

Lifestyle Surveys

Core Questions and Methods



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Table of Contents

Chapter	Title	Page
1	Key Messages	3
2	Introduction	4
3	NWPHO Development Process	5
4	Recommended Methods	7
5	Recommended Core Questions	10
Appendix A	Steering Group and Technical Group Members	26
Appendix B	Methodological Issues and Recommendations	28
Appendix C	Consultation Results	36
Appendix D	Other Potential Topic Areas and Supplementary Questions	48
Appendix E	Selection Criteria for Core and Supplementary Questions	66
Appendix F	Conversion Charts and Classification Tables	74

Key Messages

- Local lifestyle surveys are a cost-effective and appropriate mechanism for collecting detailed population measures of individual behaviours that impact on health, which could be helpful to the implementation of *Choosing Health*, practice based commissioning (PBC) and Local Area Agreements (LAAs).
- The value of lifestyle surveys will be enhanced by regional consistency in questions and methods.
- This report outlines a set of questions that we believe to be a minimum core that will help to collect data on key topics and measure targets. In addition, it outlines a recommended method that we believe represents the most cost-effective solution for a Primary Care Trust (PCT) or Local Authority (LA).
- We hope that if you do collect data for the core questions that you would provide an anonymised version of the data set to the North West Public Health Observatory (NWPHO) which could then be shared with others or allow for the development of an enhanced regional picture. We would also welcome feedback on the report and its recommendations as well as examples of good practice that we could share with others in the region.

Introduction

The *Choosing Health* White Paper puts lifestyle issues and empowering people to make healthier choices at the heart of public health policy. However, the lack of baseline information on people's lifestyles makes prioritisation and the development of interventions more difficult. At a local level lifestyle surveys remain a cost-effective way of generating data to support decision-making within public health and other areas of local and regional government. If this information can be aggregated to provide comparator data, time series data and market segmentation data to support social marketing they become an even more powerful tool to help with prioritisation of key topics and the targeting of interventions. Following on from the North West Public Health Observatory (NWPHO) synthesis report on lifestyle surveys produced in 2005 we were asked in March 2006 by the Directors of Public Health (DsPH) in the North West to look at, and promote the use of, a common core of questions and methods that could be used as the starting point for lifestyle surveys being conducted in the North West. This built on the recommendations of the synthesis report and the views of others in the region for the need for consistency and comparability for lifestyle data.

Many parts of the North West have a history of conducting lifestyle surveys, but for historical reasons they have tended to lack consistency in questions used and methods. This difference in approach makes the aggregation of data to provide a regional or segmented picture nearly impossible. The current consensus is that the power of lifestyle data is enhanced by comparisons within areas and with other areas rather than being able to compare across time for one area. This conclusion enhances the need to build a picture across the region and over time of people's lifestyles and behaviours and to see how this is impacting on the general health of the population. In order to allow for this, there needs to be consistency of approach in terms of questions and methods of undertaking surveys to allow for the aggregation of data between areas and over time. This broad base of information would assist in the development and targeting of health promotion activity at relevant population subgroups to maximise impact. In addition, the opportunity to link lifestyle data with other sources of health related information such as hospital episodes, mortality and ultimately GP records, would further enhance future analysis.

To fulfil the work asked of it, the NWPHO brought together a Steering Group and a Technical Group to devise a solution and lobby for the benefits of the core. The members of these groups are listed within Appendix A.

NWPHO Development Process

The Technical Group, brought together to look in detail at the potential core questions and methods, included representation from all three public health network areas representing the service as well as from academic institutions. The Technical Group agreed that an initial amount of work should be undertaken to identify core topic areas and questions prior to proceeding with consultation to the wider public health community and other interested areas. The first part of the process was to look at the topics that were felt important enough to merit inclusion in the core of a lifestyle survey. To do this, we looked at the topics identified in *Choosing Health*, DsPH Annual Reports and within Local Area Agreements (LAAs). This gave us a list of around a dozen topic areas, as follows:

- Alcohol Consumption
- Body Mass Index
- Dental Health Status
- Diet and Nutrition
- Drug Consumption
- Mental Health
- Neighbourhood Perceptions
- Physical Activity Levels
- Prevalence of Disease
- Self-Reported General Health
- Sexual Health History and Behaviour
- Smoking Status

Having identified the key topic areas, the Technical Group then researched and discussed which questions existed in these areas and where these had been used before, as well as how they might provide data to support target setting and monitoring and if they had been validated. Appendix D summarises where the questions have been used and what targets they address. The Technical Group took the view that the validation of the question was key to its inclusion within the core questions, as there was insufficient time at this stage to look at validating potential questions. Once the Technical Group had agreed the questions, or potential questions, for a topic area these were compiled and the topic areas and questions were issued for consultation around the wider public health community within the North West. This included DsPH, public health analysts and academics. The results of the consultation can be found in Appendix C.

The results of the consultation were considered by the Technical Group and the discussions following the consultation form the basis of the recommendations within this report. Three of the core topic areas initially recommended by the Technical Group were seen to be less important, or could potentially have an impact on response rates, and as a consequence have not been included in the core. However, the questions are included within a later appendix as an option for organisations to use if they wish to include them in a lifestyle survey.

In terms of methods for the conducting of lifestyle surveys, the Technical Group comprehensively researched surveys recently undertaken in the North West and the literature on surveys. This produced a variety of options and issues that organisations should consider when planning a lifestyle survey. In addition, the Technical Group, with the aim of consistency, has provided a recommended method for conducting a survey. It is

recommended that organisations use this method to ensure the greatest level of consistency within the data produced by surveys across the region.

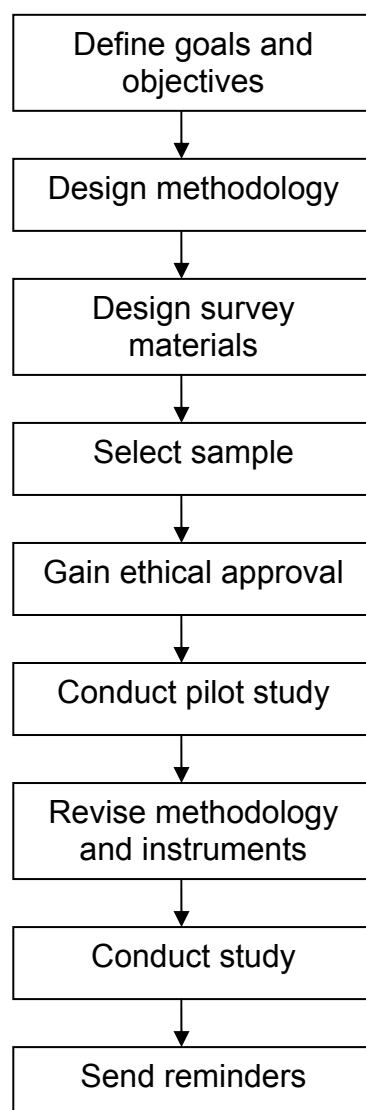
This work represents the first step in a process designed to make lifestyle surveys easier and quicker to conduct. Potential future developments include a regional survey to provide a baseline North West picture, a central repository within the North West for the storing of lifestyle data, a web-based tool for the downloading of questions and ultimately a complete questionnaire. These are all dependent on the perceived need for these services within the region and we would encourage organisations to feed back their experience of using the method or the questions outlined in this document. This work should be seen as evolutionary and as organisations use the output we can learn from experience to develop and improve the recommendations within the report.

Where you have used the recommendations and found them useful or otherwise, feedback to the NWPHO would be welcomed. The intention is to review the work in 12 months' time and update as appropriate. We also would recommend that a copy of all survey data is held centrally to allow for regional comparisons and to ensure the data can be made available consistently over time. The NWPHO is happy to offer this service to Primary Care Trusts (PCTs), Local Authorities (LAs) and other agencies in the North West.

The remainder of this report outlines the areas deemed as core by the Steering and Technical Groups and also the methods that would ideally be used by an organisation conducting a lifestyle survey.

Recommended Methods

The Steering and Technical Groups strongly recommend that you use the methods outlined below. The methods recommended in this report are designed to provide a cost-effective way of obtaining data. Local circumstances may require different approaches, and in these circumstances the methods outlined should not be seen as prescriptive. Appendix B outlines the issues and research on methods in greater detail as justification for the methods outlined below, and also provides guidance if particular circumstances call for different methods.



Define Aims and Objectives – This is the first step in lifestyle survey development.

Survey Method – Postal; although there are a number of other options, postal surveys remain the most cost-effective.

Develop Survey Materials

Covering Letter – This should come from the local DPH and include the following key information:

- Brief description of the study
- Estimation of time taken to complete questionnaire
- Details of how to respond (mention SAE if included)
- Details of any incentives being used
- Date for response
- Description of confidentiality and/or anonymity policy
- Contact number for enquiries
- Details of how to obtain alternative versions of the questionnaire, e.g. large print or translations
- Logo of organisation

Questionnaire – It is recommended that the core questions outlined in this report should form the basis of a lifestyle survey. However, other topic areas may be included and more detailed questions can also be added, some examples of which are outlined in Appendix C.

Questionnaire Length – Around 20 pages maximum. There is some evidence that longer surveys can diminish response rates and this should be viewed as the optimum. It is more important to consider the layout of the questionnaire itself.

Sampling Frame – The recommendation is to use GP lists. There are a number of alternatives, which have problems of use. However, the importance of NHS numbers to help build a more comprehensive picture of population health means the use of GP lists is the most suitable source of the sampling frame.

Sample size – Sample size calculation should be based on the following age breakdown:

- 16-24
- 25-34
- 35-64
- 65-74
- 75+

The maximum confidence limit for an age and sex group should be 10%. The minimum recommended sample size would be 2,000, which should provide a reasonable picture for a LA or PCT, with limited usefulness if the data is to be stratified.

If the intent is to monitor trends in behaviours over time and to make inferences about the level of change, larger sample sizes are required. The following table gives examples of sample size calculations for three public health priorities. The baseline prevalence data has been taken from information collected in previous local surveys. The table shows the required sample size to show as statistically significant (95% confidence limits) a change as small as 5%. It assumes that you would then want to make comparisons across sex and three age groups (i.e. six strata).

Priority	Baseline	Smallest difference you want to be able to detect (i.e. what has changed)	Sample needed
Physical activity	27%	+5%	7,800
Eats '5 a day'	12%	+5%	4,600
Current smoker	28%	-5%	7,000

The sample size would increase to 20,000 if you wanted to be able to detect a change of only 3% for smoking, for example (across the six comparison groups). Large sample sizes are **vital** to identify small changes over time. The NWPHO can provide further information on the sample sizes required if the intention is to monitor trends over time.

Key Demographic Information from the Sampling Frame – It is important that key data is taken from the sampling frame and this can then be linked back to responders. This includes the following:

- NHS number
- Postcode
- Sex
- Date of birth

Ethics Approval – It is important that the ethical application includes the ability to share anonymised record level data with other organisations such as other NHS bodies or academic units. As ethics rules can change regularly it is important that you seek the latest advice which is available from the Central Office for Research Ethics Committees (COREC) website www.corec.org.uk

Pilot Survey – Before undertaking the main study it is worth conducting a pilot study.

Reminders – It is recommended that two or three reminder letters or postcards are sent. At least one of these should include a new copy of the questionnaire.

Incentives – Possibly improve response rates but there is limited evidence of effectiveness.

Other Languages – Large print versions should be available for the visually impaired and a translation service or copies in other relevant languages should be available.

Recommended Core Questions

The Steering and Technical Groups strongly recommend that you use the core questions as outlined below. The order in which the sections are presented can be adapted to suit your preferences. However, we would advise that questions of a personal nature be placed towards the end of the questionnaire. Furthermore, these should not necessarily be seen as the only questions to ask and there are additional questions provided in Appendix C which cover additional topics, but also allow for deeper questioning within some of the topic areas.

ABOUT YOUR HEALTH IN GENERAL

1. How tall are you?

feet inches **OR** metres cm

2. What is your current weight?

stones pounds **OR** kilograms

3. What does your waist size measure?

To measure your waist place the tape measure provided around your middle just above the top of your hip bone. Make sure the tape measure is secure but not too tight or pressing into the skin. Read the measurement after breathing out normally and do not suck in your stomach.

inches **OR** centimetres

Questions 1-3, Health Survey for England

4. How is your health in general, would you say it was.....

Very good	Good	Fair	Bad	Very bad
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

ONS harmonised questions – General health

5. Has a health professional ever told you that you have had a:

	Yes	No
a) Heart Attack	<input type="text"/>	<input type="text"/>
b) Stroke	<input type="text"/>	<input type="text"/>

6. Over the last 12 months have you suffered from any of the following problems?
(Tick all that apply)

	Yes	No
a) Asthma	<input type="checkbox"/>	<input type="checkbox"/>
b) Angina	<input type="checkbox"/>	<input type="checkbox"/>
c) Arthritis	<input type="checkbox"/>	<input type="checkbox"/>
d) Nervous trouble or depression	<input type="checkbox"/>	<input type="checkbox"/>
e) Sciatica, lumbago or recurring backache	<input type="checkbox"/>	<input type="checkbox"/>
f) Diabetes	<input type="checkbox"/>	<input type="checkbox"/>
g) High blood pressure	<input type="checkbox"/>	<input type="checkbox"/>

Questions 5-6, Health Survey for England

Note: An additional list of conditions can be found in Appendix C

ABOUT YOUR FEELINGS

These questions are about how you have been feeling in general over the past few weeks. Please answer all questions by ticking the box by the answer which you think applies to you.

1. Have you recently

a) Been able to concentrate on whatever you're doing?

Better than usual Same as usual Less than usual Much less than usual

b) Lost much sleep over worry?

Not at all No more than usual Rather more than usual Much more than usual

c) Felt you were playing a useful part in things?

More so than usual Same as usual Less useful than usual Much less useful

d) Felt capable about making decisions about things?

More so than usual Same as usual Less capable than usual Much less capable

e) Felt constantly under strain?

Not at all No more than usual Rather more than usual Much more than usual

f) Felt you couldn't overcome your difficulties?

Not at all No more than usual Rather more than usual Much more than usual

g) Been able to enjoy your normal day-to-day activities?

More so than usual Same as usual Less so than usual Much less than usual

h) Been able to face up to your problems?

More so than usual Same as usual Less able than usual Much less able

i) Been feeling unhappy and depressed?

Not at all No more than usual Rather more than usual Much more than usual

j) Been losing confidence in yourself?

Not at all No more than usual Rather more than usual Much more than usual

k) Been thinking of yourself as a worthless person?

Not at all No more than usual Rather more than usual Much more than usual

l) Been feeling reasonably happy, all things considered?

Not at all No more than usual Rather more than usual Much more than usual

DIET AND NUTRITION

1. What kind of bread, rolls or hard dough bread do you usually eat?

(Please tick just one box)

Don't eat any type of bread

White

Brown

Wholemeal

Local Lifestyle Surveys

2. What kind of milk do you usually use for drinks, in tea or coffee and on cereals?

Whole milk

Semi-skimmed milk, including dried semi-skimmed

Skimmed milk, including dried skimmed

Do not have a usual type

Do not drink milk

3. What sort of fat or oil do you usually use for cooking or frying food?

Butter, ghee, lard, suet, solid cooking fat
coconut oil, palm oil

Hard or soft margarine, half fat butter or ghee

Vegetable oil e.g. sunflower, olive, rapeseed,
mustard, peanut corn

Do not use oil or fat in cooking

4. What kind of butter, margarine or spread do you usually use?

Butter, full fat ghee or 'hard' margarine	<input type="checkbox"/>
Low fat spread or half fat ghee	<input type="checkbox"/>
Cholesterol lowering spread (for example, Benecol or Pro-active)	<input type="checkbox"/>
Don't use any	<input type="checkbox"/>
Other spread	<input type="checkbox"/>

5. How often do you eat the following foods?

	6 or more times a week	3 to 5 times a week	1 to 2 times a week	Less than once a week	Rarely or never
Cheese, except cottage cheese	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beef, pork or lamb	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fried foods	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White fish e.g. cod, hake haddock, bass	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oily fish e.g. sardines salmon, trout, mackerel, tuna (not tinned tuna)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet or savoury snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cakes, pies, puddings pastries or Indian sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. Has salt been generally added to your food during cooking?

Yes (include sea salt)	<input type="checkbox"/>
No, do not use salt in cooking	<input type="checkbox"/>
Use 'Lo-Salt' or salt alternative	<input type="checkbox"/>

7. At the table do you...

Generally add salt to your food without tasting it first

Taste the food, but then generally add salt

Taste the food, but then occasionally add salt

Rarely, or never, add salt at the table

Question 2-7, Health Survey for England

8. On average, how many portions of FRUIT do you eat a day?

(examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits)

9. On average, how many portions of VEGETABLES do you eat a day?

(examples include 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli)

Question 8-9, SF diet questionnaire

PHYSICAL ACTIVITY

Next I am going to ask you about the time you spend doing different types of physical activity in a typical week. Please answer these questions even if you do not consider yourself to be a physically active person.

Think first about the time you spend doing work. Think of work as the things that you have to do such as paid or unpaid work, study/training, household chores, harvesting food/crops, fishing or hunting for food, seeking employment. In answering the following questions 'vigorous-intensity activities' are activities that require hard physical effort and cause large increases in breathing or heart rate, and 'moderate-intensity activities' are activities that require moderate physical effort and cause small increases in breathing or heart rate.

1. Does your work involve vigorous-intensity activity that causes large increases in breathing or heart rate like (*carrying or lifting heavy loads, digging or construction work*) for at least 10 minutes continuously?

Yes No

2. In a typical week, on how many days do you do vigorous intensity activities as part of your work?

Please write in number

3. How much time do you spend doing vigorous-intensity activities at work on a typical day?

hours

minutes

4. Does your work involve moderate-intensity activity that causes small increases in breathing or heart rate such as brisk walking (*or carrying light loads*) for at least 10 minutes continuously?

Yes No

5. In a typical week, on how many days do you do moderate intensity activities as part of your work?

Please write in number

6. How much time do you spend doing moderate-intensity activities at work on a typical day?

		hours			minutes
--	--	-------	--	--	---------

The next questions exclude the physical activities at work that you have already mentioned. Now I would like to ask you about the usual way you travel to and from places, such as to work, for shopping, to market, to a place of worship.

7. Do you walk or use a bicycle (pedal cycle) for at least 10 minutes continuously to get to and from places?

Yes No

8. In a typical week, on how many days do you walk or bicycle for at least 10 minutes continuously to get to and from places?

Please write in number

9. How much time do you spend walking or bicycling for travel on a typical day?

		hours			minutes
--	--	-------	--	--	---------

The next questions exclude the work and transport activities that you have already mentioned. Now I would like to ask you about sports, fitness and recreational activities.

10. Do you do any vigorous-intensity sports, fitness or recreational activities that cause large increases in breathing or heart rate, like running or football, for at least 10 minutes continuously?

Yes No

11. In a typical week, on how many days do you do vigorous intensity sports, fitness or recreational activities?

Please write in number

12. How much time do you spend doing vigorous-intensity sports, fitness or recreational activities on a typical day?

		hours			minutes
--	--	-------	--	--	---------

13. Do you do any moderate-intensity sports, fitness or recreational activities that causes a small increase in breathing or heart rate such as brisk walking, cycling, or swimming for at least 10 minutes continuously?

Yes No

14. In a typical week, on how many days do you do moderate-intensity sports, fitness or recreational activities?

Please write in number

15. How much time do you spend doing moderate-intensity sports, fitness or recreational activities on a typical day?

		hours			minutes
--	--	-------	--	--	---------

The following question is about sitting or reclining at work, at home, getting to and from places, or with friends including time spent sitting at a desk, sitting with friends, travelling in a car, bus, train, reading, playing cards or watching television. Do not include time spent sleeping.

16. How much time do you usually spend sitting or reclining on a typical day?

		hours			minutes
--	--	-------	--	--	---------

ALCOHOL

1. Do you drink alcoholic drinks at present?

Yes No

2. Please write the number of alcoholic drinks you have consumed on each day during the past week. It may help if you try to remember where you were and whom you were with on each day. Please enter 0 (zero) if you have not consumed any of the following drinks in the last week.

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
Pints of non alcoholic beer, lager, etc.							
Pints of low alcohol beer, lager, etc.							
Pints of normal strength beer lager shandy stout ,etc.							
Pints of strong beer, lager, shandy, stout, cider, etc.							
Bottles of strong beer, lager, shandy, stout							
Bottles of alcopops such as Smirnoff Ice, WKD, Bacardi Breezer, VK, Reef							
Single glasses of spirits, such as whisky, vodka, gin, rum, etc.							
Standard glasses of wines							
Single glasses of fortified wines such as sherry, port, martini, etc.							

3. Would you say the last week was fairly typical of what you usually have to drink in one week?

Yes No

4. If last week was not typical, would you normally drink more or less in a week?

More Less

SMOKING

1. Have you ever smoked a cigarette, cigar or other tobacco product?

Yes No

2. Do you smoke at all nowadays?

Yes No

3. Which best describes you?

- I smoke daily
- I smoke occasionally but not every day
- I used to smoke daily but do not smoke at all now
- I used to smoke occasionally but do not smoke at all now

Question 1-3, Tobacco control Research Bulletin (2004)

ABOUT YOUR NEIGHBOURHOOD

1. How long have you lived in this area?

years months

2. How satisfied are you with this area as a place to live?

Very Satisfied	Fairly satisfied	Neither satisfied nor dissatisfied	Slightly satisfied	Very satisfied
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

3. How much of a problem are the following in your area:

	Very big problem	Fairly big problem	Not a very big problem	Not a problem at all	It happens, but it's not a problem
a) people being drunk and rowdy in public places	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
b) rubbish or litter lying around	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
c) other deliberate damage to property or vehicles	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
d) people using or dealing drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
e) people being harassed or attacked because of their skin colour, ethnic origin or religion	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
f) teenagers hanging around on the street	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
g) troublesome neighbours	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Questions 1-3, ONS harmonised questions for Social Capital

4. How safe do you feel walking alone in this area during daytime? Would you say you feel...

Very safe Fairly safe A bit unsafe Very unsafe

5. How safe do you feel walking alone in this area after dark? Would you say you feel...

Very safe Fairly safe A bit unsafe Very unsafe

6. How safe do you feel when you are alone in your own home at night? Would you say you feel...

Very safe Fairly safe A bit unsafe Very unsafe

Questions 4-6, ONS harmonized questions for Crime and Fear of Crime

ABOUT YOU

1. What is your sex? Male Female

2. What is your date of birth? Day Month Year

Questions 1-2, Census 2001

3. What is your current employment status?
(Please tick the one box that most closely describes you)

- | | | | |
|---|--------------------------|---------------------------|--------------------------|
| Working full time (30 hrs or more a week) | <input type="checkbox"/> | Retired | <input type="checkbox"/> |
| Working part time (less than 30 hrs a week) | <input type="checkbox"/> | Student | <input type="checkbox"/> |
| Unemployed and looking for work | <input type="checkbox"/> | Looking after home/family | <input type="checkbox"/> |
| I have never had a paid job | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| Unable to work due to illness / disability | <input type="checkbox"/> | | |

ONS harmonised questions – economic status and industry

4. Which of these qualifications do you have? (Please tick all that apply. If your qualification is not listed, tick the box that contains its nearest equivalent)

- | | | | |
|---|--------------------------|--|--------------------------|
| 1+ O levels/CSEs/GCSEs (any grades),
Basic Skills | <input type="checkbox"/> | First Degree (eg BA, BSc), Higher
degree (eg MA, PhD, PGCE) | <input type="checkbox"/> |
| NVQ Level 1, Foundation GNVQ | <input type="checkbox"/> | NVQ Level 4-5, HNC, HND, RSA
Higher Diploma, BTEC Higher level | <input type="checkbox"/> |
| 5+ O levels (any grade), CSEs (grade 1),
GCSEs (grades A*-C), School Certificate,
1+ A levels/ AS levels / VCEs | <input type="checkbox"/> | Professional Qualifications
(eg nursing, teaching, accountancy) | <input type="checkbox"/> |
| NVQ Level 2, Intermediate GNVQ City and
Guilds Craft, BTEC First/General Diploma,
RSA Diploma | <input type="checkbox"/> | Other vocational/work related
qualifications | <input type="checkbox"/> |
| Apprenticeship | <input type="checkbox"/> | Foreign qualifications | <input type="checkbox"/> |
| 2+ A levels, 4+ AS levels, Higher school
Certificate | <input type="checkbox"/> | No qualifications | <input type="checkbox"/> |
| NVQ Level 3, Advanced GNVQ, City and
Guilds Advanced Craft, ONC, OND, BTEC
National, RSA Advanced Diploma | <input type="checkbox"/> | | |

5. Do you care for someone with long-term ill health or problems related to old age other than as part of your job? (Tick time spent in a typical week)

- | | | | |
|------------------------|--------------------------|-------------------------|--------------------------|
| No | <input type="checkbox"/> | Yes, 20-49 hours a week | <input type="checkbox"/> |
| Yes, 1-19 hours a week | <input type="checkbox"/> | Yes, 50+ hours a week | <input type="checkbox"/> |

Questions 4-5, Census 2001

6. What is your ethnic group?

Choose one section from A-E, then tick the appropriate box to indicate your cultural background.

A – White

- | | |
|----------------------------------|--|
| <input type="checkbox"/> English | <input type="checkbox"/> Other British |
| <input type="checkbox"/> Irish | <input type="checkbox"/> Any other white background
(please write in) _____ |

B – Mixed

- | | |
|--|--|
| <input type="checkbox"/> White and Black Caribbean | <input type="checkbox"/> White and Black African |
| <input type="checkbox"/> White and Asian | <input type="checkbox"/> Any other mixed background
(please write in) _____ |

C – Asian or Asian British

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Indian | <input type="checkbox"/> Pakistani |
| <input type="checkbox"/> Bangladeshi | <input type="checkbox"/> Chinese |
| <input type="checkbox"/> Any other Asian background (please write in) | _____ |

D – Black or Black British

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Caribbean | <input type="checkbox"/> African |
| <input type="checkbox"/> Any other Black background (please write in) | _____ |

E – Other ethnic group

- | | |
|---|-------|
| <input type="checkbox"/> Arab | |
| <input type="checkbox"/> Gypsy / Romany / Irish traveller | |
| <input type="checkbox"/> Any other (please write in) | _____ |

Census test 2007

Appendix A

Steering Group Members

Karen Tocque (Chair)	Director of Science and Strategy North West Public Health Observatory
Dominic Harrison	Deputy Regional Director of Public Health Government Office North West
Chris Birt	Consultant of Public Health Sefton Primary Care Trust
Ewan Wilkinson	Consultant of Public Health Liverpool Primary Care Trust
Will Blandamer	Director of Health Improvement Association of Greater Manchester PCTs
David Lamb	Senior Public Health Information Analyst East Lancashire Primary Care Trust
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Appendix B: Methodological Issues and Recommendations

Define Aims and Objectives

At the outset of the project it is essential that you define the purpose of the survey and what it will achieve. It is advisable to set out goals that can be used to track progress whilst carrying out the research. Before starting the survey you should consider the following questions:

- What information do you want to find out?
- Why is it important to know this information?
- What will the results of the survey be used for?

Design Methodology

Survey mode

Once you have outlined the purpose of your survey you can start thinking about how to collect the information you require. There are several methods that can be used to carry out lifestyle surveys, including self-administered questionnaires, telephone surveys or face-to-face interviews. Locally, most surveys have used postal questionnaires due to time and financial constraints. Face-to-face interviews have been used in areas that respond poorly to postal surveys and telephone and internet surveys have rarely been used. Examples of North West postal surveys include the Wirral Health and Wellbeing Survey and the North Cumbria Health and Lifestyle Survey. The Health Survey for Greater Merseyside and the Lifestyle and community wellbeing survey conducted in the L8 area of Liverpool are regional surveys that have used face-to-face interviews. The following table details the advantages and disadvantages which should be considered before choosing a survey mode.

		Advantages	Disadvantages
Interview	Face-to-face Telephone	More personal Useful for gathering detailed responses Ability to react to situation (e.g. give further explanation) High response rates	High cost Interviewer may bias responses Time consuming
Self-completion	Postal	Lower cost Non-intrusive Convenient – allows respondents to complete at their leisure Little chance for direct bias Allows large sample to be gathered	Difficult to achieve good response rates Not suitable for people with literacy or language barriers Cannot guarantee that the respondent is who the survey was sent to Slow response Interested groups tend to respond Not suitable for obtaining complex or personal information
	Web-based	Low cost Easy to edit and analyse Fast distribution Quick response time Responses may be more honest	Possible bias to sample as limited to those with access to internet (those in lower socio-economic groups less likely to have access) Difficult to guarantee confidentiality

People have particular preferences for how they like to be surveyed and will often not take part unless a particular option is available. Groves and Kahn (1979, cited by Dillman et al., 2000) found that of respondents to a national telephone interview, 39% would have preferred to be surveyed by telephone, 23% face-to-face and 28% by post. In order to boost declining response rates, some researchers recommend taking account of these preferences and conducting surveys in modes to suit the audience. Several surveys have employed this technique to boost response rates, especially from minority groups. The You and Your Community Survey in Oldham employed a postal survey for the main sample but conducted interviews to boost response rates from deprived households.

However, there are some problems with mixing survey methodologies. When switching modes, changes to the wording and design of questionnaires may result in different responses. For example, questions with 'tick all that apply' response options are usually changed to 'yes / no' responses when going from self-completion questionnaires to interviews. This change has been found to increase the proportion of 'yes' responses given by participants. Even if the wording remains unchanged the same answers will not necessarily be gained when questions are presented in different modes. For example, people are more likely to give socially desirable answers and agree to attitudinal questions for interviewer-administered surveys than postal questionnaires.

Another factor to consider is that using a mixed mode approach may be expensive as more time is needed to design a questionnaire that is transferable between modes. It may be more cost-effective and less problematic to remind people using a different mode to that used for the original survey. Shettle and Mooney (1999, cited by Dillman et al., 2000) found that following up non-respondents to one mode using a different mode boosted response rates in a national survey of college graduates. More information about using a mixed mode approach for lifestyle surveys can be found on the MORI website.

Develop survey materials

Covering letters

The covering letter is an essential part of the survey and will influence whether recipients respond or not. It should provide information about how to complete and return the questionnaire and have a contact number for those needing assistance. If the questionnaire is short it is worth mentioning how long it will take to fill out, as this may increase the response rate. The covering letter is also a good chance to highlight any incentives being used. Mentioning how the survey will benefit society, however, doesn't seem to encourage people to fill it out. Including names on the cover letter has been found to increase response rates in some cases. However, it may deter responses if the survey includes questions of a sensitive nature and confidentiality is a concern of the recipient. People tend to respond more to surveys from universities and NHS organisations than private organisations and including a logo on the cover letter is advisable.

Key things to include in the covering letter are:

- Brief description of the study
- Details of any incentives
- Details of how to respond (mention SAE if included)
- Date for response
- Description of confidentiality / anonymity policy
- Contact number for enquiries

Questionnaire Length

It is generally advised that the shorter a questionnaire the more likely it is that people will take part. Long questionnaires are also more likely to be returned incomplete or terminated part way through. For postal surveys, layout seems to be more important than length. To gain good response rates the questionnaire must be set out clearly and be easy to complete.

Sensitivity of topics

Mental health, sexual health and drugs are topics that you may want to include in your health and lifestyle survey. However, the sensitive nature of such questions may discourage participants from responding to the survey or elicit response effects such as under reporting of undesirable behaviours. Little research has examined the impact that including sensitive topics has on completion and response rates for health and lifestyle surveys. Previous studies, however, have found that requesting telephone numbers, ethnic origin and knowledge about AIDS (Jacoby, 1990; Windsor, 1992; Campbell, 1992) had no effect on response rates.

Several strategies have been proposed to increase response rates and decrease response effects for sensitive items. It is generally advised that sensitive questions should not be placed at the start of the questionnaire and that transition sentences should be used to lead participants into personal questions. Guaranteeing anonymity, or at least stressing confidentiality, is also thought to increase response rates and the accuracy of responses to sensitive questions. Some surveys have also separated sensitive areas from the main questionnaire, asking only a sub-sample of participants.

Survey mode may be important when including sensitive topics in a survey, however, research to date is conflicting. Self-administered postal surveys offer more anonymity than face-to-face interviews and would therefore be expected to receive higher response rates for sensitive questions. More private modes of administration have been shown to increase reporting of socially undesirable behaviours (Turner et al., 1998) and decrease reporting of socially desirable ones (Presser & Stinson, 1998). However, Millstein (1987) found no difference in responses to sexual health and drug questions for telephone, face-to-face and self-report questionnaires.

Previous lifestyle surveys have included sensitive topics such as mental health, sexual health and drug use. Mental health instruments such as the GHQ and SF12 have featured in several PCT health and lifestyle surveys including those in Wirral, Cumbria, Wigan and Bolton and Lancashire. These instruments appear to have little effect on response rates. GHQ12 items in the Living in Britain Survey were in line with the overall response rates of 90–94% and several surveys conducted by North West PCTs received good response rates and high completion rates for the GHQ12.

The majority of local health and lifestyle surveys have tended to avoid sections about drug use. The Leicester Health and Lifestyle Survey contained questions about past and present drug use in the middle of the survey. It was stressed that these questions were optional and that respondents were not obliged to complete anything they felt uncomfortable answering. The survey received a low overall response rate of 38% and 11% of respondents did not complete the section on drug use.

Sexual health questions have not featured in many local lifestyle surveys. Sexual health questions were omitted from the most recent Bury survey due to their negative effect on response rates for previous surveys. Ashton, Leigh and Wigan also had several complaints when they included questions about sexual practices in a health and lifestyle survey. However, the Census in 2011 is now likely to ask a question around sexual orientation.

Order of topics

The order in which the topics and questions are presented may influence response rates. The questions should move logically from one to another and be grouped into topics. It is advisable to start off with some warm up questions that will set the tone of the survey and ease respondents in gently. People may get bored or tired and not answer questions at the end of the survey so it is sensible to place important topics towards the beginning. As discussed earlier, sensitive questions can have a detrimental effect on response rates and should not be asked until the end of the survey.

Appearance of questionnaire

For written surveys the appearance of the questionnaire is an important determinant of whether recipients will respond or not. It is important that the format is easy to follow and not overly complicated. A recent review of postal surveys found that certain design features were associated with the response rates obtained (BMJ, 2006). Questionnaires printed in coloured ink gained higher response rates than those with black ink. The colour of paper, envelopes and presence of a cover page also had little effect on response rates.

Selecting your sample

Sample size

Careful consideration should be given to the size of your sample as this will affect the significance of your survey findings. Your sample size will depend on the likely response rate and the number of responses needed to make the sample representative. The larger the sample the more sure you can be that participants' answers reflect the health and lifestyles of the population you are interested in. An online sample size calculator can be used to work out the number of participants needed in order to accurately reflect the target population.

Sampling frames

The sampling frame is a list from which the sample is drawn. The list should contain all the necessary contact details and information about the population to allow you to draw your sample. It should be representative of the population; it should cover all units of the target population, not cover any unit more than once and not contain units that do not exist. GP registers seem to be the most popular sampling frame for regional lifestyle surveys, but other possibilities include the electoral register, postal address file (PAF) and telephone directory. To use these lists you will need to gain permission from the body responsible for their maintenance. The table below details the advantages and disadvantages of each of these sampling frames.

	Advantages	Disadvantages
Electoral Register	Do not need ethical approval to use	Only provides name and address 4% of population not registered High levels of non-registration among BME groups and under 30s
Postal Address File (PAF)	Most up to date and complete address database in the UK Do not need ethical approval to use	Only provides addresses so cannot be personalised - less control over who completes the survey and may impact response rates Need to pay an annual licence fee to use
Telephone Directory	Do not need ethical approval to use	Does not contain houses that are ex-directory or mobile phone numbers
GP registers	Contain more information than other sampling frames including name, address, age, NHS number	Needs NHS ethical approval for survey when using this sampling frame

Gaining a representative sample

It is important to try and gain survey responses from as representative a sample as possible. However, certain groups tend to be more likely than others to participate in surveys and minority groups are often excluded by the methodology used.

Certain groups of people are often more receptive to answering surveys and therefore the results obtained are biased towards their responses. Several strategies have been used to address this. Some health and lifestyle surveys have sent more questionnaires to poorly responding groups. Leicester Health Authority over-sampled deprived areas and Leeds sent 30% more questionnaires to under 25 year olds than other groups. After looking at initial response rates, Wirral PCT went to community venues to survey individuals from poorly responding groups. Incentives can also be used to try and draw in a group of people that is normally under-represented. For example, cash incentives have been suggested to encourage low income areas to participate in surveys.

Little is known about the health and lifestyles of hard-to-reach groups such as travellers, refugees, substance misusers, homeless people, and people with mental health problems or learning disabilities. Random methods of data collection are not suitable for investigating these populations and link tracing methodologies, such as snowballing sampling have been advised. More information about sampling techniques that have been used to research the above groups can be found at MORI.

Communication difficulties, such as visual, hearing or speech impairments may make it difficult for some people to take part in lifestyle surveys. Adaptations to the survey methods and instruments can get around this problem and encourage responses from

these groups. If conducting interviews it may be sensible to offer people with speech or hearing problems the option of filling in a paper questionnaire. People with visual impairments, on the other hand, may be more willing to participate if they are offered an interview, an audio recording of the survey or questionnaires in large print or Braille.

Language is a major barrier that prevents reliable data being collected from immigrant populations, especially for older and newer immigrants who often have little proficiency in English. Approximately 23% of immigrants to Britain have no functional skill in English and 70% cannot function fully in an English speaking social environment (Free & McKee, 1998). Several health and lifestyle surveys have stated on the survey or in the covering letter that translations of the questionnaire are available in other languages. Others have included the number of a local translation service or offered interviews with a bilingual interviewer. Your local council may provide an interpretation and translation service or will be able to direct you to one operating in your area.

Some people, such as those with learning disabilities or enduring mental health problems, may not be able to complete the survey without support. The West Midlands Health Survey asked carers to respond on the recipient's behalf if they were having problems and the Durham Health Survey offered people assistance over the phone or at home. In 2003, the first national survey of people with learning disabilities was conducted in England. This survey used several techniques to obtain information from this group. Participants were interviewed with a carer present for support if they wished but questions were directed to the person with learning disabilities. Interviewers were trained to go at a pace suitable for the person being interviewed, take breaks and give the person plenty of time to think. The questions in the survey were made easy to understand by keeping the wording simple, using pictures to help people understand what the words meant and having interviewers explain the questions if necessary. More details about the Adults with Learning Difficulties in England survey and the methodology it used can be found at www.ic.nhs.uk/pubs/learndiff2004

Ethical considerations

Before carrying out a lifestyle survey you should consider the ethical implications of the research. Your project should be carried out in a manner that maintains participants' dignity, rights, safety and wellbeing. It is advised that participants are recruited in a way that allows them to give consent or refuse to participate and should be informed fully before the research begins about what taking part will entail. Confidentiality should be maintained at all times and data should only be used in the ways described in your questionnaire.

Regardless of sampling frame, it is likely that the research will need to be presented to an NHS Ethics Committee for approval. You will need to provide the committee with the appropriate application forms, the chief investigator's CV, a full research protocol and survey materials including the final questionnaire and covering letter. More details about the research ethics process can be found at the Central Office for Research Ethics Committees (COREC) website www.corec.org.uk

Pilot Survey

Before you conduct your main study it is advisable to test out the survey to see if there are any problems with the wording, order or layout of the questions. This can be done with colleagues. When the final draft of your questionnaire is ready you should consider running a pilot survey (a smaller version of the full survey). This will give you valuable insights into the running of the survey and the outcomes you can expect. The pilot survey should be administered in exactly the same way as you are planning to conduct the main survey, the time taken for participants to complete the survey noted and participants asked for feedback. This will allow you to:

- Clarify questionnaire content
- Check ease of completion
- Identify item non-response
- Estimate non-response rate
- Consider sample size requirements
- Determine time needed for administration, processing and analysis

Gaining this information will allow you to make changes to your survey materials and methodology that will increase the chances of your survey being successful.

Other ways to boost response rates

It is crucial that a survey gains as good a response rate as possible as otherwise the results will not be representative of the population. Postal surveys are renowned for gaining low responses. The following techniques have been used in health and lifestyle survey to increase response rates.

Incentives can be used for all types of surveys. Although non-monetary incentives have been found to increase response rates, cash incentives are the most effective. Incentives must be given with the survey, as conditional incentives do not seem to influence response rates. Incentives may potentially bias the sample by increasing responses from particular groups. This may be desirable if you want to draw in people who wouldn't normally respond, such as people with low incomes.

Although expensive, pre-notification is very effective at increasing response rates. It is better for surveys with small samples where every response is important. Contact via telephone or letter are equally effective at increasing response rates.

Reminding participants to return the survey can increase response rates. Telephone reminders are the most effective at increasing response rates, followed by providing a second copy of the questionnaire. Although not the best at encouraging responses, postcard reminders are a more cost-effective way to increase response rates.

Using a cut-off date can have a negative effect on response rates, making people less likely to return questionnaires after the deadline has passed. Encouraging a prompt response tends to gain more responses.

Publicising health and lifestyle surveys through local press coverage is an effective way of boosting response rates. Publicity can increase awareness of the research and reassure participants of its credibility.

Appendix C: Consultation Results

The consultation received 20 responses. The following PCTs contributed to the consultation:

- Manchester
- Salford
- Stockport
- Bolton
- East and Central Lancashire
- Knowsley
- Liverpool
- Sefton
- Warrington, Halton and St Helens
- Ashton, Leigh and Wigan
- Bury

Responses were also received from academics at Liverpool, Manchester and Lancaster Universities and the Sexual Health Team at Liverpool John Moores University.

Comments about the topics

People were happy with the topics that had been covered. Suggestions for other topics included job control, sleep, hearing and vision, use of leisure time and holidays, use and perceptions of health services and financial status. The topics all received similar scores with no topics receiving an average score below 6 (out of a possible 10). Several responses stated that all the topics were important and that it was difficult to rate any particular topic above the others. Overall, mental health and smoking were rated the most important and drugs and dental health the least favourite for inclusion in the core.

Topic	Average score
Sexual Health	6.8
Diet and Nutrition	8.1
Physical Activity	8.1
Drugs	6.3
Dental Health	6.6
General Health	8.0
Body Mass Index	7.5
Prevalence of Disease	6.9
Neighbourhood Perceptions	7.1
Alcohol	7.7
Smoking	8.4
Mental Health	8.7

About You

Several respondents recommended that the core should provide information about social class due to its link with health and wellbeing. It was felt that asking about occupational and educational status alone would not be sufficient. Respondents also stated that information about ethnicity and carers was essential and appreciated the inclusion of these questions in the 'About You' section. The table below details comments made about individual questions and other questions suggested for inclusion in this section.

Question 3	Question 4	Question 6	Question 7	Other suggested questions / information required
May be better to ask about employment in past year as more people involved in intermittent work	May be better to ask about employment in past year as more people involved in intermittent work Coding responses will take large amount of work for little benefit (2)	Disability should be included in question wording	No category for travellers or refugees	Social class / position (2) Self perception of financial status Household composition (2) Number of cars per household Whether has double glazing or central heating First language Whether pregnant

General Health and Prevalence of Disease

Several people commented that information about general health and prevalence of disease is available from other sources such as the Census and QOF. Some also commented that the general health question was not specific enough to provide useful information. The table below details comments made about the questions and other information people would like to gain from these sections.

General Health	Prevalence of disease	Other suggested questions/ information required
<p>Should specify time period e.g. last 12 months (2)</p> <p>'Poor' and 'Very poor' would be better response categories than 'Bad' and 'Very bad'</p> <p>Should use question from Census to allow comparison</p> <p>May not be accurate</p>	<p>Should change responses to 'Yes, I have suffered with', 'Yes, I currently suffer with' and 'No'</p> <p>May not be accurate (3)</p> <p>Merge the two questions and ask whether diagnosed with the listed illnesses</p> <p>Data collected via these questions in a previous survey was not used due to concerns about its validity</p>	<p>Long standing illness or disability</p> <p>Hospital and A&E attendance</p> <p>Whether people have seen a doctor about their complaints</p>

Body Mass Index

Concern was raised that accurate measurements would not be obtained for height, weight and in particular, waist circumference. Many people felt that self-report measures were not useful and it would be better to gain this information from GP records. It was suggested that these questions be placed towards the end of the questionnaire as people would be put off if they had to measure themselves early on. The majority of people felt it necessary to ask people's height and weight, but were less sure about asking waist circumference. The following table shows the comments made about the questions in this section and other questions people suggested should be asked.

Height	Weight	Waist size	Other suggested questions / information required
<p>May need a 'Don't Know' option</p> <p>Do not need to ask height in metres and cm, cm on its own is fine</p>	<p>May need a 'Don't Know' option</p> <p>Should ask for current weight rather than usual weight (3)</p>	<p>Needs tape measure and instructions (3)</p> <p>Asking people to give clothes size would be preferable (2)</p> <p>Respondents will use clothes size which is not always accurate</p>	<p>Hip size</p> <p>Weight change in last year and reasons for it</p>

Dental Health

One response commented that a dental health section was unnecessary and that PCTs would not benefit from this information. A couple of responses suggested that this section should assess problems with oral health rather than access to services. It was also suggested that question 2 would not provide useful information as the standard six month recall period no longer exists. The following questions were suggested as alternatives for this section:

- Are you registered with a dentist?
- Do you have problems seeing a dentist?
- If you have not visited a dentist, why not?
- Do you ever have difficulty chewing any foods because of a problem with your teeth or mouth? (often / sometimes / never)
- Do you ever avoid showing your teeth because you dislike the way they look? (often / sometimes / never)
- During the last 12 months have you had toothache or other problem with your teeth or mouth? (yes / no)

Physical Activity

The majority of respondents suggested that although physical activity was an important topic, few questions were needed. The shortest of the three options (GPPAQ) was favoured in 10 responses, whereas the longer options (IPAQ and GPAQ) were preferred by only two responses each. The following table details comments made about each of the three options.

IPAQ	GPAQ	GPPAQ
<p>Too long (3)</p> <p>Low sensitivity</p> <p>Poor layout</p> <p>Does not distinguish between work and leisure</p> <p>Should ask about activity in typical week rather than last week</p> <p>Moderate and vigorous activity do not need to be asked about separately (2)</p>	<p>Too long (6)</p> <p>Low sensitivity</p> <p>The general text on 'work' needs to be made more relevant to the UK (2)</p> <p>Provides information for national targets and LAA indicators (2)</p> <p>Moderate and vigorous activity do not need to be asked about separately (2)</p>	<p>Good length (8)</p> <p>Good validity</p> <p>Simple to analyse</p> <p>Does not provide enough information for national targets and LAA indicators</p> <p>Useful for implementing NICE guidance</p>

Diet and Nutrition

Although respondents felt it was important to include diet and nutrition questions in lifestyle surveys, it was suggested that this section should not be too long as information is available from other sources. Several people suggested that both the options contained unnecessary questions that would take up vital space in the questionnaire. The table below details comments made about the two sets of questions and suggestions for alternative questions.

Option 1 (SF diet questionnaire)	Option 2 (HSE)	Other information required
<p>Preferred option (2)</p> <p>Provides a good amount of information, especially for fruit and vegetables (3)</p> <p>Complicated layout may be off putting (5)</p> <p>Need results of validation studies before use (2)</p> <p>Too long (3)</p> <p>Needs more instruction about what constitutes a portion for all foods</p> <p>No vegetarian protein options included</p> <p>Includes too few food groups</p>	<p>Preferred option (5)</p> <p>Some questions do not provide useful information</p> <p>Better format than SF diet questionnaire (5)</p> <p>Not enough detail for fruit and vegetables (3)</p> <p>Will provide better compliance and reliable responses (2)</p> <p>Includes too few food groups (2)</p> <p>Food examples incorporate those eaten by non-White communities</p>	<p>Use of nutritional supplements</p> <p>Cooking methods</p> <p>Are you on diet and for what reasons?</p> <p>Are you vegetarian/ vegan?</p> <p>Do you add sugar to drinks?</p> <p>Consumption of carbohydrates other than potatoes</p> <p>Differences in diet during the week and weekend</p> <p>Oily fish consumption</p>

For both instruments people felt that items about fruit and vegetable intake required more guidance as to what constitutes a portion. It was also suggested that by simply asking people to write how many portions they eat a day people are likely to write '5' as they are aware of the five-a-day health campaign. For questions about milk consumption it was suggested that the response categories were too narrow due to the growing popularity of sheep, goat and soya milk. For option 2 several people raised concerns that hard dough bread would not be understood and that this question did not include bread eaten by non-White communities. The wording of the question about adding salt during cooking was thought to be confusing and unnecessary as most salt is consumed from processed foods.

Alcohol

Alcohol was regarded as a very important topic for which local data is urgently needed. The suggested instrument was considered to have a good layout and be as useful as any other instrument that has been used previously. There were a few suggestions to improve question 2 and some other questions were recommended which are shown in the table below.

Question 2	Question 3 and 4	Other suggested questions / information required
<p>No alcopops, shooters or cocktails (5)</p> <p>Why is non-alcohol beer/wine included in the alcoholic drinks question? (2)</p> <p>Table wine and fortified wine are not the same number of units, should be different categories (2)</p> <p>Could include brand names to indicate strength of drinks (2)</p> <p>For spirits should say single pub measure rather than single glass (2)</p> <p>Should have option for bottled beer not just pints</p>	<p>Not needed</p>	<p>CAGE</p> <p>FAST</p> <p>Where people drink e.g. at home, bars, streets / park (2)</p> <p>How much do you spend on alcohol in a typical night out?</p> <p>Have your drinking habits in the last year changed?</p> <p>How long have you been drinking regularly?</p> <p>Attitudes to alcohol / binge drinking</p> <p>Thinking about the times you have drunk alcohol in the last four weeks, in one drinking session. Would you say you drank?</p> <ul style="list-style-type: none"> • 10 or more units of alcohol (10 pints or 5 large glasses of wine) • 6-9 or more units of alcohol (3-4 pints or 6-9 small glasses of wine)

Smoking

People were generally happy with the suggested smoking questions. The section was thought to be a good length whilst meeting the minimum DH and EU standards required to assess smoking prevalence. However, many people felt they would like to include questions about amount of tobacco consumed per day or week. People were also keen to find out the number of people chewing tobacco and information about passive smoking and quitting smoking.

Drugs

The main concern was that a section on drug use would influence the overall survey response rates. Several responses raised concerns that even though confidentiality was assured people would not respond truthfully, especially about Class A drug use. Responses suggested that although information is needed in this area, it may be better to obtain it through different means.

Overall comments about instrument	Other information required
Useful for establishing a baseline for the number of under 25 year olds using Class A drugs (national performance indicator). Need to include street names Instructions need to be more explicit e.g. tick all that apply in first column Will not provide useful information	Do any of your family members take drugs? How many times drug has been taken to establish heavy use How much people spend on drugs Method of use Is their drug taking causing them problems Use of drug treatment or advisory services What other support would they like?

Sexual Health

Many respondents were keen to include sexual health questions in their surveys but would appreciate guidance on the best way to incorporate them into postal surveys. They were concerned that sexual health questions were too sensitive and would deter people from responding. One response stated that they had received several complaints when sexual questions were included in a previous lifestyle survey. It was suggested that if included this section should be placed towards the end of the questionnaire.

Comments about overall instrument	Question 1	Question 2	Other suggested questions / information required
<p>Text stressing confidentiality is needed (3)</p> <p>Does not provide enough information</p> <p>Too negative</p>	<p>Change doctor to health care professional as most sexual health clinics are nurse led (3)</p> <p>Asking if had STIs in last year would be more useful (2)</p> <p>Question is too sensitive to come first in this section (2)</p> <p>HIV is not included</p> <p>Only female and not male thrush is included</p>	<p>Only asks what contraception used to prevent pregnancy – not to protect against STIs (4)</p> <p>‘Other’ contraception option should ask people to specify (2)</p> <p>Anal sex is sometimes used as a method of contraception but is not included</p>	<p>Sexuality (2)</p> <p>No. of partners (3)</p> <p>Condom use (2)</p> <p>Awareness of STI prevention including monogamy and sexual health check ups (5)</p> <p>Paying / being paid for sex</p> <p>Menstrual history of women</p> <p>Male impotence</p>

Mental Health

Several responses were very keen to include a mental health section in the core stating that little local data exists for this area and that including such a section in local lifestyle surveys may rectify the problem. The table below details positive and negative comments made about using the GHQ-12 for this section and instruments that were proposed as an alternative.

Comments about overall instrument		Other suggested questions / information required
Positive	Negative	
Well validated (2) Gains good response rates	Too long Leading / overly negative Clients have reported finding it hard to answer honestly	Hospital Anxiety and Depression Scale MHI-5 Do you suffer from?.....list of mental health problems (2) Ratings for local mental health services Alcohol consumption / Drug use in those with mental health problems

Neighbourhood Perceptions

People were keen to include questions about local area and only one response stated that this should be left to local council surveys. It was suggested that perceptions of safety and crime were crucial to health and well being and that these questions were the most important for this section. It was also suggested that starting the questionnaire with a section on local area may encourage people to complete the questionnaire as they feel it is giving them a say about local issues. The two options were favoured by an equal number of responses. The table below shows the comments about the two sets of questions.

Option 1	Option 2	Other suggested questions
<p>Too long</p> <p>Need to ask about problem of alcohol and drugs separately to gain useful information from this question</p> <p>Is there any use differentiating between the options 'not at all a problem' and 'it happens but is not a problem'</p>	<p>Too negative, no question about positive aspects of neighbourhood (2)</p> <p>Should use ONS standardised questions</p>	<p>Proximity to places to do physical activity (2)</p>

Appendix D: Other Potential Topic Areas and Supplementary Questions

GENERAL HEALTH

1. Do you have any of the following long standing conditions? (include problems due to old age and tick all boxes that apply)

- Deafness or severe hearing problem
- Blindness or severe visual impairment
- A condition that substantially limits one or more basic physical activities such as walking, climbing stairs, lifting or carrying
- A learning difficulty
- A long-standing psychological or emotional difficulty
- Other, including any long-standing illness
- No, I don't have a long-standing condition

2. Does a long-standing health problem or disability mean you have substantial difficulties doing day to day activities? (include problems due to old age)

Yes No

Questions 1-2, Census Test 2007

A wide range of conditions can be incorporated into the question about chronic conditions in the last year. Suggestions include:

1. Bronchitis
2. Persistent skin trouble e.g. eczema
3. Recurring stomach trouble or indigestion
4. Being constipated all or most of the time
5. Piles
6. Lack of control of bladder at least once a day or night
7. Lack of control of bowels at least once a month
8. Persistent foot trouble e.g. bunions, in growing toenail
9. Varicose veins
10. Persistent trouble with teeth, mouth or gums
11. Stomach/ duodenal ulcer
12. Migraine or recurring headache
13. Bipolar Disorder
14. An eating disorder (e.g. anorexia or bulimia nervosa)
15. Schizophrenia
16. Personality disorder
17. An anxiety disorder (e.g. Obsessive compulsive disorder, panic attacks, phobias)
18. Obsessive compulsive disorder
19. Self-harm

ABOUT YOUR FEELINGS

Below are some statements about feelings and thoughts. Please tick the box that describes your experience of each over the last 2 weeks.

1. I've been feeling optimistic about the future

None of the time Rarely Some of the time Often All of the time

2. I've been feeling useful

None of the time Rarely Some of the time Often All of the time

3. I've been feeling relaxed

None of the time Rarely Some of the time Often All of the time

4. I've been feeling interested in other people

None of the time Rarely Some of the time Often All of the time

5. I've had energy to spare

None of the time Rarely Some of the time Often All of the time

6. I've been dealing with problems well

None of the time Rarely Some of the time Often All of the time

7. I've been thinking clearly

None of the time Rarely Some of the time Often All of the time

8. I've been feeling good about myself

None of the time Rarely Some of the time Often All of the time

9. I've been feeling close to other people

None of the time Rarely Some of the time Often All of the time

10. I've been feeling confident

None of the time Rarely Some of the time Often All of the time

11. I've been able to make up my own mind about things

None of the time Rarely Some of the time Often All of the time

12. I've been feeling loved

None of the time Rarely Some of the time Often All of the time

13. I've been interested in new things

None of the time Rarely Some of the time Often All of the time

14. I've been feeling cheerful

None of the time Rarely Some of the time Often All of the time

SMOKING

1. Have you ever smoked?

Yes No

2. Have you ever smoked at least 100 cigarettes in your lifetime?

Yes No

3. Have you ever smoked daily?

Yes No

4. Do you now smoke:

Daily	<input type="checkbox"/>
Occasionally	<input type="checkbox"/>
Not at all	<input type="checkbox"/>

5. On average, what number of the following items do/did you smoke per day?

Manufactured cigarettes	<input type="checkbox"/>
Hand-rolled cigarettes	<input type="checkbox"/>
Bidis	<input type="checkbox"/>
Pipefuls of tobacco	<input type="checkbox"/>
Cigars / cheroots / cigarillos	<input type="checkbox"/>
Goza / hookah	<input type="checkbox"/>

6. How many years have you smoked/did you smoke daily?

years

7. How long has it been since you last smoked daily?

Less than one month

One month or longer but less than six months

Six months or longer but less than five years

One year or longer but less than five years

Five years or longer but less than ten years

10 years or longer

Questions 1-7 -Globallink

8. If you were pregnant during the last 12 months, did you smoke at all during the pregnancy?

No, not been pregnant

No, not at all

Yes, some of the time

Yes, all of the time

9. In most weeks, how many hours a week are you exposed to other people's tobacco smoke?

hours

Questions 8-9, Health Survey for England

DIET AND NUTRITION

The following questions ask about some foods and drinks you might have during a 'typical' week, over the past month or so. Do not be concerned if some things you eat or drink are not mentioned.

1. Please tick how often you eat at least ONE portion of the following foods and drinks: (a portion includes: a handful of grapes, an orange, a serving of carrots, a side salad, a slice of bread, a glass of pop).

*(Please only put one tick, but answer **EVERY** line)*

	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
Fruit (tinned / fresh)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fruit juice (not cordial or squash)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Salad (not garnish added to sandwiches)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Vegetables (tinned / frozen / fresh but not potatoes)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chips / fried potatoes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Beans or pulses like baked beans, chick peas, dahl	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	1-2 times a day	3-4 times a day	5+ a day
Fibre-rich breakfast cereal, like Weetabix, Fruit 'n Fibre, Porridge, Muesli	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<u>Wholemeal</u> bread or chapattis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cheese / yoghurt	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crisps / savoury snacks	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Sweet biscuits, cakes, chocolate, sweets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ice cream / cream	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Non alcoholic fizzy drinks/pop (not sugar free or diet)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Rarely or never	Less than 1 a week	Once a week	2-3 times a week	4-6 times a week	7+ times a week
Whole meats:						
Beef, lamb, pork, ham - steaks, roasts, joints, mince or chops	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken or turkey – steaks, roasts, joints, mince or portions (not in batter or breadcrumbs)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Processed meats / meat products:						
Sausages, bacon, corned beef, meat pies/pasties, burgers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Chicken/turkey nuggets/twizzlers, turkey burgers, chicken pies, or in batter or breadcrumbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Fish:						
White fish in batter or breadcrumbs – like ‘fish ’n chips’	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
White fish not in batter or breadcrumbs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Oily fish – like herrings, sardines, salmon, trout, mackerel, fresh tuna (not tinned tuna)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

9. On average, how many portions of FRUIT do you eat a day?

(examples include a handful of grapes, an orange, a glass of fruit juice, a handful of dried fruits)

10. On average, how many portions of VEGETABLES do you eat a day?

(examples include 3 heaped tablespoons of carrots, a side salad, 2 spears of broccoli)

11. What milk do you usually use or drink, such as in hot and cold drinks or on cereal? (including tea, coffee, hot milk, milk shakes, or on cereal)

Whole / full fat milk	<input type="checkbox"/>	Semi skimmed milk	<input type="checkbox"/>
Skimmed milk	<input type="checkbox"/>	Rarely/never use milk	<input type="checkbox"/>

Other (please write in name) _____

PHYSICAL ACTIVITY

We are interested in finding out about the kinds of physical activities that people do as part of their everyday lives. The questions will ask you about the time you spent being physically active in the **last 7 days**. Please answer each question even if you do not consider yourself to be an active person. Please think about the activities you do at work, as part of your house work, to get from place to place, and in your spare time for recreation, exercise or sport.

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

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

_____ days per week

No vigorous physical activities → *Skip to question 3*

2. **How much time did you usually spend doing vigorous physical activities on one of those days?**

_____ hours per day

_____ minutes per day

Don't know/ Not sure

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

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

_____ days per week

No moderate physical activities → *Skip to question 5*

4. How much time did you usually spend doing moderate physical activities on one of those days?

_____ hours per day

_____ minutes per day

Don't know/ Not sure

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

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

_____ days per week

No walking → *Skip to question 7*

6. How much time did you usually spend walking on one of those days?

_____ hours per day

_____ minutes per day

Don't know/ Not sure

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

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

_____ hours per day

_____ minutes per day

Don't know / Not sure

ABOUT YOUR NEIGHBOURHOOD

1. Approximately how long have you lived in this area?

years months

2. Would you say you enjoy living in this area?

Yes No

3. Thinking generally about what you expect of local services, how would you rate the following:

	Very Good	Good	Average	Poor	Very poor	Don't know
a) Social and leisure facilities for people like yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Facilities for young children up to the age of 12	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Facilities for teenagers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Rubbish collection	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Local health services	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Local schools, colleges and adult education	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Local police service	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

4. Still thinking about the same area, can you tell me how much of a problem these things are:

	Very big Problem	Fairly big problem	Minor problem	Not at all a problem	It happens but is not a problem	Don't know
a) The speed or volume of road traffic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b) Parking in residential streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c) Car crimes (e.g. damage, theft and joyriding)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d) Rubbish and litter lying around	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e) Dog mess	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f) Graffiti or vandalism	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g) Level of noise	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
h) Teenagers hanging around on the streets	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
i) Alcohol or drug use	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

5. How safe do you feel walking alone in this area during daytime?

Very safe	Fairly safe	A bit unsafe	Very unsafe	Never go out alone during daytime
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

6. How safe do you feel walking alone in this area after dark?

Very safe	Fairly safe	A bit unsafe	Very unsafe	Never go out alone after dark
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

7. Have you personally been a victim of any of the following crimes in the past 12 months?

Theft or break-in to house or flat

Theft or break-in to car parked in the area

Personal experience of theft or mugging in the area

Physical attack in the area (i.e. hit or kicked in a way that hurt you)

Racist attack in the area (either verbal or physical)

None of these

General Household Survey (2000)

DENTAL HEALTH

1. In the last 12 months how often have you had any painful aching in your mouth?

Never

Hardly ever

Occasionally

Fairly often

Very often

2. In the last 12 months, have you had difficulties with speaking, eating or mixing with people because of problems with your teeth or mouth?

Difficulty with speaking

Difficulty with eating

Difficulty with mixing with people

I've not had any difficulties

Don't know

3. In general, why do you go to the dentist?

To have a regular check up

To have an occasional check up

Only when having trouble with teeth/gums

Never been to the dentist

4. Is it easy for you to get dental care?

Yes

No

5. If no, what makes it difficult?

Don't know

Scared of dentists/treatment

Lack of time/inconvenient surgery opening hours

Difficult to make the journey to the dentist

Treatment too expensive

No local dentist available

6. Do you have to pay for your dental treatment?

Yes

No

**7. What sort of dental treatment have you paid for in the past 5 years?
(tick all that apply)**

NHS

Private

DRUGS

This next section asks about your use of drugs.

We would like to stress the confidentiality of your answers. Your answers will not be linked with your name and address and will not be identifiable.

1. Have you ever tried any illegal drugs even if it was a long time ago?

Yes No

2. Have you ever used any of the following drugs? (Tick all that apply)

3. Which of these drugs have you used in the last year? (Tick all that apply)

4. Which of these drugs have you used in the last month? (Tick all that apply)

	Ever used	Used in last year	Used in last month
Cannabis	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Magic mushrooms	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Amphetamine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Methadone	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Semeron	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Crack	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tranquilisers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Ecstasy	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Poppers	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Heroin	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Steroids	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
LSD	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Glues/solvents/gases	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

SEXUAL HEALTH

This next section asks about your sexual health.

We would like to stress the confidentiality of your answers. Your answers will not be linked with your name and address and will not be identifiable.

1. Here is a list of possible ways of preventing pregnancy and sexually transmitted infections. Which, if any, do you (and your partner) usually use at present?

(Tick all boxes that apply)

None, I am not in a relationship	<input type="checkbox"/>	Foams / gels / sprays / pessaries	<input type="checkbox"/>
None, I am / my partner is sterilised	<input type="checkbox"/>	The Pill	<input type="checkbox"/>
None, other reason	<input type="checkbox"/>	IUD / Coil	<input type="checkbox"/>
Withdrawal	<input type="checkbox"/>	Going without sex	<input type="checkbox"/>
Condom	<input type="checkbox"/>	Female condom	<input type="checkbox"/>
Safe period/ rhythm / persona	<input type="checkbox"/>	Injections / implants	<input type="checkbox"/>
Cap / diaphragm	<input type="checkbox"/>	Emergency contraception	<input type="checkbox"/>
Hormonal IUS / Mirena	<input type="checkbox"/>	Other	<input type="checkbox"/>

National Statistics OMNIBUS Survey – Contraception and Sexual Health

2. Which of the following sexually transmitted infections have you heard of?

(Tick all that apply)

Genital Warts / Human papilloma virus / HPV	<input type="checkbox"/>
Syphilis	<input type="checkbox"/>
Herpes / Herpes simplex virus 2 / HSV-2	<input type="checkbox"/>
Chlamydia	<input type="checkbox"/>
Non Specific Urethritis / Non Gonococcal Urethritis	<input type="checkbox"/>
Gonorrhoea	<input type="checkbox"/>
Pelvic Inflammatory disease (PID)	<input type="checkbox"/>
Trichomonas / Trich / TV	<input type="checkbox"/>
HIV or AIDS	<input type="checkbox"/>

3. Have you ever been told by a health professional that you had any of the following?

(Tick all boxes that apply)

- Genital Warts / Human papilloma virus / HPV
- Syphilis
- Herpes / Herpes simplex virus 2 / HSV-2
- Chlamydia
- Non Specific Urethritis / Non Gonococcal Urethritis
- Gonorrhoea
- Pelvic Inflammatory disease (PID)
- Vaginal Thrush
- Trichomonas / Trich / TV
- HIV or AIDS
- Yes, but can't remember which

Questions 2-3, National Survey of Sexual Attitudes and Lifestyles

ABOUT YOU

1. If you are working, what is your present occupation?

Health Survey for England

2. What languages can you understand, speak, read or write? (tick all boxes that apply)

	No ability	Understand spoken	Speak	Read	Write
English	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Welsh	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language (write in) _____		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	No ability	Understand sign	Sign
British Sign Language	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other language (write in) _____		<input type="checkbox"/>	<input type="checkbox"/>

Census test 2007

Appendix E: Selection Criteria for Core and Supplementary Questions

The sets of questions recommended in this document were selected by reviewing their:

- Use in previous national and local surveys
- Ability to provide data for monitoring targets (European, National and Local Area Agreements)
- Measurement properties
- Recommendations by experts / organisations

The following tables show this information for both core and supplementary topics.

Core topics

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10))]	National Targets	European Targets	Measurement Properties
General Health	WHO regional office for Europe ONS	Health Survey for England	Cumbria			% population assessing health as good (WHO)	Good predictive validity for mortality Good criterion validity
Prevalence of Disease	European Community Health Indicators	Health Survey for England; Health Survey for Scotland	Cumbria; Wigan & Bolton; W. Lancashire; E. Lancashire; Lancashire; Knowsley; Wirral	No. of people with diabetes (1)		Prevalence of diabetes	
Body Mass Index		Health Survey for England; Health Survey for Scotland; Health Survey for Wales; Health and Lifestyle Survey; Survey of Activity and Health; British Cohort Survey	Lancashire; W. Lancashire; E. Lancashire; Wigan & Bolton; Cumbria; Oldham; Knowsley; Wirral	Height and weight of children (1) Adult obesity rates (4)	Stop the increase in obesity amongst children under 11 years by 2011	% of population with BMI greater than 30kg/m ² or 25	

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10))]	National Targets	European Targets	Measurement Properties
Mental Health	GHQ12	Health Survey for England; Scottish Health Survey; Living in Britain Survey	Wigan & Bolton; Cumbria; Lancashire; W. Lancashire; E. Lancashire; Knowsley; Oldham; Wirral				Good construct validity as items taken from previous validated psychological dysfunction scales Good predictive validity for future use of mental health services Satisfactory internal consistency
Alcohol		British Regional Heart Survey; Health and Lifestyle Survey; General Household Survey (1); Health Survey for England (1)	Cumbria (1)	No. of young people admitting to consuming alcohol (1) No. of people with alcohol problems (1)		Prevalence of non-drinkers % of adults consuming > 2 drinks per day (women) or 3-4 drinks per day (men)	

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10)]	National Targets	European Targets	Measurement Properties
Smoking		Health Survey for England (1,2); Health Survey for Scotland (1,2); General Household Survey (1,2); Health Education Population Survey (1,2); National Diet and Nutrition Survey (1,2); Health and Lifestyle Survey (1,2)	Cumbria (1,2); Wigan & Bolton (1,2); E. Lancashire (1,3); Knowsley (1,3); Oldham	No. of people smoking (3)	Reduce adult smoking rates from 26% (2002) to 21% or less by 2010	Prevalence of former smokers Prevalence of people who have never smoked	
Diet & Nutrition		Health Survey for England (2,3,5,6,7)	Cumbria (1,2,4,6,7,); Wigan & Bolton (1,2,4,6,7); E. Lancashire (1,2,4); Lancashire (5); Knowsley (1-5); Wirral; Oldham (1,2,4)	No. of people consuming 5 portions of fruit and vegetables per day (1)	Increase consumption of fruit and vegetables to five portions a day Reduce salt intake by 10% by 2005- 2006 and by a third in five years	Consumption of meat / meat products fish	

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10)]	National Targets	European targets	Measurement Properties
Neighbourhood Perceptions	ONS			<p>No. of teenagers hanging out in streets</p> <p>No. of noisy neighbours or loud parties</p> <p>No. of people concerned about drug dealing and misuse</p> <p>No. of residents reported to be satisfied with their communities</p>			
Physical Activity	GPAQ WHO			No. of people taking part in regular sport and exercise (30 mins, 3+ times a week) (4)	Increasing the proportion of individuals taking 30 minutes of physical activity on 5 or more days a week by 70% by 2020	Work up a sweat more than 3 days a week	Good validity and reliability

Supplementary topics

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10)]	National Targets	European targets	Measurement Properties
General Health		Census 2001					
Dental Health	North West Dental Health Observatory	National Diet and Nutrition Survey	Wigan and Bolton; Cumbria; E. Lancashire	No. of people who have their teeth checked at a dentist (1)			
Smoking		Health Survey for England (8,9)	Wirral (9)	No. of people smoking (3)	Reduce adult smoking rates from 26% (2002) to 21% or less by 2010 To reduce % of women smoking during pregnancy from 23% to 15% by 2010	Prevalence of former smokers Prevalence of people who have never smoked % of population who report being daily smokers % of women smoking during pregnancy	
Diet & Nutrition	SF diet questionnaire			No. of people consuming 5 portions of fruit and vegetables per day (1)	Increase consumption of fruit and vegetables to five portions a day	Consumption of Fruit Vegetables Pulses Fish Meat / meat products	

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10)]	National Targets	European targets	Measurement Properties
Sexual Health		NATSAL (3) OMNIBUS (1)		Incidence of STIs (1) Incidence of gonorrhoea (1) No. of young people taking long term contraception (1)		% of women using a method of contraception	
Physical activity	IPAQ		Ashton Leigh & Wigan (2006)	No. of people taking part in regular sport and exercise (30 mins, 3+ times a week) (4)	Increasing the proportion of individuals taking 30 minutes of physical activity on 5 or more days a week by 70% by 2020	Work up a sweat more than 3 days a week	Validation studies have produced conflicting results Concerns that it overestimates sedentary behaviour
Drug Use	Substance misuse team at Centre for Public Health	British Crime Survey ; Mental Health and Wellbeing Survey; Scottish Crime Survey	None	No. of people using drugs (1) No. of young people admitting to using illicit substances (1)	No. of young drug users	Lifetime prevalence of cannabis, cocaine, amphetamine and ecstasy use	

Topic	Recommendation	National Surveys	Local Surveys	LAA indicators [(no. of LAAs with indicator (out of 10)]	National Targets	European targets	Measurement Properties
Neighbourhood Perceptions		General Household Survey	Wigan and Bolton (1,4, 5, 6); Cumbria (1,4); E. Lancashire (1,2); Knowsley (1,4)	<p>No. of residents reported to be satisfied with their communities (5)</p> <p>No. of teenagers hanging out in streets (1)</p> <p>No. of noisy neighbours or loud parties (1)</p> <p>No. of people concerned about drug dealing and misuse (2)</p> <p>No. of people who feel safe in their local area (2)</p>		Incidence of theft and robbery	

Appendix F – Conversion charts and classification tables

About Your Health in General

Question 1 and 2 provide the height and weight of participants. Body Mass Index (BMI) can be calculated by dividing weight in kilograms by the height in metres squared. Table 1 details the WHO cut-off points for classifying adults as underweight, overweight and obese according to their BMI. Question 3 provides information about respondents' waist circumference and table 2 shows the circumferences at which there is an increased risk of conditions such as cardiovascular disease. Waist circumference can also be used as a validation of the BMI calculation. Table 3 may be useful for converting respondents' answers from imperial to metric measurements.

Table 1: The International Classification of adult underweight, overweight and obesity according to BMI

Classification	BMI (kg/m ²)
	Principle cut-off points
Underweight	
Severe thinness	<16.00
Moderate thinness	16.00 - 16.99
Mild thinness	17.00 - 18.49
Normal range	18.50 - 24.99
Overweight	≥25.00
Pre-obese	25.00 - 29.99
Obese	≥30.00
Obese class I	30.00 – 34.99
Obese class II	35.00 - 39.99
Obese class III	≥40.00

Source: www.who.int/bmi/index.jsp?introPage=intro_3.html

Table 2: Waist circumference at which there may be an increased risk of cardiovascular disease for men and women

	Increased Risk	Substantially increased risk
Men	≥94 cm	≥102 cm
Women	≥80 cm	≥88 cm

Source: nationalobesityforum.org.uk/content/view/171/168/

Table 3: Waist and Height Conversion Chart

cm	inches	m	Feet'inches''
51	20	1.27	4'2''
53	21	1.32	4'4''
56	22	1.37	4'6''
58	23	1.42	4'8''
61	24	1.47	4'10''
64	25	1.52	5'0''
66	26	1.55	5'1''
69	27	1.58	5'2''
71	28	1.60	5'3''
74	29	1.63	5'4''
76	30	1.65	5'5''
79	31	1.68	5'6''
81	32	1.70	5'7''
84	33	1.73	5'8''
86	34	1.75	5'9''
89	35	1.78	5'10''
91	36	1.80	5'11''
94	37	1.83	6'0''
97	38	1.85	6'1''
99	39	1.88	6'2''
102	40	1.91	6'3''
104	41	1.93	6'4''
107	42	1.96	6'5''
109	43	1.98	6'6''
112	44	2.01	6'7''
114	45	2.03	6'8''
117	46	2.06	6'9''
119	47	2.08	6'10''
122	48	2.11	6'11''
127	50	2.13	7'0''

Source: Health Survey for England 2004

Alcohol

The following table can be used to calculate the daily and weekly number of units consumed from the drinks table in question 2.

Table 1: Units of Alcohol Conversion Table

	Number of units
Pints of non-alcoholic beer, lager, etc.	0
Pints of low alcohol beer, lager, etc.	0.75
Pints of normal strength beer, lager, shandy stout, etc.	2
Pints of strong beer, lager, shandy, stout, cider, etc.	2.8
Bottles of strong beer, lager, shandy, stout	1.7
Bottles of alcopops such as Smirnoff Ice, WKD, Bacardi Breezer, VK, Reef	1.4
Single glasses of spirits, such as whisky, vodka, gin, rum, etc.	1
Standard glasses of wines	2
Single glasses of fortified wines such as sherry, port, martini, etc.	0.9

Source: www.drinkaware.co.uk

About Your Feelings

Responses to GHQ12 items b, e, f, i, j, k are scored as follows:

Not at all = 0

No more than usual = 0

Rather more than usual = 1

Much more than usual = 1

and items a, c, d, g, and h:

Better than usual/more so than usual = 0

Same as usual = 0

Less than usual = 1

Much less than usual = 1

Missing values = 0

Scores for items a-l can then be added together to give an overall GHQ score ranging from 0 to 12.

Scores of 4 or above indicate a high level of psychological distress, 1-3 a low level of psychological distress and 0 no psychological distress.

Further information about GHQ12 scoring and thresholds can be found in Goldberg & Williams (1988).

The Warwick-Edinburgh Mental Wellbeing Scale is scored as follows:

- None of the time = 1
- Rarely = 2
- Some of the time = 3
- Often = 4
- All of the time = 5

About You

Question 4 asks people to indicate the qualifications they have. The National Qualification Framework levels for each qualification are listed below and can be used to help code the data obtained.

NQF Level	Qualification
7-8	NVQ level 5 Higher degree
4-6	NVQ level 4 First degree, Other degree HNC, HND, BTEC higher Teaching Nursing RSA higher diploma
3	NVQ level 3 GNVQ Advanced 2+ A levels, 4+ AS levels or equivalent RSA advanced diploma OND, ONC, BTEC etc. national City and Guilds advanced craft Trade Apprenticeship (50%)
2	NVQ level 2 1 A level or 2/3 AS levels, or equivalent Trade Apprenticeship (50%) GNVQ intermediate RSA diploma City and Guilds Craft BTEC first or general diploma 5+ O levels, GCSE grade A*-C, CSE grade 1 or equivalent
Below 2	NVQ level 1 Up to 4 O levels, GCSE grade A*-C, CSE grade 1 or equivalent GCSE grade D-G, CSE grade 2-6 or equivalent 1 AS level GNVQ foundation BTEC first or general certificate RSA other City and Guilds other Basic Skills qualification

Source: <http://www.statswales.wales.gov.uk/tableviewer/document.aspx?FileId=690>