

# BiB Growing Up Adult Questionnaire

## MAIN CARER QUESTIONS

----- TO BE FILLED OUT BY RESEARCHER -----

1a. Participant Study ID \_\_\_\_\_

1b. Is this participant male or female?

Male

Female

1c. Interviewer code \_\_\_\_\_

1d. Date completing questionnaire

|                      |                      |   |                      |                      |   |                      |                      |                      |                      |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | / | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
|----------------------|----------------------|---|----------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|

1e. Where was this questionnaire completed?

Participant's home

Bus

Other (please write in) \_\_\_\_\_

1f. Start time of questionnaire: \_\_\_\_\_

1g. Finish time of questionnaire: \_\_\_\_\_

## SECTION 2 DEMOGRAPHICS

2a. What is your date of birth? //

2b. Are you?

- Married and living with partner
- Not married and living with partner
- Not living with partner

### **FOR WOMEN ONLY**

2c. Are you pregnant?

- Yes
- No
- Don't know

**IF YES:**

2d. How many weeks?

weeks

2e. Have you had a baby in the last 12 months?

- Yes
- No

## **SECTION 3. HOME**

### **3a. In which of these ways does your household occupy your house?**

- Own your own house or are buying it with a mortgage or loan
- Live rent free, for example in a relative or friend's house
- Rent from private Landlord or Letting Agency or another individual
- Rent from the local authority, a housing association, Housing Co-operative or Charitable Trust
- Don't know

### **3b. How many bedrooms does your household have including bedsitting rooms and spare bedrooms?**

bedrooms

## **SECTION 4. NEIGHBOURHOOD**

**4a. How satisfied or dissatisfied are you with the parks and green spaces in your local area?**  
*By your area, I mean within about a mile or 20 minute walk of your home.*

- Very satisfied
- Fairly satisfied
- Neither satisfied nor dissatisfied
- Fairly dissatisfied
- Very dissatisfied

**4b. How often do you visit parks and green spaces?**

**During the winter months (September – March)**

- 5 times a week or more
- 2-4 times a week
- Once a week
- 1 to 3 times a month
- Less than once a month

**During the spring and summer (April – August)**

- 5 times a week or more
- 2-4 times a week
- Once a week
- 1 to 3 times a month
- Less than once a month

## SECTION 5. SOCIO-ECONOMIC CIRCUMSTANCES

### 5a. Where did you obtain your highest educational qualification?

- England
- Pakistan
- India
- Bangladesh
- Poland
- Slovakia
- Hungary
- Elsewhere
- I don't have any qualifications

### ***IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN ENGLAND:***

#### **5b. What is the highest level you completed? Please tick only one box.**

- Any GCSE, SCEs (less than 5 GCSEs grades A-C)
- 5 or more GCSEs (grades A-C)
- GNVQ foundation level
- NVQ1
- GNVQ intermediate
- NVQ 2 (Young) apprenticeship
- NVQ 3 Advanced apprenticeship
- GNVQ Advanced
- AS or A level, International Baccalaureate or BTEC
- NVQ 4/5
- Higher National Certificate/ Higher National Diploma, Higher Education Diploma
- Foundation Degree
- Bachelor's degree 3-5 years
- Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN PAKISTAN:**

**5c. What is the highest level you completed? Please tick only one box.**

- Secondary School Certificate/ Matriculation
- Higher Secondary or Intermediate Certificate
- Technical Education Certificate/ Diploma
- Registered Nurse/ General Nursing Diploma
- Primary Teaching Certificate
- Certificate in Training, Paramedic Secondary School Certificate/ Matriculation
- Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery
- Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN INDIA:**

**5d. What is the highest level you completed? Please tick only one box.**

- Senior Secondary School Leaving Certificate
- Matriculation Certificate, Senior School Certificate, ITI Certificate
- Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate
- Bachelor's Degree, Bachelor of Law/ Education
- Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN BANGLADESH:**

**5e. What is the highest level you completed? Please tick only one box.**

- Secondary School/ Higher Secondary Certificate
- Dakhil/ Alim Certificate
- SSC Vocational/ Trade Certificate
- HSC Business Management
- HSC Vocational

- Diploma in Commerce Certificate
- Diploma in Engineering
- Certificate in Education (CinEd)
- Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts
- Bachelor Degree Pass, Bachelor Degree
- Master's Degree, PGD and PhD
- Fazil/ Kamil Degree
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN POLAND:**

**5f. What is the highest level you completed? Please tick only one box.**

- General Secondary School Leaving Certificate/ Diploma
- Technikum, Liceum Mature Certificate/Diploma
- Technical Secondary School, Specialised Secondary School
- General/ Supplementary Secondary School
- Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level)
- Basic vocational School
- Post-secondary School Certificate/ Diploma
- Teacher Training, Diploma Social Work College
- 1st Degree Studies
- University Studies, Magister/Lekarz, Postgraduate Certificate
- Master's Degree, Doctoral Study/PhD
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN SLOVAKIA:**

**5g. What is the highest level you completed? Please tick only one box.**

- Study of selected subjects (Štúdium jednotlivých predmetov)
- Vocational School (Odborné učilište)
- Secondary Specialised School without maturita (Vysvedčenie o záverečnej skúške, Výučný list)
- Retraining Courses Certificate (Osvedčenie)
- Secondary Specialised School with maturita (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list)
- Gymnasium (gymnázium)
- Follow-up courses (Nadstavbové štúdium)
- Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium)
- Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium)
- Post-secondary Specialised Study (Pomaturitné špecializačné štúdium)
- Conservatoire (Konzervatórium)
- Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor
- Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN HUNGARY:**

**5h. What is the highest level you completed? Please tick only one box.**

- Certification of the Maturity Examination (Párhuzamos oktatás szakközépiskoláb)
- Upper Secondary General School (Gimnázium)
- Upper Secondary Vocational School (Szakközépiskola)
- Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés)
- Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban)
- Tertiary Vocational Program (Felsőfokú szakképzés)

- Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD
- Other: (please write in) \_\_\_\_\_
- I don't have any qualifications
- Don't know

**IF YOUR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED ELSEWHERE:**

**5i. What is the highest level you completed?**

Country: \_\_\_\_\_

Type of school/institution: \_\_\_\_\_

Educational programme: \_\_\_\_\_

Degree/qualification: \_\_\_\_\_

- Don't know

**5j. Where did your partner obtain their highest educational qualification?**

- England
- Pakistan
- India
- Bangladesh
- Poland
- Slovakia
- Hungary
- Elsewhere
- They don't have any qualifications
- I don't have a partner

**IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN ENGLAND:**

**5k. What is the highest level they completed? Please tick only one box.**

- Any GCSE, SCEs (less than 5 GCSEs grades A-C)
- 5 or more GCSEs (grades A-C)
- GNVQ foundation level

- NVQ1
- GNVQ intermediate
- NVQ 2 (Young) apprenticeship
- NVQ 3 Advanced apprenticeship
- GNVQ Advanced
- AS or A level, International Baccalaureate or BTEC
- NVQ 4/5
- Higher National Certificate/ Higher National Diploma, Higher Education Diploma
- Foundation Degree
- Bachelor's degree 3-5 years
- Master's degree (taught/research) or Postgraduate qualification, Doctorate/ PhD
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

***IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN PAKISTAN:***

**5l. What is the highest level they completed? Please tick only one box.**

- Secondary School Certificate/ Matriculation
- Higher Secondary or Intermediate Certificate
- Technical Education Certificate/ Diploma
- Registered Nurse/ General Nursing Diploma
- Primary Teaching Certificate
- Certificate in Training, Paramedic Secondary School Certificate/ Matriculation
- Bachelor Degree Arts/Sciences, Education, Engineering, Medicine/Surgery
- Master Degree/ Master of Education/ Master of Philosophy (MPhil), Doctorate
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

***IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN INDIA:***

**5m. What is the highest level they completed? Please tick only one box.**

- Senior Secondary School Leaving Certificate
- Matriculation Certificate, Senior School Certificate, ITI Certificate

- Diploma in Technical Education, Junior basic teacher's training, Nursing Diploma/Certificate
- Bachelor's Degree, Bachelor of Law/ Education
- Master's Degree, Master of Philosophy (Mphil), Doctor of Philosophy/ Letters
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

**IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN BANGLADESH:**

**5n. What is the highest level they completed? Please tick only one box.**

- Secondary School/ Higher Secondary Certificate
- Dakhil/ Alim Certificate
- SSC Vocational/ Trade Certificate
- HSC Business Management
- HSC Vocational
- Diploma in Commerce Certificate
- Diploma in Engineering
- Certificate in Education (CinEd)
- Diploma in Agriculture/Ayurvedic & Unanai Medicine/ Textile/ Health Technology/ Survey/ Ceramics/ Nursing/ Graphic Arts
- Bachelor Degree Pass, Bachelor Degree
- Master's Degree, PGD and PhD
- Fazil/ Kamil Degree
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

**IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN POLAND:**

**5o. What is the highest level they completed? Please tick only one box.**

- General Secondary School Leaving Certificate/ Diploma
- Technikum, Liceum Mature Certificate/Diploma
- Technical Secondary School, Specialised Secondary School

- General/ Supplementary Secondary School
- Ballet School Diploma (technician level), Second level music school Diploma, Circus School Diploma (technician level)
- Basic vocational School
- Post-secondary School Certificate/ Diploma
- Teacher Training, Diploma Social Work College
- 1st Degree Studies
- University Studies, Magister/Lekarz, Postgraduate Certificate
- Master's Degree, Doctoral Study/PhD
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

**IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN SLOVAKIA:**

**5p. What is the highest level they completed? Please tick only one box.**

- Study of selected subjects (Štúdium jednotlivých predmetov)
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- Secondary Specialised School without maturita (Vysvedčenie o záverečnej skúške, Výučný list)
- Retraining Courses Certificate (Osvedčenie)
- Secondary Specialised School with maturita (Vysvedčenie o maturitnej skúške, Vysvedčenie o maturitnej skúške, Výučný list)
- Gymnasium (gymnázium)
- Follow-up courses (Nadstavbové štúdium)
- Post-secondary Qualification Study (Pomaturitné kvalifikačné štúdium)
- Supplementary Pedagogical Study (Doplňujúce pedagogické štúdium)
- Post-secondary Specialised Study (Pomaturitné špecializačné štúdium)
- Conservatoire (Konzervatórium)
- Higher Professional Studies/ Graduate Diploma (Absolventský diplom), Bachelor
- Master, Magister, Doctoral, Engineer, PhD, Extensive study for teaching diploma
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

**IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED IN HUNGARY:**

**5q. What is the highest level they completed? Please tick only one box.**

- Certification of the Maturity Examination (Párhuzamos oktatás szakközépiskoláb)
- Upper Secondary General School (Gimnázium)
- Upper Secondary Vocational School (Szakközépiskola)
- Vocational certificate based on NVQL examination (Párhuzamos oktatás szakiskolában, Szakiskola, előkészítő szakiskola, Alapfokú iskolai végzettségre épülő szakképzés, évfolyamra épülő szakképzés)
- Vocational certificate based on NVQL examination (Szakképző évfolyamok középiskola utolsó évfolyamára vagy érettségire épülő nem felsőfokú OKJ szakmákban)
- Tertiary Vocational Program (Felsőfokú szakképzés)
- Bachelor's Degree (Alapképzés), Master's Degree (Osztatlan képzés/ Master), University Diploma (Egyetemi szintű alapképzés), College Diploma (Főiskolai szintű alapképzések), Certificate in Specialisation (Szakirányú továbbképzés), Doctorate/PhD
- Other: (please write in) \_\_\_\_\_
- They don't have any qualifications
- Don't know

**IF THEIR HIGHEST EDUCATIONAL QUALIFICATION WAS OBTAINED ELSEWHERE:**

**5r. What is the highest level they completed?**

Country: \_\_\_\_\_

Type of school/institution: \_\_\_\_\_

Educational programme: \_\_\_\_\_

Degree/qualification: \_\_\_\_\_

- Don't know

**5s. Are you currently employed?**

Yes

No

***IF NOT CURRENTLY EMPLOYED:***

**5t. Have you ever worked before?**

Yes

No

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***IF YOU HAVE NEVER WORKED, SKIP TO QUESTION 5AG (PAGE 16)***  
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**PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CURRENT JOB, OR ABOUT YOUR PREVIOUS JOB IF YOU ARE NOT WORKING AT THE MOMENT.**

**5u. Did/do you work as an employee or are/were you self-employed?**

Employee

Self-employed with employees

Self-employed/freelance without employees

Student in Training (apprentice)

***IF YOU ARE AN EMPLOYEE:***

**5v. How many people work/worked for your employer at the place where you work/worked?**

1-24

25 or more

***IF YOU ARE SELF-EMPLOYED WITH EMPLOYEES:***

**5w. If you are self-employed, how many people do (did) you employ?**

1-24

25 or more

**5x. Do (did) you supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)**

Yes

No

**5y. How many hours did or do you work in a typical week?**

hours a week

**5z. What is/was your job title?** (please write in) \_\_\_\_\_

**5aa. Which of these best describes the sort of work you do/did?**

Modern professional occupations such as: teacher – nurse - physiotherapist – social worker – welfare officer – artist– musician – police officer (sergeant or above) – software designer

Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse

Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive

Technical and craft occupations such as: motor mechanic - fitter – inspector – plumber – printer – tool maker – electrician – gardener – train driver

Semi-routine manual and service occupations such as: postal worker – machine operative – security guard – caretaker - farm worker – catering assistant – receptionist – sales - assistant

Routine manual and service occupations such as: HGV driver – van driver – cleaner – porter – packer – sewing machinist – messenger – labourer – waiter/waitress – bar staff

Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican

Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer

Other: (please write in) \_\_\_\_\_

**5ab. How do you usually travel to work?**

I work mainly at/from home

On foot

Car or taxi

Bicycle

Train

Motor cycle, scooter or moped

Other: (please write in) \_\_\_\_\_

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**THESE QUESTIONS ARE ABOUT YOUR PARTNER. IF YOU DON'T HAVE A PARTNER, PLEASE SKIP TO QUESTION 5AL (PAGE 18)**

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**5ac. Are they currently employed?**

Yes

No

**IF NOT CURRENTLY EMPLOYED:**

**5ad. Have they ever worked before?**

Yes

No

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**IF YOUR PARTNER HAS NEVER WORKED, PLEASE SKIP TO QUESTION 5AL (PAGE 18)**

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**PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT THEIR CURRENT JOB, OR ABOUT THEIR PREVIOUS JOB IF THEY ARE NOT WORKING AT THE MOMENT.**

**5ae. Did/do they work as an employee or are/were they self-employed?**

Employee

Self-employed with employees

Self-employed/freelance without employees

Student in Training (apprentice)

**IF THEY ARE AN EMPLOYEE:**

**5af. How many people work/worked for their employer at the place where they work/worked?**

1-24

25 or more

**IF THEY ARE SELF-EMPLOYED WITH EMPLOYEES:**

**5ag. If they are self-employed, how many people do (did) they employ?**

1-24

25 or more

**5ah. Do (did) they supervise any other employees? (A supervisor or foreman is responsible for overseeing the work of other employees on a day-to-day basis)**

Yes

No

**5ai. How many hours did or do they work in a typical week?**

hours a week

**5aj. What is/was their job title? (please write in)** \_\_\_\_\_

**5ak. Which of these best describes the sort of work they do/did?**

Modern professional occupations such as: teacher – nurse - physiotherapist – social worker – welfare officer – artist– musician – police officer (sergeant or above) – software designer

Clerical and intermediate occupations such as: secretary – personal assistant – clerical worker – office clerk – call centre - agent – nursing auxiliary – nursery nurse

Senior managers or administrators (usually responsible for planning, organising and co-ordinating work, and for finance) such as: finance manager – chief executive

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Middle or junior managers such as: office manager – retail manager – bank manager – restaurant manager – warehouse manager – publican

Traditional professional occupations such as: accountant - solicitor – medical practitioner – scientist – civil/mechanical engineer

Other: (please write in) \_\_\_\_\_

**THIS SECTION IS SELF-COMPLETED. PLEASE HAND THE PAPER TO THE PARTICIPANT**

**5a1. Do you (and your partner) receive any benefits apart from child benefit?**

- Yes
- No
- Don't know
- Do not wish to answer

**5am. How well would you say your household is managing financially these days? Would you say you are:**

- Living comfortably
- Doing alright
- Just about getting by
- Finding it quite difficult
- Finding it very difficult
- Do not wish to answer

**5an. Compared to a year ago, how would you say your household is doing financially now?**

- Better off
- Worse off
- About the same
- Do not wish to answer

**5ao. How often would you say you have been worried about money during the last few weeks?**

- Almost all the time
- Quite often
- Only sometimes
- Never
- Do not wish to answer

## **SECTION 6. SOCIAL CIRCUMSTANCES**

**6a. Generally speaking, would you say that most people can be trusted or that you can't be too careful in dealing with people?**

- Can be trusted
- Can't be too careful in dealing with people

**6b. To what extent do you agree with the following statement:  
My husband/ partner doesn't seem to listen to me**

- Totally agree
- Agree
- Neither agree nor disagree
- Disagree
- Totally disagree
  
- Do not wish to answer
- Not applicable

**6c. To what extent do you agree or disagree with the following statement:  
I can influence decisions affecting my local area.**

- Strongly agree
- Agree
- Neither agree nor disagree
- Disagree
- Strongly disagree
- Don't have an opinion
- Don't know

## **SECTION 7. HEALTH AND HEALTH BEHAVIOUR**

**7a. How would you describe your health generally?**

- Excellent
- Very good
- Good
- Fair
- Poor

**7b. How would you describe the health of your teeth and mouth?**

- Excellent
- Very good
- Good
- Fair
- Poor

**7c. Do you have a longstanding illness, disability or infirmity? By longstanding I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.**

- Yes
- No
- Do not wish to answer

**IF YES:**

**7d. Does this illness or disability limit your activities in any ways?**

- Yes
- No

**7e. Have you ever had or been told by a doctor or nurse that you had:**

A heart attack, or been told you had angina or heart failure

Stroke

High blood pressure

***IF YES FOR HIGH BLOOD PRESSURE:***

**Are you taking statins?**

Yes

No

Diabetes

***IF YES FOR DIABETES:***

**What type?**

Type 1

Type 2

Unsure

**Are you receiving treatment?**

Yes

No

***IF YOU ARE RECEIVING TREATMENT:***

**What treatment are you receiving?**

Insulin injections

Tablets

Advice about diet

High cholesterol

Asthma

Eczema

Hay fever

Anxiety

Depression

Any other mental health problem

None of these

**IF YOU HAVE ANSWERED YES TO ANY OF THE ABOVE:**

| 7f.   | What age were you when you first had this?          | Are you taking any medication which has been prescribed by your doctor? | Are you taking any medication which has <u>not</u> been prescribed by your doctor? |
|---|---|---|--|
| <b>A heart attack, or been told you had angina or heart failure</b> | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Stroke</b>   | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>High blood pressure</b>  | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>High cholesterol</b>   | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Diabetes</b>   | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Asthma</b>   | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Eczema</b>   | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Hay fever</b>  | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Anxiety</b>  | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Depression</b>   | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |
| <b>Any other mental health problem</b>                              | <input type="text"/> <input type="text"/> years old | <input type="checkbox"/> Yes<br><input type="checkbox"/> No             | <input type="checkbox"/> Yes<br><input type="checkbox"/> No                        |

**7g. Have your parents or siblings been diagnosed with heart disease before the age of 50?**

|         | Yes                      | No                       | Don't know               | Do not wish to answer    |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mother  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Father  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Sibling | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**7h. Have your parents or siblings been diagnosed with diabetes before the age of 50?**

|         | Yes Type 1               | Yes Type 2               | Yes, don't know type     | No                       | Don't know               | Do not wish to answer    |
|---------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Mother  | <input type="checkbox"/> |
| Father  | <input type="checkbox"/> |
| Sibling | <input type="checkbox"/> |

**7i. Have you ever used antibiotics that have not been prescribed by your doctor, dentist or other health professional?**

- Yes
- No
- Don't know

**7j. Have you ever smoked cigarettes or used tobacco products?**

*This includes shisha/hookah, chewing tobacco and snuff but not e-cigarettes.*

- Yes
- No

**IF YES:**

**7k. How old were you when you started smoking/using tobacco products?**

years old

**7l. Do you currently smoke cigarettes/use tobacco products?**

- Yes
- No

**IF YES:**

**7m. What tobacco products do you smoke/use?**

- Cigarettes (including hand-rolled)
- Shisha/hookah
- Smokeless tobacco (e.g. chewing tobacco, snuff)
- Other (please write in) \_\_\_\_\_

**7n. How often do you smoke/use tobacco products?**

- Less than one a day
- 1-5 a day
- 6-10 a day
- 11-20 a day
- 20 a day or more

**IF NO:**

**7o. How old were you when you stopped smoking/using tobacco products?**

years old

**7p. Do you smoke e-cigarettes?**

- Yes
- No

**IF YES:**

**7q. Which type of e-cigarette do you smoke?**

- Cig-a-likes (disposable/pre-filled cartridges)
- Vape pens/Mods (refilled with liquids)
- Don't know

**7r. Do you smoke e-cigarettes with or without nicotine?**

- With nicotine
- Nicotine-free
- Don't know

**7s. How many times per day do you smoke e-cigarettes? [assume that one "time" consists of around 15 puffs or lasts around 10 minutes]**

- Less than one time a day
- 1-5 times a day
- 6-10 times a day
- 11-20 times a day
- 20 times a day or more

**7t. Do you drink alcohol?**

- Yes
- No
- Do not wish to answer

**IF YES:**

**7u. How many units do you drink in a week (see guide on next page)?**

units

|   |  |
|---|--|
| <p><b>1.5</b><br/>units</p>  <p>Small glass red/white/rosé wine<br/>(125ml, ABV 12%)</p>   | <p><b>2.1</b><br/>units</p>  <p>Standard glass red/white/rosé wine<br/>(175ml, ABV 12%)</p> |
| <p><b>3</b><br/>units</p>  <p>Large glass red/white/rosé wine<br/>(250ml, ABV 12%)</p>     | <p><b>2</b><br/>units</p>  <p>Pint of lower-strength lager/beer/cider<br/>(ABV 3.6%)</p>    |
| <p><b>3</b><br/>units</p>  <p>Pint of higher-strength lager/beer/cider<br/>(ABV 5.2%)</p> | <p><b>1.7</b><br/>units</p>  <p>Bottle of lager/beer/cider<br/>(330ml, ABV 5%)</p>         |
| <p><b>2</b><br/>units</p>  <p>Can of lager/beer/cider<br/>(440ml, ABV 4.5%)</p>          | <p><b>1.5</b><br/>units</p>  <p>Alcopop<br/>(275ml, ABV 5.5%)</p>                         |
| <p><b>1</b><br/>unit</p>  <p>Single small shot of spirits*<br/>(25ml, ABV 40%)</p>       |  |

**7v. Do you have two or more days a week when you don't drink alcohol?**

Yes

No

**FOR WOMEN:**

**7w. How often do you consume more than six units of alcohol on one occasion?**

1 to 4 times a week

1 to 3 times a month

Rarely; less than once a month

Never

Do not wish to answer

**FOR MEN:**

**How often do you consume more than eight units of alcohol on one occasion?**

1 to 4 times a week

1 to 3 times a month

Rarely; less than once a month

Never

Do not wish to answer

**7x. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?**

|   | Not at all               | Several days             | More than half the days  | Nearly every day         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Little interest or pleasure in doing things   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling down, depressed, or hopeless  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble falling or staying asleep, or sleeping too much   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling tired or having little energy   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Poor appetite or overeating   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling bad about yourself — or that you are a failure or have let yourself or your family down   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble concentrating on things, such as reading the newspaper or watching television   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Moving or speaking so slowly that other people could have noticed? Or the opposite — being so fidgety or restless that you have been moving around a lot more than usual? | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

***IF YOU CHECKED OFF ANY PROBLEMS***

**7y. How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?**

- Not difficult at all
- Somewhat difficult
- Very difficult
- Extremely difficult

7z. Over the last 2 weeks, on how many days have you been bothered by any of the following problems?

|   | Not at all               | Several days             | More than half the days  | Nearly every day         |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| Feeling nervous, anxious or on edge               | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Not being able to stop or control worrying        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Worrying too much about different things          | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Trouble relaxing                                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Being so restless that it is hard to sit still    | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Becoming easily annoyed or irritable              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Feeling afraid as if something awful might happen | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

7aa.

|   | Not at all true          | Hardly true              | Moderately true          | Exactly true             |
|---|--------------------------|--------------------------|--------------------------|--------------------------|
| If someone opposes me, I can find the means and ways to get what I want.              | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| It is easy for me to stick to my aims and accomplish my goals.                        | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I am confident that I could deal efficiently with unexpected events.                  | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| Thanks to my resourcefulness, I know how to handle unforeseen situations.             | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can remain calm when facing difficulties because I can rely on my coping abilities. | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| I can usually handle whatever comes my way.   | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

**THIS SECTION IS TO BE COMPLETED BY THE INTERVIEWER. PLEASE HAND THE PAPER BACK TO THE INTERVIEWER**

## SECTION 8. PHYSICAL ACTIVITY AND SEDENTARY BEHAVIOUR

8a. Do you work?

- Yes
- No **IF NO, SKIP TO QUESTION 8E (PAGE 31)**

**IF YES:**

8b. How many days a week do you work?

- 1 day per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week

8c. On a typical **work day**, how much time do you spend (from waking up until you go to bed) doing the following:

*Note: if you doing two activities at once i.e. watching TV and using mobile phone, only record this time under one of the activities*

|  | None                     | 30 min or less           | 1 hour                   | 2 hours                  | 3 hours                  | 4 hours                  | 5 hours                  | 6 hours or more          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sitting watching television (including DVDs)                             | <input type="checkbox"/> |
| Sitting playing computer games   | <input type="checkbox"/> |
| Sitting using your mobile phone/tablet                                   | <input type="checkbox"/> |
| Sitting doing paper or computer work (office work, emails, paying bills) | <input type="checkbox"/> |
| Sitting reading a book, newspaper or magazine                            | <input type="checkbox"/> |
| Sitting whilst travelling in a car, bus or train                         | <input type="checkbox"/> |

**8d.** On a typical **non-work day** how much time do you spend (from waking up until you go to bed) doing the following:

*Note: if you doing two activities at once i.e. watching TV and using mobile phone, only record this time under one of the activities*

|  | None                     | 30 min or less           | 1 hour                   | 2 hours                  | 3 hours                  | 4 hours                  | 5 hours                  | 6 hours or more          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sitting watching television (including DVDs)                             | <input type="checkbox"/> |
| Sitting playing computer games   | <input type="checkbox"/> |
| Sitting using your mobile phone/tablet                                   | <input type="checkbox"/> |
| Sitting doing paper or computer work (office work, emails, paying bills) | <input type="checkbox"/> |
| Sitting reading a book, newspaper or magazine                            | <input type="checkbox"/> |
| Sitting whilst travelling in a car, bus or train                         | <input type="checkbox"/> |

**IF YOU DON'T WORK:**

**8e.** On a typical **weekday (Mon-Fri)** how much time do you spend (from waking up until you go to bed) doing the following:

*Note: if you doing two activities at once i.e. watching TV and using mobile phone, only record this time under one of the activities*

|  | None                     | 30 min or less           | 1 hour                   | 2 hours                  | 3 hours                  | 4 hours                  | 5 hours                  | 6 hours or more          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sitting watching television (including DVDs)                             | <input type="checkbox"/> |
| Sitting playing computer games   | <input type="checkbox"/> |
| Sitting using your mobile phone/tablet                                   | <input type="checkbox"/> |
| Sitting doing paper or computer work (office work, emails, paying bills) | <input type="checkbox"/> |
| Sitting reading a book, newspaper or magazine                            | <input type="checkbox"/> |
| Sitting whilst travelling in a car, bus or train                         | <input type="checkbox"/> |

**8f.** On a typical **weekend day (Sat and Sun)** how much time do you spend (from waking up until you go to bed) doing the following:

*Note: if you doing two activities at once i.e. watching TV and using mobile phone, only record this time under one of the activities*

|  | None                     | 30 min or less           | 1 hour                   | 2 hours                  | 3 hours                  | 4 hours                  | 5 hours                  | 6 hours or more          |
|--|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| Sitting watching television (including DVDs)                             | <input type="checkbox"/> |
| Sitting playing computer games   | <input type="checkbox"/> |
| Sitting using your mobile phone/tablet                                   | <input type="checkbox"/> |
| Sitting doing paper or computer work (office work, emails, paying bills) | <input type="checkbox"/> |
| Sitting reading a book, newspaper or magazine                            | <input type="checkbox"/> |
| Sitting whilst travelling in a car, bus or train                         | <input type="checkbox"/> |

**8g. I am going to 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. Think about the activities you do at work, as part of your house and yard work, to get from place to place, and in your spare time for recreation, exercise or sport.**

**Think about all the vigorous activities which take hard physical effort that you did in the last 7 days. Vigorous activities make you breathe much harder than normal and may include heavy lifting, digging, aerobics, or fast bicycling.**

**Think only about those physical activities that you did for at least 10 minutes at a time.**

**During the last 7 days, on how many days did you do vigorous physical activities?**

- 0 days per week
- 1 days per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week
- Don't know
- Not applicable
- Do not wish to answer

**8h. How much time did you usually spend doing vigorous physical activities on one of those days?**

hours  minutes

**8i. Now think about activities which take moderate physical effort that you did in the last 7 days. Moderate physical activities make you breathe somewhat harder than normal and may include carrying light loads or bicycling at a regular pace. Do not include walking. Again, think about only those physical activities that you did for at least 10 minutes at a time.**

**During the last 7 days, on how many days did you do moderate physical activities?**

- 0 days per week
- 1 days per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week
- Don't know
- Not applicable
- Do not wish to answer

**8j. How much time did you usually spend doing moderate physical activities on one of those days?**

hours  minutes

**8k. Now 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.**

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

- 0 days per week
- 1 days per week
- 2 days per week
- 3 days per week
- 4 days per week
- 5 days per week
- 6 days per week
- 7 days per week
- Don't know
- Not applicable
- Do not wish to answer

**8l. How much time did you usually spend walking on one of those days?**

hours  minutes

## **SECTION 9. ACCULTURATION**

**Are you from a South Asian background?**

Yes

No

---

**ONLY ANSWER THIS SECTION IF YOU ARE FROM A SOUTH ASIAN BACKGROUND. IF NOT, YOU HAVE FINISHED THIS PART OF THE QUESTIONNAIRE**

---

**9a. What is the main language you speak with friends?**

English

Urdu

Punjabi

Mirpuri

Gujarati

Bengali

Hinko

Pushto

Other (please write in) \_\_\_\_\_

Don't have friends

**9b. In what language is the television/radio you watch/listen to?**

- Don't watch television/ videos/ films or listen to the radio
- South Asian languages only
- Mostly South Asian languages
- South Asian and English languages equally
- Mostly English language
- Only English language
- Other

**9c. In what language are the newspapers you regularly read?**

- Don't read news(papers)
- South Asian languages only
- Mostly South Asian languages
- South Asian and English languages equally
- Mostly English language
- Only English language
- Other

**9d. What type of clothing do you usually wear outside the home?**

- Traditional South Asian clothing
- Western style clothing
- Western and South Asian style clothing equally
- Other

**9e. What is your friends' cultural background?**

- Only South Asian
- Mostly South Asian
- Mostly English
- Only English
- South Asian and English equally
- Other

**END OF QUESTIONNAIRE – THANK YOU FOR YOUR  
PARTICIPATION**

----- **TO BE FILLED OUT BY RESEARCHER** -----

## **SECTION 17.            QUALITY CONTROL**

Please let us know if there were any problems completing this questionnaire that might make the responses less reliable.

*Check any that apply.*

### **17a. Interpretation of questions:**

### **17b. Reasons for unanswered questions:**

### **17c. Issues with other people present:**

### **17d. Issues with translation of questions:**

### **17e. Other issues:**

**17f. Was this questionnaire administered or self-completed?**

- Administered (except for all self-completion sections)
- All self-completed
- All administered (including self-completion sections)

**17g. What was the main language used for administering the questionnaire?**

- English
- Punjabi
- Urdu
- Other \_\_\_\_\_

**17h. Was an interpreter used?**

- No
- Yes, hospital or study interpreter
- Yes, family member or friend
- Other \_\_\_\_\_