

BiB Growing Up Adult Questionnaire

PARTNER QUESTIONS

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

1a. Participant Study ID _____

1b. Mother's GU ID _____

1c. Is this participant male or female?

Male

Female

1d. Interviewer code _____

1e. Date completing questionnaire / /

1f. Where was this questionnaire completed?

Participant's home

Bus

Other (please write in) _____

1g. Start time of questionnaire: _____

1h. 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

2c. Which of these groups do you consider you belong to?

- White
- Mixed ethnic group
- Black & Black British
- Asian or Asian British
- Chinese
- Other

IF ANSWERED 2C AS WHITE:

2d. What do you consider your cultural background?

- British
- Irish
- Any other white background (please write in) _____

IF ANSWERED 2C AS MIXED ETHNIC GROUP:

2e. What do you consider your cultural background?

- White & Black Caribbean
- White & Black African
- White & Indian
- White & Pakistani
- White & Bangladeshi
- White & Indian Caribbean
- White & African-Indian
- Any other mixed background (please write in) _____

IF ANSWERED 2C AS BLACK OR BLACK BRITISH:

2f. What do you consider your cultural background?

- Caribbean
- African
- Any other mixed background (please write in) _____

IF ANSWERED 2C AS ASIAN OR ASIAN BRITISH:

2g. What do you consider your cultural background?

- Indian
- Pakistani
- Bangladeshi
- Indian Caribbean
- African-Indian
- Any other Asian background (please write in) _____

IF ANSWERED 2C AS CHINESE

2h. What do you consider your cultural background?

- Chinese
- Japanese
- Filipino
- Vietnamese
- Any other Chinese or other background (please write in) _____

IF ANSWERED 2C AS OTHER:

2i. What do you consider your cultural background?

(Please write in) _____

2j. What country were you born in?

- England
- Northern Ireland
- Scotland
- Wales
- Channel Islands
- Isle of Man
- Republic of Ireland
- Czech Republic
- Poland
- Slovakia
- Bangladesh
- India
- Pakistan
- Sri Lanka
- Philippines
- Don't know
- Other (please state) _____

2k. If not born in the UK, how old were you when you moved to the UK?

years months

2l. Do you live in the same household as the BiB child all the time?

- Yes
- No

IF NO:

2m. Do you live in the same household as the BiB child:

- Most of the time
- Some of the time
- (Almost) Never

FOR WOMEN ONLY

2n. Are you pregnant?

Yes

No

IF YES:

2o. How many weeks?

weeks

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

Yes

No

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. Are you currently employed?

Yes

No

IF NOT CURRENTLY EMPLOYED:

5k. Have you ever worked before?

Yes

No

IF YOU HAVE NEVER WORKED, SKIP TO QUESTION 6A (PAGE 14)

PLEASE ANSWER THE FOLLOWING QUESTIONS ABOUT YOUR CURRENT JOB, OR ABOUT YOUR PREVIOUS JOB IF YOU ARE NOT WORKING AT THE MOMENT.

5l. 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)

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

1-24

25 or more

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

1-24

25 or more

5o. 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

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

hours a week

5q. What is/was your job title? (please write in) _____

5r. 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) _____

5s. 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) _____

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

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 partner doesn't seem to listen to me.

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

**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

Rheumatoid arthritis

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?
A heart attack, or been told you had angina or heart failure	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Stroke	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High blood pressure	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
High cholesterol	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Diabetes	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Rheumatoid arthritis	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Asthma	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Eczema	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Hay fever	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Anxiety	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Depression	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
Any other mental health problem	<input type="text"/> <input type="text"/> years old	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <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?

- 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

Do not wish to answer

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
- Do not wish to answer

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?

1.5
units



Small glass red/white/rosé wine
(125ml, ABV 12%)

2.1
units



Standard glass red/white/rosé wine
(175ml, ABV 12%)

3
units



Large glass red/white/rosé wine
(250ml, ABV 12%)

2
units



Pint of lower-strength lager/beer/cider
(ABV 3.6%)

3
units



Pint of higher-strength lager/beer/cider
(ABV 5.2%)

1.7
units



Bottle of lager/beer/cider
(330ml, ABV 5%)

2
units



Can of lager/beer/cider
(440ml, ABV 4.5%)

1.5
units



Alcopop
(275ml, ABV 5.5%)

1
unit



Single small shot of spirits*
(25ml, ABV 40%)

units

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

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

hours minutes

8h. 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

8i. 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

ONLY ANSWER THIS SECTION IF YOU ARE FROM A SOUTH ASIAN BACKGROUND. IF NOT, YOU HAVE FINISHED THIS 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

9j. 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 _____