Card 31 (Press F9)* 1. Yes 5. No 6. Don't know	1. →DIABMA_Q10 5 or 6. →DIABMA_Q11
IF DIABMA_Q09 = 1	**DIABMA_Q10** Which ones? *Interviewer: More than one response allowed. Press space bar between responses* 10. Diabetes Educator 11. Accredited counsellor 12. Acupuncturist 13. Chemist (for advice only) 14. Chiropodist/Podiatrist 15. Chiropractor 16. Dietitian/Nutritionist 17. Naturopath 18. Nurse 19. Occupational therapist 20. Optician/Optometrist 21. Osteopath 22. Physiotherapist/Hydrotherapist 23. Psychologist 24. Social worker/Welfare officer 25. Other	→DIABMA_Q11

IF DIABMA_Q10 is answered **IF DIABMA_Q09 = 5 or 6**	**DIABMA_Q11** About how often in the <u>last 12 months,</u> did [you/proxy name] or someone else test [your/his/her] blood glucose levels? 1. At least once a day 2. At least once a week 3. At least once a month 4. Every 2 to less than 3 months 5. Every 3 to less than 6 months 6. Every 6 months 7. Every 7 to 11 months 8. Every 12 months 9. Not at all in the last 12 months 10. Don't know	→DIABMA_Q12
IF DIABMA_Q11 is answered	**DIABMA_Q12** About how often in the <u>last 12 months,</u> did [you/proxy name], or someone else check [your/his/her] feet? 1. At least once a day 2. At least once a week 3. At least once a month 4. Every 2 to less than 3 months 5. Every 3 to less than 6 months 6. Every 6 months 7. Every 7 to 11 months 8. Every 12 months 9. Not at all in the last 12 months 10. Don't know	→DIABMA_Q13 _SG
IF DIABMA_Q12 is answered	**DIABMA_Q13_SG** 1. If HASJOB_Q01 = 1 or HASJOB_Q02 =1 or HASJOB_Q03 = 1 or CURSTUD_Q01 = 1 or 15-24 yr old on Household Form = studying full-time 2. If 'Child questionnaire' and aged 5 to 14 years 3. Otherwise	1 or 2. →DIABMA_Q14 3. →DIABMA_Q16

DIABMA_Q13 _SG = 1 or 2	**DIABMA_Q14** I now want you to think about time off [work/study/school] for [your/proxy name's] [diabetes/high sugar levels] in the last 12 months. [Have you/has (proxy name)] stayed away from [work/study/school] for more than half a day because of [your/his/her] [diabetes/high sugar levels]? 1. Yes 5. No	1. →DIABMA_Q15 5. →DIABMA_Q16
IF DIABMA_Q14 = 1	**DIABMA_Q15** On how many days in the last 12 months did [you/proxy name] stay away from [work/study/school] because of [your/his/her] [diabetes/high sugar levels]? (Allow numeric entry 3 digits)	→DIABMA_Q16
IF DIABMA_Q15 is answered **IF DIABMA_Q14 = 5** **IF DIABMA_Q13 _SG = 3**	**DIABMA_Q16** Did [your/proxy name's] [diabetes/high sugar levels] interfere with [your/his/her] [other] daily activities [that is, activities other than work/study/school)] in the last 12 months? 1. Yes 5. No 6. Don't know	→DIABMED_Q01

Supplementary Information

1. Persons aged 0+ years are included in this module.
2. Coding fields required after question DIABST_Q09

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Module R2 - Diabetes Medication

From Population	Question Wording	To population
IF DIABMA_Q16 is answered	**DIABMED_Q01** [Are you/is (proxy name)] currently having insulin every day? 1. Yes 5. No 6. Don't know	1. →DIABMED_Q02 5 or 6. →DIABMED_Q05
IF DIABMED_Q01 = 1	**DIABMED_Q02** At what age did [you/(proxy name)] start having insulin every day? *Interviewer: Enter age in years.* *Ctrl K may be used here if necessary.* (Allow numeric entry 0..105)	→DIABMED_Q04a
IF DIABMED_Q02 is answered	**DIABMED_Q04a** What is the name or brand of the insulin [you/(proxy name)] take? *Interviewer: Enter name or brand of insulin.* (Allow entry for up to 2 names or brands.) (Allow text entry 60 characters each brand/name)	→DIABMED_Q05

IF DIABMED _Q04a is answered **IF DIABMED _Q01 = 5 or 6**	**DIABMED_Q05** The next question is about <u>other</u> medication that [you/(proxy name)] may have used or taken for [your/his/her] [diabetes/high sugar levels] in the <u>last 2 weeks</u>. Please <u>do not include</u> vitamin and mineral supplements, as well as any natural or herbal medicines, in your answer. These will be asked about later. (Apart from insulin), [have you/has (proxy name)] taken any other medication for [your/his/her] [diabetes/high sugar levels] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1. →DIABMED_Q07 5 or 6. →DIABMED _Q10
IF DIABMED _Q05 = 1	**DIABMED_Q07** (It might be easier to answer the next question if you have the medication in front of you.) (Apart from insulin), what are the names or brands of all the medication [you have/(proxy name) has] taken for [diabetes/high sugar levels] in the <u>last 2 weeks</u>? *Interviewer: 3 fields are available: enter only one name/brand per field.* *If more than 3 reported, probe for the <u>main</u> 3 names/brands.* Allow text entry: 60 characters per medication.	→DIABMED_Q08 _SG
IF DIABMED _Q07 is answered	**DIABMED_Q08_SG** 1. If 3 medicatons reported in DIABMED_Q07. 2. If 1 or 2 medications reported in DIABMED_Q07	1. →DIABMED_Q09 2. →DIABMED_Q10

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IF DIABMED _Q08_SG = 1	**DIABMED_Q09** *Interviewer: Record the number of medications reported in DIABMED_Q07* 3. Three 4. 4 or more medications	→DIABMED_Q10
IF DIABMED_Q 09 is answered IF DIABMED _Q08_SG = 2 IF DIABMED _Q05 = 5 or 6	**DIABMED_Q10** [Have you/has (proxy name)] changed [your/his/her] eating pattern or diet because of [your/his/her] [diabetes/high sugar levels]? 1. Yes 5. No	1. →DIABMED_Q11 5. →DIABMED_Q12
IF DIABMED _Q10 = 1	**DIABMED_Q11** [Are you/is (proxy name)] currently following a changed eating pattern or diet because of [your/his/her] [diabetes/high sugar levels]? 1. Yes 5. No	→DIABMED_Q12
IF DIABMED _Q11 is answered IF DIABMED _Q10 = 5	**DIABMED_Q12** *Interviewer: Show Prompt Card 32 (Press F9)* (Apart from insulin, medication or being on a special diet.) In the <u>last 2 weeks,</u> [have you/has (proxy name)] taken any other action to manage [your/his/her] [diabetes/high sugar levels]? 1. Yes 5. No	1. →DIABMED_Q13 5. →SIGH_Q01

IF DIABMED _Q12 = 1	**DIABMED_Q13** Which ones? *Interviewer: More than one response is allowed. Press space bar between responses.* 1. Losing weight 2. Exercised most days 3. Taken vitamin/mineral supplements 4. Taken natural/herbal treatments 5. Other	→SIGH_Q01

Supplementary Information

1. Persons aged 0+ years, who currently have diabetes or high sugar levels, are included in this module.
2. Coding field required after DIABMED_Q04(2 fields), DIABMED_Q07(3 fields),

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Module S - Sight and Hearing

From Population	Question Wording	To population
IF DIABMED_Q13 is answered **IF DIABMED_Q12 = 5** **IF HSL_Q02=5 or 6** **IF HSL_Q03=5 or 6** **IF DIABST_Q13_SG=1** **IF DIABST_Q10=5 or 6** **IF DIABST_Q05 _SG = 2**	**SIGH_Q01** I would now like to ask about [your/proxy name's] eyesight. [Are you/is (proxy name)] colour blind? 1. Yes 5. No	→SIGH_Q02
IF SIGH_Q01 is answered	**SIGH_Q02** [Do you/does (proxy name)] currently wear glasses or contact lenses to correct, or partially correct, [your/his/her] eyesight? 1. Yes 5. No	1. →SIGH_Q03 5. →SIGH_Q06
IF SIGH_Q02 = 1	**SIGH_Q03** *Interviewer: Show Prompt Card 33 (Press F9)* *More than one response is allowed. Press space bar between responses.* What sight problems [do your/does (proxy name)'s] glasses or contact lenses correct, or partially correct? 1. Astigmatism 2. Short-sightedness/Myopia/difficulty seeing objects in the distance 3. Macular degeneration 4. Other age related sight problems/Presbyopia 5. Long sightedness/Hyperopia/difficulty seeing objects close up 6. Other - specify 7. Don't know	1-5 or 7. →SIGH_Q06 6. →SIGH_Q05

IF SIGH_Q03 = 6	**SIGH_Q05** *Interviewer: Enter only one 'other' sight problem that can be corrected by glasses or contact lenses.* *If more than one reported, probe for the main 'other' sight problem that can be corrected by glasses or contact lenses.* (Allow text entry 80 characters)	→SIGH_Q06
IF SIGH_Q03 = 1-5 or 7 **IF SIGH_Q05 is answered** **IF SIGH_Q02 = 5**	**SIGH_Q06** (Apart from being colour blind) [Do you/does (proxy name)] have [any/any other] problems with [your/his/her] sight? 1. Yes 5. No 6. Don't know	1. →SIGH_Q10 5 or 6. →DIABSIGH_Q01_SG
IF SIGH_Q06 = 1	**SIGH_Q10** What other sight problems [do you/does (proxy name)] have? *Interviewer: More than one response is allowed. Press space bar between responses.* 10. Astigmatism 11. Short-sightedness/Myopia/difficulty seeing objects in the distance 12. Macular degeneration 13. Other age related sight problem/Presbyopia 14. Long sightedness/Hyperopia/difficulty seeing objects close up 15. Totally blind in both eyes 16. Totally blind in 1 eye 17. Partially blind in both eyes 18. Partially blind in 1 eye 19. Glaucoma 20. Cataracts 21. Trachoma 22. Lazy eye/Strabismus 23. Retinopathy 24. Other - specify 25. Don't know	10-23 or 25. →DIABSIGH_Q01_SG 24. →SIGH_Q12

IF SIGH_Q10 = 24	**SIGH_Q12** _Interviewer: Enter only <u>one</u> 'other' sight problem._ _If more than one reported, probe for the <u>main</u> 'other' sight problem._ (Allow text entry 80 characters)	→DIABSIGH_Q01 _SG
IF SIGH_Q12 is answered **IF SIGH_Q10=10-23 or 25** **IF SIGH_Q06=5 or 6**	**DIABSIGH_Q01_SG** 1. If (DIABST_Q01 = 1 or DIABST_Q02 =1) and (SIGH_Q03 or SIGH_Q10 = a response) 2. If (DIABST_Q01 = 1 or DIABST_Q02 = 1) and (SIGH_Q02 = 5 or SIGH_Q06 = 5 or 6) 3. Otherwise	1. →DIABSIGH_Q02 2. →DIABSIGH_Q05 3. →HEAR_Q01
IF DIABSIGH_Q01 _SG = 2	**DIABSIGH_Q02** Are any of [your/proxy name's] sight problems due to [your/his/her] [diabetes/high sugar levels]? 1. Yes 5. No 6. Don't know	1. →DIABSIGH_Q03 _SG 5 or 6. →DISABSIGH _Q05
IF DIABSIGH_Q02 = 1	**DIABSIGH_Q03_SG** 1. If a single response in SIGH_Q03 or SIGH_Q10 2. Otherwise	1. →DIABSIGH_Q06 2. →DIABSIGH_Q04

| IF DIABSIGH_Q03 _SG = 2 | **DIABSIGH_Q04**
Of the sight problems you have told me about, which ones are due to [your/proxy name's] [diabetes/high sugar levels]?

Interviewer: More than one response allowed. Press space bar between responses.

10. Astigmatism
11. Short-sightedness/Myopia/difficulty seeing objects in the distance
12. Macular degeneration
13. Other age-related sight problem/Presbyopia
14. Long sightedness/Hyperopia/difficulty seeing objects close up
15. Totally blind in both eyes
16. Totally blind in 1 eye
17. Partially blind in both eyes
18. Partially blind in 1 eye
19. Glaucoma
20. Cataracts
21. Trachoma
22. Lazy eye/Strabismus
23. Retinopathy
24. Other - specify
25. Don't know | →DIABSIGH_Q06 |
| **IF DIABSIGH_Q02 = 5 or 6**
IF

DIABSIGH_Q01_S G = 1 | **DIABSIGH_Q05**
How long since [you/proxy name] last consulted an eye specialist or optometrist?

Interviewer: If the respondent has visited both an eye specialist and an optometrist, record the most recent visit.

1. Less than 1 year
2. 1 to less than 2 years
3. 2 to less than 5 years
4. 5 years or more
5. Never
6. Don't know | →HEAR_Q01 |

IF DIABSIGH_Q04 is answered **IF DIABSIGH_Q03 _SG = 1**	**DIABSIGH_Q06** How long since [you/proxy name] last consulted an eye specialist or optometrist about [this/any of these] [condition/s]? *Interviewer: If the respondent has visited both an eye specialist and an optometrist, record the most recent visit.* 1. Less than 1 year 2. 1 to less than 2 years 3. 2 years to less than 5 years 4. 5 years or more 5. Never 6. Don't know	→HEAR_Q01
IF DIABSIGH_Q06 is answered **IF DIABSIGH_Q05 is answered**	**HEAR_Q01** [Do you/does (proxy name)] have any hearing problems or problems with [your/his/her] ears that have lasted, or are expected to last, for 6 months or more? 1. Yes 5. No	1. →HEAR_Q02 5. →LTC_Q01
IF HEAR_Q01 = 1	**HEAR_Q02** What hearing or ear problems [do you/does (proxy name)] have? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Total deafness 2. Deaf in 1 ear 3. Hearing loss/partially deaf 4. Tinnitus 5. Meniere's Disease 6. Otitis Media 7. Other - specify 8. Don't know	1-6 or 8. →LTC_Q01 7. →HEAR_Q04

IF HEAR_Q02 = 7	**HEAR_Q04** *Interviewer: Enter only one 'other' hearing or ear problem.* *If more than one, probe for the main 'other' hearing or ear problem.* (Allow text entry 60 characters)	→LTC_Q01

Supplementary Information

1. Persons aged 0+ years are included in this module.
2. Coding fields required after questions SIGH_Q05, SIGH_Q12, HEAR_Q04

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Module T - Long-term Conditions

From Population	Question Wording	To population
IF HEAR_Q04 is answered **IF HEAR_Q02 = 1-6 or 8** **IF HEAR_Q01 = 5**	**LTC_Q01** Earlier I asked you some questions about whether [you were/(proxy name) was] restricted in [your/his/her] day to day activities because of any medical conditions [you/proxy name] had, and I asked you about specific medical conditions. I would now like to ask you about any other long term health conditions that have lasted or are expected to last, for 6 months or more. _Interviewer: Show Prompt Card 34 (Press F9)_ [Do you/does (proxy name)] have any of these conditions? 1. Yes 5. No	1. →LTC_Q02 5. →LTC_Q05
IF LTC_Q01=1	**LTC_Q02** Which of these [do you/does (proxy name)] have? _Interviewer: Multiple response allowed. Press space bar between responses._ 10. Hayfever 11. Sinusitis or sinus allergy 12. Other allergy 13. Anaemia 14. Bronchitis 15. Emphysema 16. Epilepsy 17. Fluid problems/fluid retention/oedema (exclude those due to heart or circulatory condition) 18. Hernias 19. Kidney stones 20. Migraine 21. Psoriasis	10 to 26. →LTC_Q05 27. →LTC_Q04

	22. Stomach ulcers or other gastrointestinal ulcers 23. Thyroid trouble/goitre 24. Depression 25. Feeling depressed 26. Back - slipped disc or other disc problems 27. Back pain or back problems	
IF LTC_Q02 = 27	**LTC_Q04** Please provide more information about [your/proxy name's] back pain or back problem. *Ctrl R may be used here if necessary.* Allow text entry 60 characters.	→LTC_Q05
IF LTC_Q04 is answered **IF LTC_Q02 = 10-26** **IF LTC_Q01 = 5**	**LTC_Q05** *Interviewer:* *Show Prompt Card 35 (Press F9)* Looking at the examples on this card (and, apart from any conditions you have already told me about), [do you/does (proxy name)] have any other conditions that have lasted, or are expected to last, for 6 months or more? 1. Yes 5. No	 1. →LTC_Q06 5. →LTC_Q07_SG
IF LTC_Q05 = 1	**LTC_Q06** Which conditions [do you/does (proxy name)] have? *Interviewer:* *6 fields are available: enter only one condition per field. Press enter to go to next field.* *If more than 6 reported, probe for the 6 main conditions* (Allow text entry: 60 characters per condition.)	→LTC_Q07_SG

IF LTC_Q06 is answered **IF LTC_Q05 = 5**	**LTC_Q07_SG** 1. If conditions reported match those on Long Term query list or on conditions list 2. Otherwise	1. →LTC_Q08 2. →LTC_Q09
IF LTC_Q07_SG = 1	**LTC_Q08** How long has [first condition/second condition/third condition/fourth condition that matches query or condition list] lasted for? *Interviewer: Select days, weeks, months or years.* *If 'condition' word substitution is not a 'medical condition', enter code 9.* 1. Days 2. Weeks 3. Months 4. Years 9. Not applicable (Allow numeric entry 1..998 for each response code. Coding list and Long Term query list to sit behind this question.)	Repeat LTC_Q08 for all conditions reported in LTC_Q06 then →LTC_Q09
IF LTC_Q08 is answered **IF LTC_Q07_SG = 2**	**LTC_Q09** *Interviewer: Show Prompt Card 36 (Press F9)* (Apart from any conditions you have already told me about.) [Do you/does (proxy name)] have any (other) long term conditions such as these? 1. Yes 5. No	1. →LTC_Q10 5. →LTC_Q13_SG

IF LTC_Q09 = 1	**LTC_Q10** Which conditions [do you/does (proxy name)] have? _Interviewer:_ 6 _fields are available: enter only_ _one_ _condition per field. Press enter to go to the next field._ _If more than_ 6 _reported, probe for the_ 6 _main conditions._ (Allow text entry: 60 characters for each condition. Coding list and Long Term query list to sit behind this question.)	→LTC_Q11_SG
IF LTC_Q10 is answered	**LTC_Q11_SG** 1. If conditions in LTC_Q10 match those on the text query list. 2. Otherwise	1. →LTC_Q12 2. →LTC_Q13_SG
IF LTC_Q11_SG = 1	**LTC_Q12** How long has this [first condition/second condition/third condition/fourth condition/fifth condition/sixth condition] on text query list) lasted for? _Interviewer: Select days, weeks, months or years. If 'condition' word substitution is not a 'medical condition', enter code 9._ 1. Days 2. Weeks 3. Months 4. Years 9. Not applicable	→LTC_Q13_SG
IF LTC_Q12_SG is answered **IF LTC_Q11_SG = 2** **IF LTC_Q09 = 5**	**LTC_Q13_SG** 1. If NHPA condition identified in LTC_Q06 or LTC_Q10. 2. If Mental Health Condition identified in LTC_Q02, LTC_Q06 and/or in LTC_Q10 3. If aged 0-14 years 4. Otherwise	1. →CONDST_Q01 2. →CONDST_Q02_SG 3. →ALLCON_Q02 4. → MHC_Q28_SG

IF LTC_Q13_SG = 1	**CONDST_Q01** [Were you/was (proxy name)] told [you/he/she] had [first NHPA condition/second NHPA condition, third NHPA condition/fourth NHPA condition/fifth NHPA condition/sixth NHPA condition] by a doctor or nurse? 1. Yes 5. No	Repeat CONDST_Q01 for each condition reported in LTC_Q06 and/or LTC_Q10 then →CONDST_Q02_SG
IF CONDST_Q01 is answered **IF LTC_Q13_SG = 2**	**CONDST_Q02_SG** 1. If Mental Health condition identified in LTC_Q02, LTC_Q06 and/or LTC_Q10 2. Otherwise	1. →CONDST_Q03 2. →MHC_Q28_SG
IF **CONDST_Q02_SG = 1**	**CONDST_Q03** [Were you/was (proxy name)] told [you/he/she] had [first MH condition/second MH condition/third MH condition/fourth MH condition/fifth MH condition/sixth MH condition] by a doctor, nurse or other health professional? 1. Yes 5. No	Question CONDST_Q03 is repeated for each MH condition identified in LTC_Q02, LTC_Q06 and/or LTC_Q10 then→ MHC_Q01 5. →MHC_Q02
IF CONDST_Q03 is answered	**MHC_Q01** How old [were you/was (proxy name)] when [you/he/she] [were/was] told that [you/he/she] had [first MH condition/second MH condition/third MH condition/fourth MH condition/fifth MH condition/sixth MH condition]? (Allow numeric entry 2 digits for each condition reported)	Repeat MHC_Q01 for all mental health conditions reported in LTC_Q02, LTC_Q06 and/or LTC_Q10 then → MHC_Q02

IF MHC_Q01 is answered, or CONDST_Q03 = 5	**MHC_Q02** How frequently [do you/does (proxy name)] usually consult [your/his/her] GP about [this/these] [condition/s]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→MHC_Q03
IF MHC_Q02 is answered	**MHC_Q03** How frequently [do you/does (proxy name)] consult a Psychiatrist about [this/these] [condition/s]? 1. Once a month or less 2. Every 2 to less than 3 months 3. Every 3 to less than 6 months 4. Every 6 months 5. Every 7 to 11 months 6. Every 12 months 7. Periodically, as needed 8. Not at all 9. Don't know	→MHC_Q04
IF MHC_Q03 is answered	**MHC_Q04** *Interviewer: Show Prompt Card 37 (Press F9)* Excluding any time spent in hospital, [have you/has (proxy name)] consulted any of these health professionals about [your/his/her] [condition/s] in the last 12 months? 1. Yes 5. No 6. Don't know	1. →MHC_Q05 5 or 6. →MHC_Q07

IF MHC_Q04 = 1	**MHC_Q05** Which ones? _Interviewer: More than one response allowed. Press space bar between responses._ 10. Psychologist 11. Alcohol and drug worker 12. Accredited counsellor 13. Acupuncturist 14. Chemist (for advice only) 15. Chiropodist/Podiatrist 16. Chiropractor 17. Dietitian/Nutritionist 18. Naturopath 19. Nurse 20. Occupational Therapist 21. Optician/Optometrist 22. Osteopath 23. Physiotherapist/Hydrotherapist 24. Social worker/Welfare officer 25. Other	→MHC_Q07
IF MHC_Q05 is answered **IF MHC_Q04 = 5 or 6**	**MHC_Q07** The next few questions are about any medication that [you/proxy name] may have used or taken in the last 2 weeks which are directly related to [your/proxy name's] [condition/s]. Including any vitamin and mineral supplements, as well as any natural or herbal medicines, [have you/has (proxy name)] used or taken any medication for [this/these] [conditions] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1.→MHC_Q08 5 or 6. →MHC_Q10

IF MHC_Q07 = 1	**MHC_Q08** (It might be easier to answer these questions if you have the medications in front of you.) [Have you/has (proxy name)] taken any vitamin or mineral supplements for [this/these] [condition/s] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	→MHC_Q09
IF MHC_Q08 is answered	**MHC_Q09** (It might be easier to answer these questions if you have the medication in front of you.) [Have you/has (proxy name)] used or taken any herbal or natural treatments for [this/these] [conditions] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	→MHC_Q10
IF MHC_Q08 is answered **IF MHS_Q07 = 5 or 6**	**MHC_Q10** *Interviewer: Show Prompt Card* 39 *(Press F9)* [Have you/has (proxy name)] taken any of the following medication for [this/these] [condition/s] in the <u>last 2 weeks</u>? 1. Yes 5. No 6. Don't know	1. →MHC_Q11 5 or 6. →MHC_Q28_SG

IF MHC_Q10 = 1	**MHC_Q11** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Sleeping tablets or capsules 2. Tablets or capsules for anxiety or nerves 3. Tranquillisers 4. Antidepressants 5. Mood stabilisers 6. Other medications for mental health	→MHC_Q12
IF MHC_Q11 is answered	**MHC_Q12** What are the names or brands of these medications [you have/(proxy name) has] taken for [your/his/her] [condition/s] in the <u>last 2 weeks</u>? *Interviewer: 3 fields are available: enter only one name/brand per field. Press enter to go to the next field. If more than 3 reported, probe for <u>main</u> 3 names/brands.* (Allow text entry of 60 characters per medication)	→MHC_Q12a
IF MHC_Q12 is answered	**MHC_Q12a_SG** 1. If MHC_Q12 = 3 medications recorded 2. Otherwise	1. →MHC_Q12b 2. →MHC_Q13
IF MHC_Q12a = 1	**MHC_Q12b** *Interviewer: Mark number of medications reported.* 1. Three 2. 4 or more medications reported	→MHC_Q13

IF MHC_Q13 is answered **IF MHC_Q12a = 2**	**MHC_Q13** How long [have you/has (proxy name)] been taking [name of medication] for [this/these] [condition/s]? Would it be less than 1 month, 1 to 3 months, 3 to 6 months or 6 months or more? 1. Less than 1 month 2. 1 month to less than 3 months 3. 3 months to less than 6 months 4. 6 months or more 5. Don't know	→MHC_Q14
IF MHC_Q13 is answered	**MHC_Q14** How often did [you/proxy name] take [name of medication] for [your/his/her][condition/s] in the last 2 weeks? 1. Every day and/or night 2. More than 3 days and/or nights in a week 3. 1 to 3 days and/or nights a week 4. Less than once a week 5. Varies/as required	→MHC_Q15_SG
If MHC_Q14 is answered	**MHC_Q15_SG** 1. If more than one medication identified in MHC_Q11 2. Otherwise	1. Repeat questions MHC_Q13 and MHC_Q14 for all other medications identified in MHC_Q12, then →MHC_Q28_SG 2. →MHC_Q28_SG
IF MHC_Q10 = 5 or 6 **IF MHC_Q15_SG is answered**	**MHC_Q28_SG** 1. If HASJOB_Q01 = 1 or HASJOB_Q02 = 1 or HASJOB_+Q03 = 1 or CURSTUD_Q01 = 1 or if 15-24 yr old on Household Form = studying full-time and LTC_Q01 = 1 or LTC_Q05 = 1 or LTC_Q09 = 1 2. Otherwise	1. →MHC_Q29 2. →ALLCON_Q02

IF MHC_Q28_SG = 1	**MHC_Q29** I now want you to think about time off [work/study] for [this/these] [condition/s] in the last 12 months. [Have you/has (proxy name)] stayed away from [work/study] for more than half a day because of [this/these] [condition/s]? 1. Yes 5. No 6. Don't know	 1. →MHC_Q30 5 or 6.→ ALLCON_Q02
IF MHC_Q29 = 1	**MHC_Q30** On how many days in the last 12 months did [you/proxy name] stay away from [work/study] because of [this/these] [condition/s]? (Allow numeric entry 3 digits.	→ALLCON_Q02

Supplementary Information

1. Persons aged 0+ years are included in this module.
2. Long term Query List (to sit behind questions LTC_Q06 and LTC_Q10): Please check text entry for the following words or combination of words: Adverse Burn(s/t/ed) Effect(s/ed) Fracture Injury & eye (eye injury) Injury & joint (joint injury) Injury & knee (knee injury) Injury & neck (neck injury) Injury & nerve (nerve injury) Ligament Muscle Scald(s/ed) Sprain(s/ed) Strain (s/ed) Tear(s) Tendon(itis)

3. <u>NHPA list to sit behind questions LTC_Q06 and LTC_Q10</u>

Adenitis	Artherosclerosis	Chrondramoatosis
Adenocarcinoma	Atrial	Circulation
Adenoma	Atrioventricular	Circulartory
Adenopthy	Basal cell carcinoma	Colon cancer
Adult onset	Basilar	Colorectal
Adult onset diabetes	Bigemeny	Coronary
Allergic bronchitis	Biventricular	Corpulomona
Alveolitis	Bladder cancer	Cytoma
Angina	Blastoma	Diabetes
Anginoma	Bone mass	Diabetes insipidus
Anklyosing	Bowel cancer	Diabetic
Aortic	BP	Dropsy
Apoplexy	Bradycardia	Elevated blood pressure
Arrhythmia	Breast cancer	Endocarditis
Arterial	Bronchitis wheezy	Excessive blood sugar
Arteriosclerosis	Bronchus cancer	Extrasystoles
Artheritis	Cancer carcinoma	Female reproductive organ cancer
Artery	Cardiac	
Arthritis	Cardiovascular	Fibrillation fibroscarcoma
Arthrosis	Carditis	Fluid problems
Asthma	Carotid	Fluid retention
Asthmaticus	Cerebravoscular	Flutter
Atheroma	Cervix cancer	Gangrenne
Gestational diabetes	Melanoma	Renal disease
Gout	Mellitus	Rheumatic heart disease
Gramuloma	Mengioma	Rheumatisim
Haemorrhoids	Mitral	Rheumatoid
Hardening of the arteries	Mobitz	Rheumatioid arthritis
Heart	Mole	Sacroilitis
Heart & circulatory	Murmur	Sarcoma
Heart attack	Myeloma	Seminoma
Heart murmur	Myocardial	Skin cancer
Heart valve disorder	Myocarditis	Spondlylitis
Heartbeat	Myoma	Spondlylosis
Heberdens	Naevus	Squarmou
Hepatoma	Meuroma	Squamous cell
High blood pressure	Non-insulin dependent	Stasis
High blood sugar	diabetes	Stomach cancer
High cholesterol	Occulsion	Stroke
High sugar level	Oedema	Supraventicular
Hyperglycaemia	Onfarction	Systole
Hypertension	Osteoarthritis	Tachycardia
Hypotension	Osteoma	Thrombosis
Increased blood sugar	Osteopenia	Trachea cancer
Insulin	Osteoporosis	Tricuspid
Insulin dependent diabetes	Osteosarcoma	Tumour
Irregular heartbeat	Ovary cancer	Uterus cancer
Ischaemia	Pacemaker	Varicose

Ischaemic	Palpitations	Varicose veins
Juvenile onset	Paroxysmal	Vasculitis
Juvenile onset diabetes	Pericarditis	Ventricular
Kidney disease	Phlebitis	
Leukaemia	Piles	
Lipoma	Pleura cancer	
Low blood pressure	Pulmonary	
Lung cancer	Raised blood sugar	
Lymphoma	Raised sugar	
Lymphosarcoma	Rapid heartbeat	
malignant	Rectum cancer	

4. <u>Mental Health Condition list to sit behind questions LTC_Q02, LTC_Q06 and LTC_Q10</u>

ADD
ADHD
Addiction to drugs
Addiction to alcohol
Addicted to ....
Aggression
Agoraphobia
Alcohol use disorders
Alcoholic
Alzheimers
Anankastic personality disorder
Anxious
Anxiety
Anxiety disorder
Attention deficit
Autism
Autistic
Behaviour problem
Bipolar
Bipolar affective disorder
Chronic stress disorder
Clinical depression
Dementia
Dependent personality disorder
Depressive neurosis
Depressive episode
Depressed
Depression
Dissocial personality disorder
Disturbed sleep
Drug dependence
Drug abuse
Drug addiction
Drug use disorder
Dysthymia
Emotional problems

Emotionally unstable personality disorder
Fear of ....
Feeling depressed
Generalised anxiety disorder (GAD)
Histronic personality disorder
Hyperactive
Hypomania
Hypomanic
Insomnia
Learning problem
Learning difficulty
Loss of memory
Mania
Manic
Manic depressive
Manic depression
Memory loss
Mental disorder
Nerves
Nervous tension
Neurasthenia
Obsessive
Obsessive compulsive disorder (OCD)
Panic
Panic attack
Panic disorder
Paranoid personality disorder
Phobia
Post traumatic stress disorder (PTSD)
PTSD
Psychosis
Schizophrenia
Schizophrenic
Schizoid personality disorder
Senile dementia
Sleeping problem
Social phobia
Somatic syndrome
Stress
Stress disorder
Stuttering

4. Coding fields required after question LTC_Q04, LTC_Q06 (6 fields), LTC_Q10 (6 fields), MHC_Q12 (3 fields)

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Module U - Cause of Conditions

From Population	Question Wording	To population
IF MHC_Q30 is answered **IF MHC_Q29= 5 or 6** **IF MHC_Q28_SG = 2** **IF LTC_Q13_SG = 3** **IF MHC_Q27_SG is answered**	**ALLCON_Q02** The next few questions are about [all the conditions/the condition] you have told me about. [Are any of these/is this] [condition/s] the result of any injury? *(Display conditions previously reported)* 1. Yes 5. No 6. Don't know	1. →ALLCON_Q03 _SG 5 or 6. →ALLCON_Q09 _SG
IF ALLCON_Q02 is answered	**ALLCON_Q03_SG** 1. If only one condition asked about in ALLCON_Q02 2. Otherwise	1. →ALLCON_Q07 2. →ALLCON_Q04
IF ALLCON_Q03 _SG = 2	**ALLCON_Q04** Which conditions? *Interviewer: More than one response allowed. Press space bar between responses.* *(Display conditions previously reported)*	→ALLCON_Q07

IF ALLCON_Q04 is answered **IF ALLCON_Q03 _SG = 1**	**ALLCON_Q07** _Interviewer:_ _Show Prompt Card 40_ _(Press F9)_ _More than one response allowed. Press space bar between responses_ _(Display the conditions reported in ALLCON_Q04 or if only 1 condition in ALLCON_Q02 and response = 1 show this condition)_ Thinking about the injury that resulted in your condition. Where did that injury occur? 1. Work 2. School/study 3. In a motor vehicle accident 4. Exercise or sport 5. Home 6. Other	→ALLCON_Q08
IF ALLCON_Q07 is answered	**ALLCON_Q08** How old [were you/was (proxy name)] when this injury occurred? (Allow numeric entry 2 digits)	Repeat ALLCON_Q07 and ALLCON_Q08 for each condition reported in ALLCON_Q04 then →ALLCON_Q09 _SG
IF ALLCON_Q08 is answered **IF ALLCON_Q02 = 5 or 6**	**ALLCON_Q09_SG** 1. If 0 to 4 yr old Child questionnaire 2. If AGE = 5-14 yrs 3. If AGE = 15+ years	1. No more questions 2. →PH_Q01 3. →FS_Q01

Supplementary Information

1. Any person aged 0+ years who reported having a long term condition are included in this module.
2. Questions ALLCON_Q07 and ALLCON_Q08 are repeated for all conditions reported in ALLCON_Q04

NATIONAL HEALTH SURVEY 07/08

Module V - Family Stressors

From Population	Question wording	To population
IF ALLCON_Q09_SG = 1	**FS_Q01** The next few questions are about things that may have been a <u>problem</u> for [you/proxy name], or family or close friends, during the <u>last 12 months</u>. *Interviewer: Show Prompt Card 41 (Press F9)* Have any of these been a <u>problem</u> for [you/proxy name] or anyone close to [you/him/her], during the <u>last 12 months</u>? 1. Yes 5. No 6. Don't know	1. →FS_Q02 5 or 6. →FS_Q03
IF FS_Q01 = 1	**FS_Q02** Which ones? *Interviewer: More than one response allowed. Press space bar between responses.* 1. Serious illness 2. Serious accident 3. Death of a family member or close friend 4. Mental illness 5. Serious disability	→FS_Q03

IF FS_Q03 is answered **IF FS_Q01 = 5 or 6**	**FS_Q03** *Interviewer:* *Show Prompt Card 42 (Press F9)* Have any of <u>these</u> been a <u>problem</u> for [you/proxy name] or anyone close to [you/him/her], during the <u>last 12 months</u>? 1. Yes 5. No 6. Don't know	1. →FS_Q04 5 or 6. →HEALIN_Q01
IF FS_Q03 = 1	**FS_Q04** Which ones? *Interviewer:* *More than one response allowed. Press space bar between responses.* 1. Divorce or separation 2. Not able to get a job 3. Involuntary loss of job 4. Alcohol or drug related problems 5. Witness to violence 6. Abuse or violent crime 7. Trouble with the police 8. Gambling problem 9. Other - specify	1-8. →HEALIN_Q01 9. →FS_Q05
IF FS_Q04 = 9	**FS_Q05** *Interviewer:* *Enter the other problem. If more than 'one other problem' reported, probe for the <u>main</u> other problem.* (Allow text entry 80 characters)	→HEALIN_Q01

Supplementary Information

1. Persons aged 15+ are included in this module
2. Coding field required after question FS_Q05

NATIONAL HEALTH SURVEY 07/08

Module W - Private Health Insurance

From Population	Question wording	To population
IF FS_Q05 is answered **IF FS_Q04 = 1-8** **IF FS_Q03 = 5 or 6**	**HEALIN_Q01** The next few questions are about private health insurance. Apart from Medicare, [do you/does (proxy name)] have private health insurance? 1. Yes 5. No 6. Don't know	 1. →HEALIN_Q02 5. →HEALIN_Q06 6. →HEALIN_Q07
IF HEALIN_Q01 = 1	**HEALIN_Q02** [Are you/is (proxy name)] covered by family, couple, sole parent or single membership? 1. Family membership 2. Couple membership 3. Sole parent membership 4. Single membership	 →HEALIN_Q03
IF HEALIN_Q02 is answered	**HEALIN_Q03** *Interviewer: Show Prompt Card 43 (Press F9)* Which best describes what [your/his/her] private health insurance covers? 1. Hospital only 2. Ancillary only ("extras") 3. Hospital and ancillary ("extras") 4. Don't know	 →HEALIN_Q04

IF HEALIN_Q03 is answered	**HEALIN_Q04** What are all the reasons [you are/(proxy name) is] covered by private health insurance? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Security/protection/peace of mind 11. Life time cover/avoid surcharge 12. Choice of doctor 13. Allows treatment as private patient 14. Provides benefits for ancillary services ("extras") 15. Shorter wait for treatment/concerned over public hospital waiting lists 16. Always had it/parents had it/ condition of job 17. To gain government benefits/avoid extra Medicare levy 18. Other financial reasons 19. Has illness/condition that requires treatment 20. Elderly/ getting older/likely to need treatment 21. Other	→HEALIN_Q05
IF HEALIN_Q04 is answered	**HEALIN_Q05** How long [have you/has (proxy name)] been covered by private health insurance? 1. Less than one year 2. 1 to less than 2 years 3. 2 to less than 5 years 4. 5 years or more	→HEALIN_Q07

IF HEALIN_Q01 = 5	**HEALIN_Q06** What are all the reasons [you are/(proxy name) is] not covered by private health insurance? *Interviewer: More than one response allowed. Press space bar between responses.* 10. Can't afford it/ too expensive 11. High risk category 12. Lack of value for money/ not worth it 13. Medicare cover sufficient 14. Don't need medical care/ in good health/ have no dependants 15. Won't pay Medicare and private health insurance premium 16. Disillusioned about having to pay 'out of pocket' costs/ gap fees 17. Prepared to pay costs of private treatment from own resources 18. Pensioners/Veteran's Affairs/ health concession card 19. Not high priority/previously included in parent's cover 20. Other	→HEALIN_Q07
IF HEALIN_Q06 is answered **IF HEALIN_Q05 is answered** **IF HEALIN_Q01 = 6**	**HEALIN_Q07** [Do you/does (proxy name)] have a Veterans' Affairs treatment entitlement card? 1. Yes 5. No 6. Don't know	1. →HEALIN_Q08 5 or 6. →HEALIN_Q09
IF HEALIN_Q07 = 1	**HEALIN_Q08** What colour is that card? 1. White 2. Gold 3. Other	→HEALIN_Q09

IF HEALIN_Q08 is answered HEALIN_Q07 = 5 or 6	**HEALIN_Q09** [Are you/is (proxy name)] covered by any of these concession cards? *Interviewer: Show Prompt Card 44 (Press F9)* *Interviewer: More than one response allowed. Press space bar between responses.* 1. Health Care Card 2. Pensioner Concession Card 3. Commonwealth Seniors Health Card 4. None of the above 5. Don't know	→PH_Q01

Supplementary Information

1. Persons aged 15+ are included in this module

NATIONAL HEALTH SURVEY 07/08

Module X - Physical measures

From population	Question wording	To population
IF HEALIN_Q09 is answered **IF ALLCON_Q09_SG = 2**	**PH_Q01** I would now like to to take some measurements. This will involve measuring [your/proxy name's] height, weight, waist and hip. Do you have any concerns about me taking these measurements? 1. Yes 5. No	 1. →INC_Q01 5. →PH_Q02
IF PH_Q01 = 5	**PH_Q02** *Interviewer: Please take respondent's weight measurement and record in kilos.* 1. Measurement taken 2. Measurement not taken (refused) 3. Measurement not taken, other reason e.g. pregnant, frailty (Allow numeric entry 4 digits to be reported as xxx/x)	→PH_Q03
IF PH_Q02 is answered	**PH_Q03** *Interviewer: Please take respondent's height measurement and record in cms.* 1. Measurement taken 2. Measurement not taken (refused) 3. Measurement not taken, other reason e.g. pregnant, frailty (Allow numeric entry 5 digits to be reported as xxx/xx)	→PH_Q04

PH_Q03 is answered	**PH_Q04** *Interviewer: Please take respondent's waist measurement and record in cms. If measurement is more than 2 metres, enter as 200.00* 1. Measurement taken 2. Measurement not taken 3. Measurement not taken, other reason, e.g. pregnant, frailty (Allow numeric entry 5 digits to be reported as xxx/xx)	→PH_Q05
IF PH_Q04 is answered	**PH_Q05** *Interviewer: Please take respondent's hip measurement and record in cms. If measurement is more than 2 metres, enter as 200.00* 1. Measurement taken 2. Measurement not taken (refused) 3. Measurement not taken, other reason, e.g. pregnant, frailty (Allow numeric entry 5 digits to be reported as xxx/xx)	→PH_Q06_SG
IF PH_Q05 is answered **IF PH_Q01 = 1**	**PH_Q06_SG** 1. IF Adult questionnaire or questionnaire of selected UR in a 0-17 year old HH. 2. Otherwise	1. →INC_Q01 2. No more questions

Supplementary Information

1. Persons aged 5+ years are included in this module.

NATIONAL HEALTH SURVEY 07/08

Module Y - Income

From Population	Question Wording	To population
IF PH_Q06_SG = 1 **IF PH_Q01 = 1**	**INC_Q01** I would now like to ask you some questions about income. Income is very important in understanding health, as it may influence the health services a person can access. This information can then be used to determine the type of health services that are most needed, who needs them and where they need to be provided. [Do you/does (proxy name)] receive income from wages or salaries (including from [your/his/her] own incorporated business)? 1. Yes 5. No	 1. →INC_Q02 5. →INC_Q05
IF INC_Q01 = 1	**INC_Q02** Before income tax, salary sacrifice or anything else is taken out, how much [do you/does (proxy name)] receive from wages or salaries? *Interviewer: Enter dollar amount. If respondent is unable to answer, prompt for their best estimate.* (Allow numeric entry 9 digits) Ctrl K Ctrl R	→INC_Q03

IF INC_Q02 is answered	**INC_Q03** What period does that cover? 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - specify Ctrl K Ctrl R	1-5. →INC_Q05 6. →INC_Q04
IF INC_Q03 = 6	**INC_Q04** *Interviewer: Insert 'other' period.* (Allow text entry 60 characters)	→INC_Q05
IF INC_Q04 is answered **IF INC_Q03 = 1-5** **IF INC_Q01 = 5**	**INC_Q05** [Do you/does (proxy name)] receive a government pension, allowance or benefit, for example paid by Centrelink, the Family Assistance Office or the Department of Veterans' Affairs? 1. Yes 5. No	1. →INC_Q06 5. →INC_Q10
IF INC_Q05 = 1	**INC_Q06a** [Do you/does (proxy name)] currently receive any of these pensions, allowances or benefits? *Interviewer: Only one pension, allowance or benefit can be reported as being received.* Australian Age Pension? 1. Yes 5. No	1. →INC_Q07 5. →INC_Q06b

IF INC_Q06a = 5	**INC_Q06b** ([Do you/does (proxy name)] currently receive) Service Pension from the Department of Veterans' Affairs. Exclude Defence Force superannuation benefits? 1. Yes 5. No	1. →INC_Q07 5. →INC_Q06c
IF INC_Q06b = 5	**INC_Q06c** ([Do you/does (proxy name)] currently receive) Disability Support Pension from Centrelink? 1. Yes 5. No	1. →INC_Q07 5. →INC_Q06d
IF INC_Q06c = 5	**INC_Q06d** ([Do you/does (proxy name)] currently receive) Newstart Allowance? 1. Yes 5. No	1. →INC_Q07 5. →INC_Q06e
IF INC_Q06d = 5	**INC_Q06e** ([Do you/does (proxy name)] currently receive) Carer Payment? 1. Yes 5. No	1. →INC_Q07 5. →INC_Q06f
IF INC_Q06e = 5	**INC_Q06f** ([Do you/does (proxy name)] currently receive) Partner Allowance? 1. Yes 5. No	1. →INC_Q07 5. →INC_Q06g

IF INC_Q06f = 5	**INC_Q06g** ([Do you/does (proxy name)] currently receive) Widow Allowance from Centrelink? 1. Yes 5. No	 1. →INC_Q07 5. →INC_Q06h
IF INC_Q06g = 5	**INC_Q06h** ([Do you/does (proxy name)] currently receive) Wife Pension? 1. Yes 5. No	 1. →INC_Q07 5. →INC_Q06i
IF INC_Q06h = 5	**INC_Q06i** ([Do you/does (proxy name)] currently receive) Mature Age Allowance? 1. Yes 5. No	 1. →INC_Q07 5. →INC_Q06j
IF INC_Q06i = 5	**INC_Q06j** ([Do you/does (proxy name)] currently receive) Sickness Allowance? 1. Yes 5. No	 1. →INC_Q07 5. →INC_Q06k
IF INC_Q06j = 5	**INC_Q06k** ([Do you/does (proxy name)] currently receive) Special Benefit? 1. Yes 5. No	 →INC_Q07

IF INC_Q06k is answered **IF INC_Q06j = 1** **IF INC_Q06i = 1** **IF INC_Q06h = 1** **IF INC_Q06g = 1** **IF INC_Q06f = 1** **IF INC_Q06e = 1** **IF INC_Q06d = 1** **IF INC_Q06c = 1** **IF INC_Q06b = 1** **IF INC_Q06a = 1**	**INC_Q07** How much [do you/does (proxy name)] receive from this [name of pension, benefit, allowance]? *Interviewer: Enter dollar amount. If respondent is unable to answer, prompt for their best estimate.* *Ctrl K may be used here if necessary* *Ctrl R may be used here if necessary* (Allow numeric entry 6 digits)	→INC_Q08
IF INC_Q07 is answered	**INC_Q08** What period does that cover? *Interviewer: Ctrl K may be used here if necessary* *Ctrl r may be used here if necessary* 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - please specify	1-5. →INC_Q10 6. →INC_Q09
IF INC_Q08 = 6	**INC_Q09** *Interviewer: Insert 'other' period.* (Allow text entry 60 characters)	→INC_Q10
IF INC_Q09 is answered **IF INC_Q08 = 1 to 5**	**INC_Q10** [Do you/does (proxy name)] currently receive Family Tax Benefits as regular payments from the Family Assistance Office? 1. Yes 5. No	1. →INC_Q11 5. →INC_Q17

IF INC_Q10 = 1	**INC_Q11** How much was the most recent Family Tax Benefit payment [you/(proxy name)] received? *Interviewer: Enter dollar amount* *Ctrl K may be used here if necessary* *Ctrl R may be used here if necessary* (Allow numeric entry 6 digits)	→INC_Q12
IF INC_Q11 is answered	**INC_Q12** What period did that payment cover? *Interviewer: Ctrl K may be used here if necessary* *Ctrl R may be used here if necessary* 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other	1 - 5. →INC_Q17 6. →INC_Q13
IF INC_Q12 = 6	**INC_Q13** *Interviewer: Enter 'other' period* (Allow text entry 60 characters)	→INC_Q17
IF INC_Q13 is answered **IF INC_Q12 = 1 to 5** **IF INC_Q10 = 5**	**INC_Q17** [Do you/does (proxy name)] currently receive any of these pensions, allowances or benefits? *Interviewer: Show Prompt Card 45* *Ctrl K may be used here if necessary* 1. Parenting Payment 2. Youth Allowance 3. Carer Allowance 4. War Widow's or Widower's Pension from the Department of Veterans' Affairs. Including Income Support Supplement 5. Disability Pension from the Department of Veteran's Affairs 6. Overseas government pension 7. Any other government payment 8. No/none of these	1-6. →INC_Q19 7. →INC_Q18 8. →INC_Q22

IF INC_Q17 = 7	**INC_Q18** *Interviewer: Insert other government payment* (Allow text entry 60 characters)	→INC_Q19
IF INC_Q17 = 1 to 6 **IF INC_Q18 is answered**	**INC_Q19** How much [do you/does (proxy name)] receive from these pensions, allowances or benefits? *Interviewer: Enter dollar amount. If respondent is unable to answer, prompt for their best estimate.* (Allow numeric entry 6 digits)	→INC_Q20
IF INC_Q19 is answered	**INC_Q20** What period does that cover? 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - please specify	1-5. →INC_Q22 6. →INC_Q21
IF INC_Q20 = 6	**INC_Q21** *Interviewer: Enter 'other' period* (Allow text entry 60 characters)	→INC_Q22
IF INC_Q17 = 8 **INC_Q20 = 1-5** **IF INC_Q21 is answered**	**INC_Q22** [Do you/does (proxy name)] currently receive income from any of the following sources: *Interviewer: Show Prompt Card 46 (Press F9). If 'yes', prompt for which ones. More than one response is allowed.* 1. Child Support or Maintenance 2. Superannuation, an annuity or private pension 3. Workers' compensation 4. None of the above	1- 3. →INC_Q23 4. →INC_Q26

IF INC_Q22 = 1-3	**INC_Q23** How much [do you/does (proxy name)] receive from [source/s]? *Interviewer: enter dollar amount. If respondent is unable to answer, prompt for their best estimate.* (Allow numeric entry 9 digits)	INC_Q23 to Q25 are asked of each income reported in INC_Q22 then →INC_Q24
IF INC_Q23 is answered	**INC_Q24** What period does that cover? 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - please specify	1-5. →INC_Q26 6. →INC_Q25
IF INC_Q24 = 6	**INC_Q25** *Interviewer: Insert 'other' period* (Allow text entry 60 characters)	→INC_Q26
IF INC_Q24 = 1-5 **IF INC_Q25 is answered**	**INC_Q26** [Do you/does (proxy name)] currently have any rental investment property? 1. Yes 5. No	1. →INC_Q27 5. →INC_Q30
IF INC_Q26 = 1	**INC_Q27** [Do you/does (proxy name)] expect to make a profit or loss from [your/his/her] rental investment property this financial year? 1. Profit 2. Loss 3. Neither	1. →INC_Q28 2. →INC_Q29 3. →INC_Q30

IF INC_Q27 = 1	**INC_Q28** Before income tax is taken out, but after investment expenses have been deducted, how much profit [do you/does (proxy name)] expect to make from [your/his/her] share in rental investment property this financial year? *Interviewer: If respondent unable to answer, prompt for their best estimate or ask for previous financial year profit as a proxy.* *Enter dollar amount. If 'nil' enter zero.* *Ctrl K may be used here if necessary* *Ctrl R may be used here if necessary* (Allow numeric entry 9 digits)	→INC_Q30
IF INC_Q27 = 2	**INC_Q29** After business expenses have been deducted, how much [do you/does (proxy name)] expect to lose from [your/his/her] share in rental investment property this financial year? *Interviewer: If respondent unable to answer, prompt for their best estimate or ask for previous financial year loss as a proxy.* *Enter dollar amount. If 'nil' enter zero.* *Ctrl K may be used here if necessary* *Ctrl R may be used here if necessary* (Allow numeric entry 9 digits)	→INC_Q30
IF INC_Q29 is answered **IF INC_Q28 is answered** **IF INC_Q27 = 3** **IF INC_Q26 = 5**	**INC_Q30** (Apart from [your/his/her] rental investment property) [do you/does (proxy name)] currently have any unincorporated businesses (whether owned outright by [you/him/her] or through [your/his/her] share in a partnership)? 1. Yes 5. No	 1. →INC_Q31 5. →INC_Q34

IF INC_Q30 = 1	**INC_Q31** [Do you/does (proxy name)] expect to make a profit or loss this financial year? 1. Profit 2. Loss 3. Neither	 1. →INC_Q32 2. →INC_Q33 3. →INC_Q34
IF INC_Q31 = 1	**INC_Q32** Before income tax is taken out, but after business expenses have been deducted, how much profit [do you/does (proxy name)] expect to make from [your/his/her] share in unincorporated businesses this financial year? *Interviewer: If respondent unable to answer, prompt for their best estimate or ask for previous financial year profit as a proxy.* *Enter dollar amount.* (Allow numeric entry 9 digits)	 →INC_Q34
IF INC_Q31 = 2	**INC_Q33** After business expenses have been deducted, how much [do you/does (proxy name)] expect to lose from [your/his/her] share in unincorporated businesses this financial year? *Interviewer: If respondent unable to answer, prompt for their best estimate or ask for previous financial year loss as a proxy.* *Enter dollar amount.* (Allow numeric entry 9 digits)	 →INC_Q34
IF INC_Q33 is answered **IF INC_Q32 is answered** **IF INC_Q31 = 3** **IF INC_Q30 = 5**	**INC_Q34** [Do you/does (proxy name)] currently receive income from dividends from shares? 1. Yes 5. No	 1. →INC_Q35 5. →INC_Q36

IF INC_Q34 = 1	**INC_Q35** How much [do you/does (proxy name)] expect to receive from dividends from shares this financial year: *Interviewer: if respondent unable to answer, prompt for their best estimate or ask for previous financial year income as a proxy.* *Enter dollar amount. If 'nil' enter zero.* (Allow numeric entry 9 digits)	→INC_Q36
IF INC_Q35 is answered **IF INC_Q34 = 5**	**INC_Q36** [Do you/does (proxy name)] currently receive income from interest? 1. Yes 5. No	1. →INC_Q37 5. →INC_Q38
IF INC_Q36 = 1	**INC_Q37** How much [do you/does (proxy name)] expect to receive from interest this financial year? *Interviewer: Enter dollar amount. If 'nil' enter zero.* (Allow numeric entry 6 digits)	→INC_Q38
IF INC_Q37 is answered **IF INC_Q36= 5**	**INC_Q38** [Do you/does (proxy name)] currently receive income from any other source? 1. Yes 5. No	1. →INC_Q39 5. →INC_Q43_SG
IF INC_Q39 = 1	**INC_Q39** What (is this source/are these sources)? (Allow text entry 60 characters)	→INC_Q40
IF INC_Q39 is answered	**INC_Q40** How much [do you/does (proxy name)] receive from [this source/these sources]? (Allow numeric entry 9 digits)	→INC_Q41

IF INC_Q40 is answered	**INC_Q41** What period does that cover? 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - please specify	1-5. →INC_Q43_SG 6. →INC_Q42
IF INC_Q41 = 6	**INC_Q42** *Interviewer: Insert 'other' period*	→INC_Q43_SG
IF INC_Q42 is answered **IF INC_Q41= 1 to 5** **IF INC_Q38 = 5**	**INC_Q43_SG** 1. If a single person household 2. If there are other persons aged 15+ in household 3. Otherwise	1. →DWTEN_Q01 2. →INCTOT_Q01 3. →DWTEN_Q01
IF INC_Q31_SG =2	**INCTOT_Q01** The next question is about the income of members of [your/(proxy name)'s] household aged 15 years or over, excluding [yourself/(proxy name)]. Before income tax is taken out, how much income in total do these people usually receive from all sources? *Interviewer: Enter amount. If respondent unable to answer, prompt for their best estimate.* 1. Amount 2. Nil Ctrl K Ctrl R	1. →INCTOT_Q02 2. →DWTEN_Q01 Ctrl K →DWTEN_Q01 Ctrl R →DWTEN_Q01
IF INCTOT_Q01 = 1	**INCTOT_Q02** *Interviewer: Enter dollar amount* (Allow numeric entry 9 digits)	→INCTOT_Q03

IF INCTOT_Q02 is answered	**INCTOT_Q03** *Interviewer: indicate if this was a profit or a loss.* 1. Profit 2. Loss	→INCTOT_Q04
IF INCTOT_Q03 is answered	**INCTOT_Q04** What period does that cover? 1. Week 2. Fortnight 3. Four weeks 4. Calendar month 5. Year 6. Other - please specify	1 to 5.→ DWTEN_Q01 6. →INCTOT_Q05
IF INCTOT_Q04 = 6	**INCTOT_Q05** *Interviewer: Enter other period* (Allow text entry 60 characters)	→DWTEN_Q01

Supplementary Information

Persons aged 18+ years are included in this module

NATIONAL HEALTH SURVEY 07/08

Module Z - Housing Tenure

From Population	Question Wording	To population
IF INCTOT_Q05 is answered **IF INCTOT_Q04 = 1 to 5** **IF INCTOT_Q01 = 2, Ctrl K or Ctrl R** **IF INC_Q31_SG = 1 or 3**	**DWTEN_Q01** I would now like to ask you some questions about this dwelling. Is this dwelling being paid off by [you/(you and your spouse/partner)/(a parent)]? 1. Yes 5. No	1. →DWTEN_Q04 5. →DWTEN_Q02
IF DWTEN_Q01 = 5	**DWTEN_Q02** Is this dwelling owned outright by [you/(you and your spouse/partner)/(a parent)]? 1. Yes 5. No	1. →DWST_Q01 5. →DWTEN_Q03
IF DWTEN_Q02 = 5	**DWTEN_Q03** Is this dwelling rented by [you/(you and your spouse/partner)/(a parent)]? 1. Yes 5. No	1. →DWRENT_Q01 5. →DWTEN_Q04
IF DWTEN_Q03 = 5 **IF DWTEN_Q01 = 1**	**DWTEN_Q04** Is this dwelling being purchased under a rent/buy or shared equity scheme by [you/(you and your spouse/partner)/(a parent)]? 1. Yes 5. No	→DWTEN_Q05_SG
IF DWTEN_Q04 is answered	**DWTEN_Q05_SG** 1. If DWTEN_Q04 = 1 2. IF DWTEN_Q04 = 5 and DWTEN_Q01 = 1 3. Otherwise	1. →DWRENT_Q01 2. →DWST_Q01 3. →DWTEN_Q06

IF DWTEN_Q05_SG = 3	**DWTEN_Q06** [Do you/do you and your spouse/partner/does a parent] occupy this dwelling under a life tenure scheme? 1. Yes 5. No	1. →DWST_Q01 5. →DWTEN_Q07
IF DWTEN_Q06= 5	**DWTEN_Q07** [Do you/do you and your spouse/partner/does a parent] pay board to live here? 1. Yes 5. No	1. →DWRENT_Q01 5. →DWTEN_Q08
IF DWTEN_Q07 = 5	**DWTEN_Q08** [Do you/do you and your spouse/partner/does a parent] live here rent free? 1. Yes 5. No	→DWST_Q01
IF DWTEN_Q07 = 1 **IF DWTEN_Q05_SG = 1** **IF DWTEN_Q03 = 1**	**DWRENT_Q01** Who [do you/do you and your spouse/partner/does a parent] pay rent to for this dwelling? *Interviewer: Show Prompt Card 47 (Press F9)* 10 real estate agent 11. State housing commission/trust Person not in the same household 12. Parent/other relative 13. Other person Person in the same household 14. Parent/other relative 15. Other person 16. Owner/Manager of caravan park Employer 17. Government authority 18. Other employer Other	→DWST_Q01

	19. Housing co-operative, Community or Church group 20. Other	
IF DWRENT_Q01 is answered IF DWTEN_Q08 is answered IF DWEN_Q06 = 1 IF DWTEN_Q05_SG = 2	**DWST_Q01** *Interviewer: Code best description of location of selected dwelling.* 1. Caravan park 2. Marina 3. Manufactured home estate 4. Accommodation for the retired or aged (self-care) 5. Other (including residential dwelling blocks, farms, etc.)	→DWST_Q02
IF DWST_Q01 is answered	**DWST_Q02** *Interviewer: Code best description of structure containing household.* 1. Separate house *Semi-detached/row or terrace house/town house:* 2. - one storey 3. - two or more storeys *Flat or apartment:* 4. - in a one or two storey block 5. - in a three storey block 6. - in a four or more storey block 7. - attached to a house *Other dwelling:* 8. Caravan, cabin, houseboat 9. Improvised home, tent, campers out 10. House or flat attached to a shop or office etc.	→DWST_Q03_SG
IF DWST_Q02 is answered	**DWST_Q03_SG** 1. If code 8 in DWST_Q02 2. Otherwise	1. →DWST_Q04 2. →NUMBED_Q01

IF DWST_Q03_SG = 1	**DWST_Q04** *Interviewer: code best description of selected dwelling.* 1. Caravan 2. Cabin 3. Houseboat	→NUMBED_Q01
IF DWST_Q04 is answered **IF DWST_Q03_SG = 2**	**NUMBED_Q01** How many bedrooms are there in this (dwelling)? *Interviewer: Enter number of bedrooms. If bedsitter, code '0'* (Allow numeric entry 0....9)	→NUMBED_Q02_SG
IF NUMBED_Q01 is answered	**NUMBED_Q02_SG** 1. If Child questionnaire still to do 2. Otherwise	1. →Child questionnaire 2. No more questions

Supplementary Information

1. Persons aged 18+ are asked these questions.

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Australian Bureau of Statistics

NATIONAL HEALTH SURVEY

(NHS 07–08)

July 2007 - June 2008

PROMPT CARDS

sss54

Check-ups may include:

1. Asking about your medical history

2. Weighing you

3. Taking your blood pressure

4. Giving advice on how to improve your health

5. Having other tests done

2.

1. Reducing or quitting smoking

2. Drinking alcohol in moderation

3. Reaching a healthy weight

4. Increasing physical activity

5. Eating healthy food or improving diet

10. Specialist doctor

11. Accredited counsellor

12. Acupuncturist

13. Chemist (for advice only)

14. Chiropodist/Podiatrist

15. Chiropractor

16. Diabetes educator

17. Dietitian/Nutritionist

18. Naturopath

19. Nurse

20. Occupational therapist

21. Optician/Optometrist

22. Osteopath

23. Physiotherapist/ Hydrotherapist

24. Psychologist

25. Social worker/Welfare officer

26. Other

4.

1. All of the time

2. Most of the time

3. Some of the time

4. A little of the time

5. None of the time

Sample

You may choose <u>one or more</u> of the following:

10. Fish oils / Omega 3

11. Ginkgo Biloba

12. Brahmi

13. Magnesium / Iron / Iodine

14. Vitamin B complex

15. Rescue Remedy (Bach Flower)

16. St John's Wort (Hypericum)

17. Valerian / Oatstraw / Passionflower / Damiana / Kava

18. Evening Primrose Oil

19. Bee Pollen

20. Ginseng

21. Other

6.

1. Sleeping tablets or capsules

2. Tablets or capsules for anxiety or nerves

3. Tranquillisers

4. Antidepressants

5. Mood stabilisers

6. Other medications for your mental well-being

1. None

2. Very mild

3. Mild

4. Moderate

5. Severe

6. Very severe

8.

10. Sight problems <u>not corrected by glasses or contact lenses</u>

11. Hearing problems

12. Speech problems

13. Blackouts, fits or loss of consciousness

14. Difficulty learning or understanding things

15. Limited use of arms or fingers

16. Difficulty gripping things

17. Limited use of legs or feet

18. Any condition that restricts physical activity or physical work (e.g. back problems, migraines)

19. Any disfigurement or deformity

20. Any mental illness for which help or supervision is required

9.

1. Shortness of breath, or difficulty breathing

2. Chronic or recurring pain

3. A nervous or emotional condition

4. Long-term effects as a result of a head injury, stroke or other brain damage

5. Any other long-term condition that requires treatment or medication

6. Any other long-term condition such as arthritis, asthma, heart disease, Alzheimer's disease, dementia etc.

10.

1. <u>Self-care</u>

   For example:

   - bathing / showering
   - dressing / undressing
   - eating / feeding
   - going to the toilet
   - bladder / bowel control

2. <u>Mobility</u>

   For example:

   - moving around away from home
   - moving around at home
   - getting in or out of a bed or chair

3. <u>Communication in own language</u>

   For example:

   - understanding / being understood by strangers, friends or family, including use of sign language / lip reading

1. Not attending school / further study due to condition

2. Need time off school / study

3. Attend special classes / school

4. Other related difficulties

12.

1. Type of job could do

2. Number of hours that can be worked

3. Finding suitable work

4. Needing time off work

5. Permanently unable to work

For example:

Reading

Eating

Talking on the phone

Listening to music

Visiting friends

Doing crafts or hobbies

Other activities (not including watching television or using a computer)

14.

1. Cow's milk

2. Soy milk

3. Evaporated or sweetened condensed milk

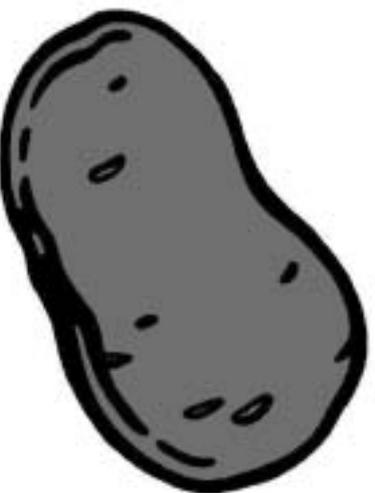4. Other type of milk (please specify)

5. Do not drink milk

1.   Whole milk / regular / full cream

2.   Reduced fat e.g. Low / Lite / HiLo

3.   Skim e.g. Skinny / Shape / fat free

Sample

Vegetable - examples of serving size

1/2 cup cooked
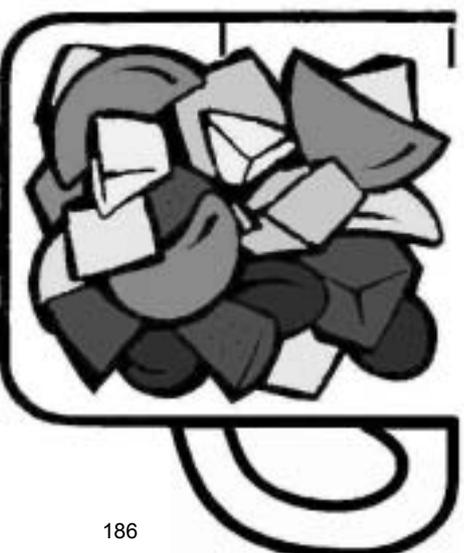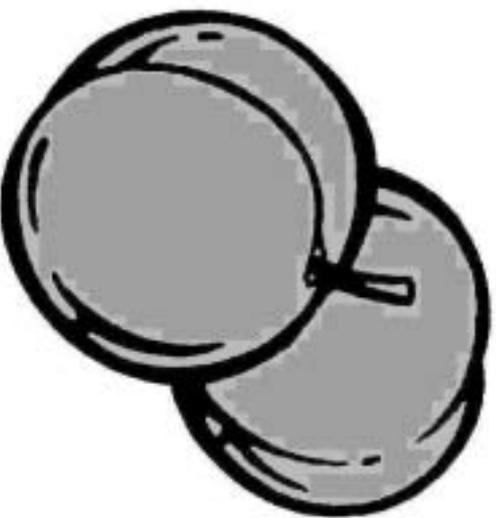vegetables or
cooked legumes

=

1 medium potato

=

1 cup salad
vegetables

Fruit - examples of serving size

1 medium piece
(e.g. apple)

=

2 small pieces
(e.g. apricots)

=

1 cup chopped
or canned fruit

18.

You may choose <u>one or more</u> of the following:

1. Beer

2. Wine

3. Champagne / sparkling wine

4. Ready to drink spirits / liqueurs

5. Liqueurs

6. Spirits

7. Fortified wine

8. Cider

9. Cocktail

10. Other (please specify)

Standard Drink Guide

1.1
285ml

1.6
425ml
Full Strength Beer
4.9% Alc./Vol

0.8
285ml

1.2
425ml
Mid Strength Beer
3.5% Alc./Vol

0.6
285ml

0.9
425ml
Light Beer
2.7% Alc./Vol

1.5
375ml
Full Strength Beer
4.9% Alc./Vol

1
375ml
Mid Strength Beer
3.5% Alc./Vol

0.8
375ml
Light Beer
2.7% Alc./Vol

1.5
375ml
Pre-mix Spirits
5% Alc./Vol

1.2
300ml
Pre-mix Spirits
5% Alc./Vol

1
30ml
Spirit Nip
40% Alc./Vol

22
700ml
Bottle of Spirits
40% Alc./Vol

1
30ml
Spirit Shot
40% Alc./Vol

1
60ml
Port/Sherry
Glass
20% Alc./Vol

1.5
170ml
Average Serve of
Sparkling Wine/
Champagne
11.5% Alc./Vol

1.5
150ml
Average Serve
of Wine
12.5% Alc./Vol

7.5
750ml
Bottle
of Wine
12.5% Alc./Vol

Note. Labels on alcoholic drink containers state the number of Standard Drinks in the container.

Check the label to find out how many Standard Drinks are in the bottle or can.

The Standard Drinks shown are calculated to one decimal place. To make counting your drinks easier, you can round the numbers up or down. For example count 0.9 as 1.0 and 1.6 as 1.5.

20.

11. Accredited counsellor

12. Acupuncturist

13. Chemist (for advice only)

14. Chiropodist / Podiatrist

15. Chiropractor

16. Dietitian / Nutritionist

17. Naturopath

18. Nurse

19. Occupational therapist

20. Optician / Optometrist

21. Osteopath

22. Physiotherapist / Hydrotherapist

23. Psychologist

24. Social worker / Welfare officer

25. Other

1. The illness, its symptoms and possible effects

2. Developing a treatment plan

3. How you can actively share with your doctor in making decisions about how to manage your condition

4. Changes to your lifestyle which may improve your health

5. How you can monitor and manage the signs and symptoms of the condition

6. How you can manage the impact of the condition on your physical, emotional and social life

22.

11. **Accredited counsellor**

12. **Acupuncturist**

13. **Chemist (for advice only)**

14. **Chiropodist / Podiatrist**

15. **Chiropractor**

16. **Dietitian / Nutritionist**

17. **Naturopath**

18. **Nurse**

19. **Occupational therapist**

20. **Optician / Optometrist**

21. **Osteopath**

22. **Physiotherapist / Hydrotherapist**

23. **Psychologist**

24. **Social worker / Welfare officer**

25. **Other**

Sample

10. Rheumatic heart disease

11. Heart attack

12. Heart failure

13. Stroke (including after effects of stroke)

14. Angina

15. High blood pressure / hypertension

16. Low blood pressure / hypotension

17. Hardening of the arteries / atherosclerosis/ arteriosclerosis

18. Fluid problems/fluid retention / oedema

19. High cholesterol

20. Rapid or irregular heartbeats / tachycardia/ palpitations

21. Heart murmur / heart valve disorder

22. Haemorrhoids

23. Varicose veins

24. Other heart or circulatory condition (specify)

24.

11. Accredited counsellor	19. Occupational therapist
12. Acupuncturist	20. Optician / Optometrist
13. Chemist (for advice only)	21. Osteopath
14. Chiropodist / Podiatrist	22. Physiotherapist / Hydrotherapist
15. Chiropractor	23. Psychologist
16. Dietitian / Nutritionist	24. Social worker / Welfare officer
17. Naturopath	25. Other
18. Nurse	

1.   The illness, its symptoms and possible effects

2.   Developing a treatment plan

3.   How you can actively share with your doctor in making decisions about how to manage your condition

4.   Changes to your lifestyle which may improve your health

5.   How you can monitor and manage the signs and symptoms of the condition

6.   How you can manage the impact of the condition on your physical, emotional and social life

26.

You may choose <u>one or more</u> of the following:

1. Vitamin D supplements

2. Calcium supplements

3. Glucosamine

4. Fish oils / Omega 3

5. Fish liver oils

6. Chondroitin / Shark cartilage

7. Any other vitamin or mineral supplements

8. Any other natural or herbal treatments

27.

11. Accredited counsellor

12. Acupuncturist

13. Chemist (for advice only)

14. Chiropodist / Podiatrist

15. Chiropractor

16. Dietitian / Nutritionist

17. Naturopath

18. Nurse

19. Occupational therapist

20. Optician / Optometrist

21. Osteopath

22. Physiotherapist/ Hydrotherapist

23. Psychologist

24. Social worker / Welfare officer

25. Other

28.

1. The illness, its symptoms and possible effects

2.   Developing a treatment plan

3. How you can actively share with your doctor in making decisions about how to manage your condition

4. Changes to your lifestyle which may improve your health

5. How you can monitor and manage the signs and symptoms of the condition

6. How you can manage the impact of the condition on your physical, emotional and social life

1. Did weight / strength / resistance training

2. Obtained and / or used physical aids (used at home or work)

3. Water therapy

4. Massage

5. Changed eating pattern / diet

6. Losing weight

7. Exercised most days

8. Other action taken

30.

1. The illness, its symptoms and possible effects

2. Developing a treatment plan

3. How you can actively share with your doctor in making decisions about how to manage your condition

4. Changes to your lifestyle which may improve your health

5. How you can monitor and manage the signs and symptoms of the condition

6. How you can manage the impact of the condition on your physical, emotional and social life

10. Diabetes educator

11. Accredited counsellor

12. Acupuncturist

13. Chemist (for advice only)

14. Chiropodist / Podiatrist

15. Chiropractor

16. Dietitian / Nutritionist

17. Naturopath

18. Nurse

19. Occupational therapist

20. Optician / Optometrist

21. Osteopath

22. Physiotherapist/ Hydrotherapist

23. Psychologist

24. Social worker / Welfare officer

25. Other

32.

1. Losing weight

2. Exercised most days

3. Taken vitamin / mineral supplements

4. Taken natural / herbal medications

5. Other

1. Astigmatism

2. Short-sightedness /Myopia / difficulty seeing objects in the distance

3. Macular degeneration

4. Other age related sight problems / Presbyopia

5. Long sightedness / Hyperopia / difficulty seeing objects close up

6. Other (please specify)

34.

You may choose <u>one or more</u> of the following:

10. Hayfever

11. Sinusitis or sinus allergy

12. Other allergy

13. Anaemia

14. Bronchitis

15. Emphysema

16. Epilepsy

17. Fluid problems / fluid retention/oedema (exclude those due to heart or circulatory condition)

18. Hernias

19. Kidney stones

20. Migraine

21. Psoriasis

22. Stomach ulcers or other gastrointestinal ulcers

23. Thyroid trouble /goitre

24. Depression

25. Feeling depressed

26. Back - slipped disc or other disc problems

27. Back pain or other back problems

1. Conditions that recur from time to time

2. Conditions that have lasted for a long time and that may have been adjusted to

3. Conditions which are under control because of long term treatment or taking medication

36.

For example:

Amputation or loss of limbs
    e.g. arm, foot, finger

Behavioural or emotional disorders

Deformity or disfigurement from birth
    e.g. club foot, cleft palate

Other deformity or disfigurement
    e.g. effects of burns

Dependence on drugs or alcohol

Difficulties in learning or understanding

Feeling anxious or nervous

Gallstones

Incontinence

Paraplegia or other paralysis

Speech impediment

10. Psychologist

11. Alcohol and drug worker

12. Accredited counsellor

13. Acupuncturist

14. Chemist (for advice only)

15. Chiropodist / Podiatrist

16. Chiropractor

17. Dietitian / Nutritionist

18. Naturopath

19. Nurse

20. Occupational therapist

21. Optician / Optometrist

22. Osteopath

23. Physiotherapist/ Hydrotherapist

24. Social worker / Welfare officer

25. Other

39.

1. Sleeping tablets or capsules

2. Tablets or capsules for anxiety or nerves

3. Tranquillisers

4. Antidepressants

5. Mood stabilisers

6. Other medications for your mental well-being

1. Work

2. School / study

3. In a motor vehicle accident

4. Exercise or sport

5. Home

6. Other

41.

1. Serious illness

2. Serious accident

3. Death of a family member or close friend

Sample

4. Mental illness

5. Serious disability

42.

1. Divorce or separation

2. Not able to get a job

3. Involuntary loss of job

4. Alcohol or drug related problems

5. Witness to violence

6. Abuse or violent crime

7. Trouble with the police

8. Gambling problem

9. Other (please specify)

43.

1. Hospital only

2. Ancillary only ("extras")

3. Hospital and Ancillary ("extras")

1. Health Care Card

2. Pensioner Concession Card

Sample

3. Commonwealth Seniors Health Card

45.

1. Parenting Payment

2. Youth Allowance

3. Carer Allowance

4. War Widow's or Widower's Pension from the Department of Veterans' Affairs. Including Income Support Supplement

5. Disability Pension from the Department of Veteran's Affairs

6. Overseas government pension

7. Any other government payment

1. Child Support or Maintenance

2. Superannuation, an annuity or private pension

Sample

3. Workers' compensation

47.

10. Real estate agent
11. State housing commission / trust

Person not in the same household

12. Parent / other relative
13. Other person

Person in the same household

14. Parent / other relative
15. Other person
16. Owner / Manager of caravan park

Employer

17. Government authority
18. Other employer

Other

19. Housing co-operative, Community or Church group
20. Other