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1966 Postal Questionnaire

closer:sourceFileName

nshd_66_pq

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_66_pq-3902f5f8cc86a6fbcbadc48180469427.pdf

nshd_66_pq

Label nshd_66_pq	Location Sequence
Type Sequence	Order InOrderOfAppearance

 s_intro_i

Name s_intro_i	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

 s_intro_ii

Name s_intro_ii	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

M.R.C. Unit,

 s_intro_iii

Name s_intro_iii	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

London School of Economics

 s_intro_iv

Name	Location
s_intro_iv	Sequence › nshd_66_pq
Type	
Statement	

Statement Text

STRICTLY CONFIDENTIAL

 s_intro_v

Name	Location
s_intro_v	Sequence › nshd_66_pq
Type	
Statement	

Statement Text

1966 SURVEY

 qi_intro_i - intro i

Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_66_pq
Type	Minimum Length	Maximum Length
Text		255

Question

Ref. No.

 qi_intro_ii - intro ii

Name	Label	Location
qi_intro_ii	intro ii	Sequence › nshd_66_pq
Type	Minimum Length	Maximum Length
Text		255

Question

Name and Address

 s_intro_vi

Name	Location
s_intro_vi	Sequence › nshd_66_pq
Type	
Statement	

Statement Text

INTRODUCTION

s_intro_vii	
Name s_intro_vii	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

You probably remember how to answer the questions - if there is a space or a box printed, just write the answer in. If we give you a choice of answers put a ring round the number next to the right answer,

s_intro_viii	
Name s_intro_viii	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

Of course everything you tell us is kept strictly confidential. We never mention anyone by name in any reports that we write.

s_intro_ix	
Name s_intro_ix	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

When you have answered the questions, post the form to us in the special envelope - you don't need to stick a stamp on.

PERSONAL INFORMATION

Label PERSONAL INFORMATION	Location Sequence › nshd_66_pq
Type Sequence	Order InOrderOfAppearance

qi_1_i-1_i		
Name qi_1_i	Label 1 i	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Text	Minimum Length	Maximum Length 255

Question

Is this your correct name and permanent address? NEW NAME: (if married)

Instructions

(If it is not correct, please write the new or corrected address here. If you are a girl and are now married, please put your married name.)

qi_1_ii - 1 ii		
Name qi_1_ii	Label 1 ii	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Text	Minimum Length	Maximum Length 255

Question

Is this your correct name and permanent address? NEW ADDRESS:

Instructions

(If it is not correct, please write the new or corrected address here. If you are a girl and are now married, please put your married name.)

qi_2 - 2		
Name qi_2	Label 2	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you now married?

Choices

1	Yes
0	No

qi_2_i - 2 i		
Name qi_2_i	Label 2 i	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Date		
Condition If Yes to question 2		

Question

date of marriage

qi_3_a - 3 a

Name qi_3_a	Label 3 a	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If married)		

Question

Have you any children?

Choices

1	Yes
0	No

l_q3_a_i

Name l_q3_a_i	Member Label	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Roster	Iteration Source (max)	Display Style
Condition (if "yes") (If married)		

qi_3_a_i - 3 a(i)

Name qi_3_a_i	Label 3 a(i)	Location Sequence › nshd_66_pq › PERSONAL INFORMATION › l_q3_a_i
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes") (If married)		

Question

NAME

Instructions

(We have put in the ones we know about)

qi_3_a_ii - 3 a(ii)

Name qi_3_a_ii	Label 3 a(ii)	Location Sequence › nshd_66_pq › PERSONAL INFORMATION › l_q3_a_i
Type Text	Minimum Length	Maximum Length 255
Condition (if "yes") (If married)		

Question

SEX

Instructions

(We have put in the ones we know about)

? qi_3_a_iii - 3 a(iii)		
Name qi_3_a_iii	Label 3 a(iii)	Location Sequence › nshd_66_pq › PERSONAL INFORMATION › l_q3_a_i
Type Date		
Condition (if "yes") (If married)		

Question

DATE OF BIRTH

Instructions

(We have put in the ones we know about)

? qi_3_b - 3 b		
Name qi_3_b	Label 3 b	Location Sequence › nshd_66_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If married)		

Question

Are you (or your wife) expecting a baby?

Choices

1	Yes
---	-----

0	No
---	----

GENERAL HEALTH

Label GENERAL HEALTH	Location Sequence › nshd_66_pq
Type Sequence	Order InOrderOfAppearance

qi_4_a - 4 a

Name qi_4_a	Label 4 a	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The last accident we have recorded for you was We have no accidents recorded for you for a long time. Have you had any accident since then/since you left school in which you were burnt or scalded, you broke a bone, you were badly cut or bruised, or injured by a chemical?

Choices

1	Yes
0	No

l_q4b

Name l_q4b	Member Label	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Roster	Iteration Source (max)	Display Style

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

qi_4_b_i - 4 b(i)

Name qi_4_b_i	Label 4 b(i)	Location Sequence › nshd_66_pq › GENERAL HEALTH › l_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

What sort of injury?

Instructions

(i.e.burn,cut,broken bone etc.)

 qi_4_b_ii - 4 b(ii)

Name qi_4_b_ii	Label 4 b(ii)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

What part was hurt?

 qi_4_b_iii - 4 b(iii)

Name qi_4_b_iii	Label 4 b(iii)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

When did it happen?

 qi_4_b_iv - 4 b(iv)

Name qi_4_b_iv	Label 4 b(iv)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

Where was it treated?

 qi_4_b_v - 4 b(v)

Name qi_4_b_v	Label 4 b(v)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

Who by?

 qi_4_b_vi - 4 b(vi)

Name qi_4_b_vi	Label 4 b(vi)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

What sort of scar or trouble does it still give you?

 qi_4_b_vii - 4 b(vii)

Name qi_4_b_vii	Label 4 b(vii)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

How did the accident happen?

 qi_4_b_viii - 4 b(viii)

Name qi_4_b_viii	Label 4 b(viii)	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q4b
Type Text	Minimum Length	Maximum Length 255

Condition

(If "yes" please give the following details about each accident, starting with the earliest)

Question

Where did it happen?

 qi_5_a - 5 a

Name qi_5_a	Label 5 a	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The last hospital admission we have recorded for you was ... We have no hospital admissions recorded for you for a long time. Have you been in hospital as an inpatient since then/since you left school?

Choices

1	Yes
0	No

qi_5_b_i - 5 b(i)

Name qi_5_b_i	Label 5 b(i)	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

What hospital was it?

qi_5_b_ii - 5 b(ii)

Name qi_5_b_ii	Label 5 b(ii)	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

When did you go in?

qi_5_b_iii - 5 b(iii)

Name qi_5_b_iii	Label 5 b(iii)	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

What were you in hospital for?

qi_5_b_iv - 5 b(iv)

Name qi_5_b_iv	Label 5 b(iv)	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

How long were you in hospital?

? qi_5_b_v - 5 b(v)		
Name qi_5_b_v	Label 5 b(v)	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

What was the doctor's name who looked after you?

? qi_6 - 6		
Name qi_6	Label 6	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you attended a hospital out-patient department or clinic since this time last year?

Choices

1	Yes
0	No

? qi_6_i - 6 i		
Name qi_6_i	Label 6 i	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

What hospital/clinic was it?

qi_6_ii - 6 ii		
Name qi_6_ii	Label 6 ii	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

When did you go first?

qi_6_iii - 6 iii		
Name qi_6_iii	Label 6 iii	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

Why did you go?

qi_7 - 7		
Name qi_7	Label 7	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Apart from what you have just put in questions 4, 5 and 6, have you consulted a doctor since this time last year?

Choices

1	Yes
0	No

l_q7		
Name l_q7	Member Label	Location Sequence › nshd_66_pq › GENERAL HEALTH

Type Roster	Iteration Source (max)	Display Style
Condition (If "yes")		

? qi_7_i - 7.i		
Name qi_7_i	Label 7 i	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q7
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

REASON FOR VISITS

Instructions

(Use one line for a series of visits in connection with the same complaint)

? qi_7_ii - 7.ii		
Name qi_7_ii	Label 7 ii	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q7
Type Integer	Low 0	High
Condition (If "yes")		

Question

NUMBER OF VISITS At Doctor's surgery

? qi_7_iii - 7.iii		
Name qi_7_iii	Label 7 iii	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q7
Type Integer	Low 0	High
Condition (If "yes")		

Question

NUMBER OF VISITS At your home

? qi_8 - 8		
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Name qi_8	Label 8	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been off work or indoors through accident or illness since this time last year?

Choices

1	Yes
0	No

l_q8		
Name l_q8	Member Label	Location Sequence › nshd_66_pq › GENERAL HEALTH
Type Roster	Iteration Source (max)	Display Style
Condition (If "yes")		

qi_8_i - 8.i		
Name qi_8_i	Label 8 i	Location Sequence › nshd_66_pq › GENERAL HEALTH › l_q8
Type Date		
Condition (If "yes")		

Question

APPROXIMATE DATE

qi_8_ii - 8.ii		
Name qi_8_ii	Label 8 ii	Location Sequence › nshd_66_pq › GENERAL HEALTH › l_q8
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

NATURE OF ACCIDENT, ILLNESS

qi_8_iii - 8.iii		
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Name qi_8_iii	Label 8 iii	Location Sequence › nshd_66_pq › GENERAL HEALTH › I_q8
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

TIME OFF WORK

COUGHS AND CHEST TROUBLE

Label COUGHS AND CHEST TROUBLE	Location Sequence › nshd_66_pq
Type Sequence	Order InOrderOfAppearance

qi_9_a - 9 a

Name qi_9_a	Label 9 a	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually cough first thing in the morning in the winter?

Choices

1	Yes
0	No

qi_9_b - 9 b

Name qi_9_b	Label 9 b	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually cough during the day or at night in the winter?

Choices

1	Yes
0	No

qi_9_c - 9 c

Name qi_9_c	Label 9 c	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If "yes" to either question 9(a) or (b)		

Question

Do you cough like this on most days for as much as three months each winter?

Choices

1	Yes
0	No

 qi_10_a - 10 a

Name qi_10_a	Label 10 a	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually bring up any phlegm (spit from the chest) first thing in the morning in the winter?

Choices

1	Yes
0	No

 qi_10_b - 10 b

Name qi_10_b	Label 10 b	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually bring up any phlegm (spit from the chest) during the day or at night in the winter?

Choices

1	Yes
0	No

 qi_10_c - 10 c

Name qi_10_c	Label 10 c	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If "yes" to either question 10(a) or (b)		

Question

Do you bring up phlegm (spit from the chest) on most days for as much as three months each winter?

Choices

1	Yes
0	No

 qi_11 - 11

Name qi_11	Label 11	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the past three years have you had a period of cough and phlegm (spit from the chest) lasting for three weeks or more?

Choices

1	Yes
0	No

 qi_12 - 12

Name qi_12	Label 12	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you get short of breath walking with other people of your own age at an ordinary pace on the level?

Choices

1	Yes
0	No

 qi_13 a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does your chest ever sound wheezy or whistling?

Choices

1	Yes
0	No

 qi_13_b - 13 b

Name qi_13_b	Label 13 b	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes")		

Question

Do you get this most days (or nights)?

Choices

1	Yes
0	No

 qi_14_a - 14 a

Name qi_14_a	Label 14 a	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Does the weather affect your chest?

Choices

1	Yes
0	No

 qi_14_b - 14 b

Name qi_14_b	Label 14 b	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes")		

Question

Does foggy weather make you (more) breathless?

Choices

1	Yes
0	No

 qi_15 - 15

Name qi_15	Label 15	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do colds usually go to your chest?

Choices

1	Yes
0	No

 qi_16_i - 16 i

Name qi_16_i	Label 16 i	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually have a stuffy nose or catarrh at the back of your nose ... in the winter?

Choices

1	Yes
0	No

 qi_16_ii - 16 ii

Name qi_16_ii	Label 16 ii	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually have a stuffy nose or catarrh at the back of your nose ... in the summer?

Choices

1	Yes
0	No

 qi_16_iii - 16 iii

Name qi_16_iii	Label 16 iii	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you usually have a stuffy nose or catarrh at the back of your nose ... on most days for as much as three months each year?

Choices

1	Yes
0	No

 qi_17_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

During the past three years have you had any chest illness e.g. bronchitis, pneumonia, which has kept you off work or indoors for a week or more?

Choices

1	Yes
0	No

 qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition (If "yes")		

Question

How many illnesses like this have you had in the last three years?

Choices

1	One illness
2	Two illnesses or more

 qi_18_a - 18 a

Name qi_18_a	Label 18 a	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the winter do you usually sleep with your bedroom windows open?

Choices

1	Yes
0	No

 qi_18_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_66_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

In the winter, is your bedroom heated at night?

Choices

1	Yes
0	No

OTHER INFORMATION

Label OTHER INFORMATION	Location Sequence › nshd_66_pq
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Type Sequence	Order InOrderOfAppearance
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qi_19_i - 19 i		
Name qi_19_i	Label 19 i	Location Sequence › nshd_66_pq › OTHER INFORMATION
Type Integer	Low 0	High

Question

How tall are you (without shoes)? ... feet ... inches

qi_19_ii - 19 ii		
Name qi_19_ii	Label 19 ii	Location Sequence › nshd_66_pq › OTHER INFORMATION
Type Integer	Low 0	High

Question

How much do you weigh in indoor clothing? stones pounds

qi_20 - 20		
Name qi_20	Label 20	Location Sequence › nshd_66_pq › OTHER INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is your father now living?

Choices

1	Yes
0	No

qi_20_i - 20 i		
Name qi_20_i	Label 20 i	Location Sequence › nshd_66_pq › OTHER INFORMATION
Type Date		
Condition If No to question 20		

Question

When did he die?

qi_21 - 21		
Name qi_21	Label 21	Location Sequence › nshd_66_pq › OTHER INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Is your mother now living?

Choices

1	Yes
0	No

qi_21_i - 21_i		
Name qi_21_i	Label 21 i	Location Sequence › nshd_66_pq › OTHER INFORMATION
Type Date		
Condition If No to question 21		

Question

When did she die?

EMPLOYMENT

Label EMPLOYMENT	Location Sequence › nshd_66_pq
Type Sequence	Order InOrderOfAppearance

qi_22_a - 22_a		
Name qi_22_a	Label 22 a	Location Sequence › nshd_66_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you now ...

Choices

1	working?
2	a housewife?
3	a full-time student?
4	not working (from choice)?
5	unemployed?
*	other, namely

qg_22_b - 22 b		
Name qg_22_b	Label 22 b	Location Sequence › nshd_66_pq › EMPLOYMENT
Type Question Grid		

Question

When we last contacted you you were in the occupation we have written in red. Please bring the record up to date with the details of all the jobs you have done since, finishing with what you are doing now. If you have been promoted or changed your work within the same firm, please give the details. If you are a full-time student, please give the name of the college and the course, if the information in red is not correct.

Rows

1	1
2	2
3	3
4	4
5	5

Columns

Generic text	Text
Generic text	Text
Generic text	Text
Generic date	DateTime
Generic date	DateTime
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Name qi_23	Label 23	Location Sequence › nshd_66_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length
Condition If you are working now,		

Question

please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

? qi_24 - 24		
Name qi_24	Label 24	Location Sequence › nshd_66_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been taking any part-time day or evening classes, a correspondence course, or studying at home since last September? (ring more than one if necessary)

Choices

0	No
1	Yes, college
2	Yes, correspondence
3	Yes, at home

_q24i		
Name _q24i	Member Label	Location Sequence › nshd_66_pq › EMPLOYMENT
Type Roster	Iteration Source (max)	Display Style
Condition (If "yes")		

? qi_24_i - 24.i		
Name qi_24_i	Label 24 i	Location Sequence › nshd_66_pq › EMPLOYMENT › _q24i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

Name of COLLEGE or of CORRESPONDENCE COURSE

qi_24_ii - 24 ii		
Name qi_24_ii	Label 24 ii	Location Sequence › nshd_66_pq › EMPLOYMENT › I_q24i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

Name of COURSE or SUBJECTS STUDIED

qi_24_iii - 24 iii		
Name qi_24_iii	Label 24 iii	Location Sequence › nshd_66_pq › EMPLOYMENT › I_q24i
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

Day, Evening, Home or Correspondence?

qi_24_iv - 24 iv		
Name qi_24_iv	Label 24 iv	Location Sequence › nshd_66_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length 255
Condition (If "yes")		

Question

WHAT EXAMS HAVE YOU PASSED?

SMOKING

Label SMOKING	Location Sequence › nshd_66_pq
Type Sequence	Order InOrderOfAppearance

s_smoking_i	
Name s_smoking_i	Location Sequence › nshd_66_pq › SMOKING
Type Statement	

Statement Text

A lot has been said and written recently about smoking. To help settle some of the arguments we have been asked if we would help by providing some facts and figures about the number of people who smoke, and how much they smoke.

s_smoking_ii	
Name s_smoking_ii	Location Sequence › nshd_66_pq › SMOKING
Type Statement	

Statement Text

If we can find out the facts about the 5,000 men and women in this survey, then we can state confidently what is true for twenty-year-old people in Britain. The actual questions here are exactly the same as those used in several large international studies of smoking habits.

s_smoking_iii	
Name s_smoking_iii	Location Sequence › nshd_66_pq › SMOKING
Type Statement	

Statement Text

As you see, it is very important that our information should be correct, so we hope you will try to be as accurate as possible. If you don't know an answer exactly, please answer it as nearly as you can.

qi_25_a - 25 a		
Name qi_25_a	Label 25 a	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Do you smoke CIGARETTES now?

Choices

1	Yes, regularly
2	Occasionally (usually less than one a day)
0	No

qi_25_b - 25 b		
Name qi_25_b	Label 25 b	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

Do you inhale?

Choices

1	Yes
0	No

qi_25_c - 25 c		
Name qi_25_c	Label 25 c	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition		

Question

If you now smoke cigarettes, what kind do you smoke -

Choices

1	Manufactured, with filters?
2	Manufactured, without filters?
3	Hand rolled?

qi_25_d - 25 d		
Name qi_25_d	Label 25 d	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High

Condition

Question

How many manufactured cigarettes do you usually smoke per day? No. per day

 qi_25_e - 25 e

Name qi_25_e	Label 25 e	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High

Condition

Question

About how many ounces of tobacco do you use per week for rolling your own cigarettes? Oz. per week

 qi_25_f - 25 f

Name qi_25_f	Label 25 f	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High

Condition

Question

What is the maximum number of cigarettes that you have smoked per day for as long as a year? Total number of manufactured and hand-rolled cigarettes (counting 1 oz. of tobacco as 25 cigarettes) No. per day

 qi_25_g - 25 g

Name qi_25_g	Label 25 g	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High

Condition

Question


How many cigarettes did you smoke per day a year ago? No. per day

 qi_25_h - 25 h

Name qi_25_h	Label 25 h	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High
Condition		


Question

How old were you when you began to smoke cigarettes? Age

 s_smoking_iv		
Name s_smoking_iv	Location Sequence › nshd_66_pq › SMOKING	
Type Statement		
Condition		

Statement Text

(After answering this question go to Q.27)

 qi_26_a - 26 a		
Name qi_26_a	Label 26 a	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If you do NOT smoke cigarettes now,		

Question

did you EVER smoke them?

Choices

1	Yes, regularly
2	Occasionally (usually less than one cigarette per day)
0	No, never

 qi_26_b - 26 b		
Name qi_26_b	Label 26 b	Location Sequence › nshd_66_pq › SMOKING

Type Integer	Low 0	High
Condition If you used to smoke regularly, If you do NOT smoke cigarettes now,		

Question

what is the maximum number of cigarettes you ever smoked per day, for as long as a year? Total number of manufactured and hand-rolled cigarettes (counting 1 oz. of tobacco as 25 cigarettes) No. of cigarettes per day

? qi_26_c - 26 c		
Name qi_26_c	Label 26 c	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If you used to smoke regularly, If you do NOT smoke cigarettes now,		

Question

Did you inhale?

Choices

1	Yes
0	No

? qi_26_d - 26 d		
Name qi_26_d	Label 26 d	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High
Condition If you used to smoke regularly, If you do NOT smoke cigarettes now,		

Question

How old were you when you began to smoke cigarettes?

? qi_26_e - 26 e		
Name qi_26_e	Label 26 e	Location Sequence › nshd_66_pq › SMOKING
Type Date		

Condition

If you used to smoke regularly,
If you do NOT smoke cigarettes now,

Question

When did you stop smoking cigarettes? Year

 qi_26_f - 26 f

Name qi_26_f	Label 26 f	Location Sequence › nshd_66_pq › SMOKING
Type Text	Minimum Length	Maximum Length 255

Condition

If you used to smoke regularly,
If you do NOT smoke cigarettes now,

Question

Why did you stop?

 qi_27_a - 27 a

Name qi_27_a	Label 27 a	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever smoked CIGARS?

Choices

1	Used to smoke them but do not now
2	Now smoke occasionally (less than one per day)
3	Now smoke regularly
0	No

 qi_27_b_i - 27 b(i)

Name qi_27_b_i	Label 27 b(i)	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High

Condition

If you smoke cigars now,

Question

about how many do you smoke per week? SIZE Manikin NO. PER WEEK

qi_27_b_ii - 27 b(ii)		
Name qi_27_b_ii	Label 27 b(ii)	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High
Condition If you smoke cigars now,		

Question

about how many do you smoke per week? SIZE Large Cheroot NO. PER WEEK

qi_27_b_iii - 27 b(iii)		
Name qi_27_b_iii	Label 27 b(iii)	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High
Condition If you smoke cigars now,		

Question

about how many do you smoke per week? SIZE Full-size Cigar NO. PER WEEK

qi_27_c - 27 c		
Name qi_27_c	Label 27 c	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If you smoke cigars now,		

Question

Do you inhale?

Choices

1	Yes
0	No

qi_28_a - 28 a

Name qi_28_a	Label 28 a	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you ever smoked a PIPE?

Choices

1	Used to smoke a pipe but not now
2	Now smoke a pipe occasionally (less than once a day)
3	Now smoke regularly
0	No

 qi_28_b - 28 b

Name qi_28_b	Label 28 b	Location Sequence › nshd_66_pq › SMOKING
Type Integer	Low 0	High

Condition

If you smoke a pipe now,

Question

about how many ounces of tobacco do you smoke per week? Oz. per week

 qi_28_c - 28 c

Name qi_28_c	Label 28 c	Location Sequence › nshd_66_pq › SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If you smoke a pipe now,

Question

Do you inhale?

Choices

1	Yes
0	No

 qi_29 - 29

Name qi_29	Label 29	Location Sequence › nshd_66_pq
Type Text	Minimum Length	Maximum Length


Question

Has anything important happened to you in the last year that we haven't asked about? Please comment freely on anything you wish to tell us about.

 qi_outro_i - outro_i		
Name qi_outro_i	Label outro i	Location Sequence › nshd_66_pq
Type Date		


Question

TODAY'S DATE:

 s_outro_i	
Name s_outro_i	Location Sequence › nshd_66_pq
Type Statement	


Statement Text

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS

 s_outro_ii	
Name s_outro_ii	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

PLEASE POST THE FORM DIRECTLY TO US IN THE SPECIAL ENVELOPE - YOU DON'T NEED A STAMP AS WE WILL PAY THE POSTAGE.

 s_outro_iii	
Name s_outro_iii	Location Sequence › nshd_66_pq
Type Statement	

Statement Text

THANK YOU VERY MUCH FOR ALL YOUR HELP