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1971 (Age 25)

Abstract

A postal questionnaire was sent to all cohort members to ask about marriage, fertility, health, smoking, employment, training and further education and earnings. Health visitors attempted contacts and data collections with non-respondents.

Study website: <https://www.nshd.mrc.ac.uk/>

Title

1971 (Age 25)

Creator

Dr James WB Douglas

Publisher

MRC Unit, London School of Economics

Sample

nshd_overall - NSHD Overall Population

NSHD Overall Population

All eligible study members.

LifeStage

Early adulthood

LifeStageDescription

19 - 30 years

Date	1971
Highest Level	Country
Country	GB-ENG
Country	GB-WLS
Country	GB-SCT

Funding Information

Funding Information

Funding Information

Data Collection

nshd_71_pq - 1971 Postal Questionnaire

1971 Postal Questionnaire

Collection Events

1971 - 1971

Collection Organization

Mode of Collection

Self-administered questionnaire using a traditional paper questionnaire.

 1971 Postal Questionnaire**closer:sourceFileName**

nshd_71_pq

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_71_pq-0f2e097dec87d9c250b2df47f1ccb6.pdf

nshd_71_pq

Label	Location
nshd_71_pq	Sequence
Type	Order
Sequence	InOrderOfAppearance

 s_intro_i

Name	Location
s_intro_i	Sequence › nshd_71_pq
Type	
Statement	

Statement Text

STRICTLY CONFIDENTIAL

 s_intro_ii

Name	Location
s_intro_ii	Sequence › nshd_71_pq
Type	
Statement	

Statement Text

1971

s_intro_iii	
Name s_intro_iii	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

s_intro_iv	
Name s_intro_iv	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

(Medical Research Council)

qi_intro_i - intro i		
Name qi_intro_i	Label intro i	Location Sequence › nshd_71_pq
Type Text	Minimum Length	Maximum Length 255

Question

Ref. No.

qi_intro_ii - intro ii		
Name qi_intro_ii	Label intro ii	Location Sequence › nshd_71_pq
Type Text	Minimum Length	Maximum Length 255

Question

Name and Address

qi_intro_iii - intro iii		
Name qi_intro_iii	Label intro iii	Location Sequence › nshd_71_pq
Type Text	Minimum Length	Maximum Length 255
Condition (if changed)		

Question

Name

qi_intro_iv - intro iv

Name qi_intro_iv	Label intro iv	Location Sequence › nshd_71_pq
Type Text	Minimum Length	Maximum Length 255
Condition (if changed)		

Question

Address

 s_intro_v

Name s_intro_v	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

INTRODUCTION

 s_intro_vi

Name s_intro_vi	Location Sequence › nshd_71_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_vii

Name s_intro_vii	Location Sequence › nshd_71_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_viii

Name s_intro_viii	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

Please complete the form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

 s_intro_ix


Name s_intro_ix	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

When you have answered the questions, post the form to us in the special pre-paid envelope.

PERSONAL INFORMATION

Label PERSONAL INFORMATION	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

 qi_1 - 1


Name qi_1	Label 1	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you now married?

Choices


<input type="radio"/>	1 Yes
<input type="radio"/>	0 No

 qi_1_i - 1 i

Name qi_1_i	Label 1 i	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Date		

Question

date of marriage

 qi_2_i - 2 i

Name qi_2_i	Label 2 i	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

CHILDREN

Choices

<input type="radio"/>	0 No children
-----------------------	---------------

qg_2_ii - 2 ii

Name qg_2_ii	Label 2 ii	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Question Grid		

Question

Please give details of all children

Rows

1	1
2	2
3	3
4	4

Columns

Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Date of birth	DateTime

GENERAL HEALTH

Label GENERAL HEALTH	Location Sequence › nshd_71_pq
-------------------------	-----------------------------------

Type Sequence	Order InOrderOfAppearance
------------------	------------------------------

ACCIDENTS

Label ACCIDENTS	Location Sequence › nshd_71_pq › GENERAL HEALTH
--------------------	--

Type Sequence	Order InOrderOfAppearance
------------------	------------------------------

qi_3_a - 3 a

Name qi_3_a	Label 3 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The last accident we have recorded for you was ... Have you had any accidents since then, or since we last heard from you, in which you were burnt or scalded, broke a bone, were badly cut or bruised, or injured by a chemical or foreign body?

Choices

1	Yes
0	No

l_q3bi

Name l_q3bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › qi_3_a
Type Roster	Iteration Source (max)	Display Style

Condition
(If 'Yes' please give the following details about each accident, starting with the earliest)

qi_3_b_i - 3 b(i)

Name qi_3_b_i	Label 3 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › l_q3bi
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes' please give the following details about each accident, starting with the earliest)

Question

Type of injury (e.g. burn, cut, broken bone etc.)

qi_3_b_ii - 3 b(ii)

Name qi_3_b_ii	Label 3 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Part injured

? qi_3_b_iii - 3 b(iii)		
Name qi_3_b_iii	Label 3 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Date		
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Date when it happened

? qi_3_b_iv - 3 b(iv)		
Name qi_3_b_iv	Label 3 b(iv)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Treatment Hosp. In-patient Hosp. Out-patient Nursing home Doctor, etc.

? qi_3_b_v - 3 b(v)		
Name qi_3_b_v	Label 3 b(v)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Details of how each accident occurred

? qi_3_b_vi - 3 b(vi)		
-----------------------	--	--

Name qi_3_b_vi	Label 3 b(vi)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Where it happened (e.g. work, street, home, etc.)

HOSPITAL ADMISSIONS	
Label HOSPITAL ADMISSIONS	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

? qi_4_a - 4 a		
Name qi_4_a	Label 4 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The last hospital admission we have recorded for you was ... Have you been in hospital as an in-patient since then, or since we last heard from you?

Choices

1	Yes
0	No

I_q4bi		
Name I_q4bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS
Type Roster	Iteration Source (max)	Display Style

Condition
(If 'Yes' please give the following details about each hospital admission)


? qi_4_b_i - 4 b(i)		
Name qi_4_b_i	Label 4 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255

Condition

(If 'Yes' please give the following details about each hospital admission)

Question

Name of hospital

 qi_4_b_ii - 4 b(ii)

Name qi_4_b_ii	Label 4 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Date		

Condition

(If 'Yes' please give the following details about each hospital admission)

Question

Date of Admission

 qi_4_b_iii - 4 b(iii)


Name qi_4_b_iii	Label 4 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255

Condition

(If 'Yes' please give the following details about each hospital admission)

Question

Reason for admission

 qi_4_b_iv - 4 b(iv)

Name qi_4_b_iv	Label 4 b(iv)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255

Condition

(If 'Yes' please give the following details about each hospital admission)

Question

Length of Stay

 qi_4_b_v - 4 b(v)

Name qi_4_b_v	Label 4 b(v)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes' please give the following details about each hospital admission)

Question

Name of doctor in charge

HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES

Label HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

qi_5_a - 5 a

Name qi_5_a	Label 5 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES
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

l_q5bi

Name l_q5bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES
Type Roster	Iteration Source (max)	Display Style

Condition
If 'Yes'

qi_5_b_i - 5 b(i)

Name qi_5_b_i	Label 5 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES › l_q5bi
Type Text	Minimum Length	Maximum Length 255

Condition
If 'Yes'

Question

Name of Clinic or Out-patient department

qi_5_b_ii - 5 b(ii)		
Name qi_5_b_ii	Label 5 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES › l_q5bi
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes'		

Question

Reason for attending

qi_5_b_iii - 5 b(iii)		
Name qi_5_b_iii	Label 5 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES › l_q5bi
Type Integer	Low 0	High
Condition If 'Yes'		

Question

Number of visits

OTHER MEDICAL CARE	
Label OTHER MEDICAL CARE	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

qi_6_a - 6 a		
Name qi_6_a	Label 6 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Apart from visits to a hospital or clinic have you seen a doctor since this time last year?

Choices

1	Yes
---	-----

0	No
---	----

l_q6bi

Name l_q6bi	Member Label	Location Sequence › n GENERAL HE MEDICAL CA
Type Roster	Iteration Source (max)	Display Style

Condition
If 'yes'

qi_6_b_i - 6 b(i)

Name qi_6_b_i	Label 6 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE › l_q6bi
Type Text	Minimum Length	Maximum Length 255

Condition
If 'yes'

Question

REASON FOR VISITS Use one line for a series of visits in connection with the same complaint

qi_6_b_ii - 6 b(ii)

Name qi_6_b_ii	Label 6 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE › l_q6bi
Type Integer	Low 0	High

Condition
If 'yes'

Question

NUMBER OF VISITS At doctor's surgery

qi_6_b_iii - 6 b(iii)

Name qi_6_b_iii	Label 6 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE › l_q6bi
Type Integer	Low 0	High

Condition
If 'yes'

Question

NUMBER OF VISITS At your home

OFF WORK THROUGH ACCIDENT OR ILLNESS

Label OFF WORK THROUGH ACCIDENT OR ILLNESS	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

qi_7_a - 7 a

Name qi_7_a	Label 7 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been off work for a week or more through accident or illness since this time last year?

Choices

1	Yes
0	No
8	Not working

l_q7bi

Name l_q7bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS
Type Roster	Iteration Source (max)	Display Style

Condition
If 'Yes'

qi_7_b_i - 7 b(i)

Name qi_7_b_i	Label 7 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS › l_q7bi
Type Date		

Condition
If 'Yes'

Question

Approximate date

qi_7_b_ii - 7 b(ii)

Name qi_7_b_ii	Label 7 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS › I_q7bi
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes'		

Question

Nature of accident, illness

qi_7_b_iii - 7 b(iii)

Name qi_7_b_iii	Label 7 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS › I_q7bi
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_71_pq
Type Sequence	Order InOrderOfAppearance

qi_8_a - 8 a

Name qi_8_a	Label 8 a	Location Sequence › nshd_71_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_8_b - 8 b

Name qi_8_b	Label 8 b	Location Sequence › nshd_71_pq › COUGHS AND CHEST TROUBLE
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

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

Choices

1	Yes
0	No

qi_8_c - 8 c		
Name qi_8_c	Label 8 c	Location Sequence › nshd_71_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If 'yes' to either question 8(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_9_a - 9 a		
Name qi_9_a	Label 9 a	Location Sequence › nshd_71_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_9_b - 9 b		
Name qi_9_b	Label 9 b	Location Sequence › nshd_71_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_9_c - 9 c

Name qi_9_c	Label 9 c	Location Sequence › nshd_71_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 bring up phlegm (spit from the chest) on most days for as much as three months each winter?

Choices

1	Yes
0	No

 qi_10 - 10

Name qi_10	Label 10	Location Sequence › nshd_71_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_11 - 11

Name qi_11	Label 11	Location Sequence › nshd_71_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_12_a - 12 a


Name qi_12_a	Label 12 a	Location Sequence › nshd_71_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_12_b - 12 b

Name qi_12_b	Label 12 b	Location Sequence › nshd_71_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_13_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_71_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_13_b - 13 b

Name qi_13_b	Label 13 b	Location Sequence › nshd_71_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_14 - 14

Name qi_14	Label 14	Location Sequence › nshd_71_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_15_i - 15 i

Name qi_15_i	Label 15 i	Location Sequence › nshd_71_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_15_ii - 15 ii

Name qi_15_ii	Label 15 ii	Location Sequence › nshd_71_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_15_iii - 15 iii


Name qi_15_iii	Label 15 iii	Location Sequence › nshd_71_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_16_a - 16 a

Name qi_16_a	Label 16 a	Location Sequence › nshd_71_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_16_b - 16 b

Name qi_16_b	Label 16 b	Location Sequence › nshd_71_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
0	Two illnesses or more

 qi_17_a - 17 a


Name qi_17_a	Label 17 a	Location Sequence › nshd_71_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
0	No

 qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_71_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

TOBACCO SMOKING

Label TOBACCO SMOKING	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

 qi_18_a - 18 a

Name qi_18_a	Label 18 a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you a regular smoker, i.e. during the last month have you smoked as much as one cigarette a day (or 1 oz of tobacco)?

Choices

1	Yes
0	No



s_q18a

Name s_q18a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Statement	

Statement Text

If 'No' to question 18(a) go on to 19(a)



qi_18_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition

If 'Yes' to question 18(a) carry on as follows:-

Question

Do you inhale the smoke?

Choices

0	No
1	Yes, slightly
2	Yes, moderately
3	Yes, deeply



qi_18_c - 18 c

Name qi_18_c	Label 18 c	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 18(a) carry on as follows:-

Question

How old were you when you started smoking regularly? ... years old



qi_18_d_i - 18 d(i)

Name qi_18_d_i	Label 18 d(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
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Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How many manufactured cigarettes do you usually smoke a day? ... per working day

qi_18_d_ii - 18 d(ii)		
Name qi_18_d_ii	Label 18 d(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How many manufactured cigarettes do you usually smoke a day? ... at weekends

qi_18_e - 18 e		
Name qi_18_e	Label 18 e	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes? ... ozs

qi_18_f - 18 f		
Name qi_18_f	Label 18 f	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		


Question

How much pipe tobacco (ozs) do you usually smoke per week? ... ozs

qi_18_g_i - 18 g(i)		
Name qi_18_g_i	Label 18 g(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		


Question

How many cigars do you usually smoke per week? ... large

 qi_18_g_ii - 18 g(ii)		
Name qi_18_g_ii	Label 18 g(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How many cigars do you usually smoke per week? ... small


 qi_19_a - 19 a		
Name qi_19_a	Label 19 a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

Have you ever smoked as much as one cigarette a day (or 1 oz of tobacco a month) for as long as a year?

Choices

1	Yes
0	No

 s_q19a	
Name s_q19a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Statement	
Condition If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)	

Statement Text

If 'No' to Question 19(a) go on to 20.

 qi_19_b - 19 b		
Name qi_19_b	Label 19 b	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High


Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How old were you when you started smoking regularly? ... years old

 qi_19_c - 19 c

Name qi_19_c	Label 19 c	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How old were you when you last gave up smoking? ... years old

 qi_19_d_i - 19 d(i)

Name qi_19_d_i	Label 19 d(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How many manufactured cigarettes per day were you smoking before you gave up? ... per working day

 qi_19_d_ii - 19 d(ii)

Name qi_19_d_ii	Label 19 d(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How many manufactured cigarettes per day were you smoking before you gave up? ... at weekends

 qi_19_e - 19 e

Name qi_19_e	Label 19 e	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High


Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How much tobacco (ozs) per week were you smoking in hand rolled cigarettes before you gave it up? ... ozs

 qi_19_f - 19 f

Name qi_19_f	Label 19 f	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How much pipe tobacco (ozs) per week were you smoking before you gave it up? ... ozs

 qi_19_g_i - 19 g(i)

Name qi_19_g_i	Label 19 g(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How many cigars per week were you smoking before you gave up? ... large

 qi_19_g_ii - 19 g(ii)

Name qi_19_g_ii	Label 19 g(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition

If 'Yes' to question 19(a) carry on as follows:-

If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

Question

How many cigars per week were you smoking before you gave up? ... small

HELP WITH FINDING A JOB

Label HELP WITH FINDING A JOB	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

qi_20 - 20

Name qi_20	Label 20	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The Government runs a number of different schemes for helping people who want to change their work or who find difficulty in getting jobs because of illness or long unemployment. Have you had contact with any of the following schemes?

Choices

1	Yes
0	No

qg_20_a - 20 a

Name qg_20_a	Label 20 a	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Question Grid		

Condition
If 'Yes'

Question

please give details.

Rows

1	Occupational guidance unit
2	Government Training centre
3	Industrial rehabilitation unit
4	Other

Columns

Generic date	DateTime
Generic text	Text
Generic date	DateTime
Generic text	Text

qi_20_b - 20 b

Name qi_20_b	Label 20 b	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
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Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes'		

Question

How did you first hear of these schemes?

qi_20_c - 20 c		
Name qi_20_c	Label 20 c	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Text	Minimum Length	Maximum Length
Condition If 'Yes'		

Question

What difference has going to the centre made to the sort of work you are doing?

EMPLOYMENT		
Label EMPLOYMENT	Location Sequence › nshd_71_pq	
Type Sequence	Order InOrderOfAppearance	
qi_21_a - 21 a		
Name qi_21_a	Label 21 a	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Are you now:-

Choices

1	working full time
2	working part time
3	a full-time housewife
4	a full-time student
5	Not working from choice
6	Unemployed
*	None of these, but ...

qi_21_b - 21 b

Name qi_21_b	Label 21 b	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been out of work for a week or more since ... (That is, actually looking for work; do not include holidays or time off due to illness)

Choices

1	Yes
0	No

l_q21ci

Name l_q21ci	Member Label	Location Sequence › n EMPLOYMEN
Type Roster	Iteration Source (max)	Display Style

Condition
(If 'Yes')

qi_21_c_i - 21 c(i)

Name qi_21_c_i	Label 21 c(i)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes')

Question

Approximate dates

qi_21_c_ii - 21 c(ii)

Name qi_21_c_ii	Label 21 c(ii)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes')

Question

Length of time unemployed


qi_21_c_iii - 21 c(iii)

Name qi_21_c_iii	Label 21 c(iii)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
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Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

Question

Why was this?

 qi_21_c_iv - 21 c(iv)		
Name qi_21_c_iv	Label 21 c(iv)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes')		

Question

Did you register as unemployed?

 qg_21_d - 21 d		
Name qg_21_d	Label 21 d	Location Sequence › nshd_71_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 still in the same job, please write "still there".

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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 qi_21_e - 21 e

Name qi_21_e	Label 21 e	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Integer	Low 0	High 168

Condition
If you are working now,

Question

how many hours per week do you usually work excluding overtime and meal breaks? ... hours per week

 qi_21_f - 21 f

Name qi_21_f	Label 21 f	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length

Condition
If you are working now,

Question

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

 s_q22

Name s_q22	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Statement	

Statement Text

For ALL survey members, whether working or not

 qi_22_a - 22 a

Name qi_22_a	Label 22 a	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length 255

Question

What job do you expect to have when you are 35? How will it differ from the job (if any) you are doing now?

 qi_22_b - 22 b

Name qi_22_b	Label 22 b	Location Sequence › nshd_71_pq › EMPLOYMENT
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Type Text	Minimum Length	Maximum Length 255
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Question

What will you have to do to get that job? What sort of changes will you have to make, will you have to go on any special courses and so on?

EARNINGS

Label EARNINGS	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance



s_23

Name s_23	Location Sequence › nshd_71_pq › EARNINGS
Type Statement	

Statement Text

If you are now working it would be most helpful to us to have some details of your earnings. Of course this information will be treated in ABSOLUTE CONFIDENCE.



qi_23_a - 23 a

Name qi_23_a	Label 23 a	Location Sequence › nshd_71_pq › EARNINGS
Type Integer, Integer, Integer	Low 0	High

Question

What is your typical take home pay in your present job? Weekly £ ... OR Monthly £ ... or Yearly £



qi_23_b - 23 b

Name qi_23_b	Label 23 b	Location Sequence › nshd_71_pq › EARNINGS
Type Integer, Integer, Integer	Low 0	High

Question

What are your typical earnings before all deductions in your present job? weekly £ ... OR Monthly £ ... OR Yearly £



qi_23_c - 23 c

Name qi_23_c	Label 23 c	Location Sequence › nshd_71_pq › EARNINGS
Type Text	Minimum Length	Maximum Length

Question

If your earnings vary from one week/month to another please will you give brief details of why they vary, and approximately by how much they vary.

EDUCATION	
Label EDUCATION	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

qi_24 - 24		
Name qi_24	Label 24	Location Sequence › nshd_71_pq › EDUCATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you taken any examinations, diplomas, certificates or other qualifications since leaving school?

Choices

1	Yes
0	No

l_q24i		
Name l_q24i	Member Label	Location Sequence › n EDUCATION
Type Roster	Iteration Source (max)	Display Style

Condition
If 'Yes' please give details.

qi_24_i - 24 i		
Name qi_24_i	Label 24 i	Location Sequence › nshd_71_pq › EDUCATION › l_q24i
Type Date		

Condition
If 'Yes' please give details.

Question

Date

qi_24_ii - 24 ii		
Name qi_24_ii	Label 24 ii	Location Sequence › nshd_71_pq › EDUCATION › l_q24i

Type	Minimum Length	Maximum Length
Text		255
Condition		
If 'Yes' please give details.		

Question

Subject (i.e. name of course)

qi_24_iii - 24 iii		
Name	Label	Location
qi_24_iii	24 iii	Sequence › nshd_71_pq › EDUCATION › I_q24i
Type	Minimum Length	Maximum Length
Text		255
Condition		
If 'Yes' please give details.		

Question

Title of exam (exam no. if known)

qi_24_iv - 24 iv		
Name	Label	Location
qi_24_iv	24 iv	Sequence › nshd_71_pq › EDUCATION › I_q24i
Type	Minimum Length	Maximum Length
Text		255
Condition		
If 'Yes' please give details.		

Question

Stage if applicable

qi_24_v - 24 v		
Name	Label	Location
qi_24_v	24 v	Sequence › nshd_71_pq › EDUCATION › I_q24i
Type	Minimum Length	Maximum Length
Text		255
Condition		
If 'Yes' please give details.		

Question

Examining body

qi_24_vi - 24 vi		
Name	Label	Location
qi_24_vi	24 vi	Sequence › nshd_71_pq › EDUCATION › I_q24i
Type	Minimum Length	Maximum Length
Text		255
Condition		
If 'Yes' please give details.		

Question

If passed give marks or grade

qi_24_vii - 24 vii		
Name qi_24_vii	Label 24 vii	Location Sequence › nshd_71_pq › EDUCATION › l_q24i
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes' please give details.		

Question

Name of college

qi_25 - 25		
Name qi_25	Label 25	Location Sequence › nshd_71_pq › EDUCATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since October 1969 have you taken any of the following - Part-time day classes Evening classes Correspondence Courses Home Study A full-time course

Choices

1	Yes
0	No

qg_25_i - 25 i		
Name qg_25_i	Label 25 i	Location Sequence › nshd_71_pq › EDUCATION
Type Question Grid		
Condition If 'Yes'		

Question

please fill in details of what you did and what you are registered for or intend to register for this year.

Rows

1	Oct. 1969 to Sept. 1979
2	Oct. 1970 to Sept. 1971

Columns

Generic text	Text
--------------	------

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

qi_26 - 26		
Name	Label	Location
qi_26	26	Sequence › nshd_71_pq
Type	Minimum Length	Maximum Length
Text		

Question

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

qi_outro_i - outro i		
Name	Label	Location
qi_outro_i	outro i	Sequence › nshd_71_pq
Type		
Date		

Question

Today's date

s_outro_i	
Name	Location
s_outro_i	Sequence › nshd_71_pq
Type	
Statement	


Statement Text

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS

s_outro_ii	
Name	Location
s_outro_ii	Sequence › nshd_71_pq
Type	
Statement	

Statement Text

Please post the form directly to us in the special envelope

 s_outro_iii

Name s_outro_iii	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

THANK YOU VERY MUCH FOR ALL YOUR HELP

Data

Analysis Unit

Individual

Kind of Data

Survey Data

Kind of Data

Demographic Data

 1971 Postal Questionnaire Dataset

Title	1971 Postal Questionnaire Dataset
Alternate title	nshd_71_pq
File Name	doku.php
Case Quantity	5362
Variable Count	42

closer:sourceFileName


nshd_71_pq

 BEDH71 - In the winter, is your bedroom heated at night?

Type	Code
qi_17_b	In the winter, is your bedroom heated at night?

			Frequency
Valid	-9999	No H5 (form)	2,055
	0	No	2,395
	1	Yes	862
	2	Sometimes	
	9	Unknown or not answered	50


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3831.9

 BEDW71 - In the winter do you usually sleep with your bedroom windows open?

Type	Code
qi_17_a	In the winter do you usually sleep with you bedroom windows open?

			Frequency
Valid	-9999	No H5 (form)	2,055
	0	No	1,791
	1	Yes	1,468
	2	Sometimes	
	9	Unknown or not answered	48


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3831.79

 BLOM71 - 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?

Type	Code
qi_15_i	Do you usually have a stuffy nose or catarrh at the back of your nose? ... in the winter?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,485
	1	Yes	462
	2	Sometimes	
	9	Unknown or not answered	359

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.32


 BLOS71 - Do you usually have a stuffy nose or catarrh at the back of your nose in the summer?

Type	Code
qi_15_ii	Do you usually have a stuffy nose or catarrh at the back of your nose? ... in the summer?

			Frequency
--	--	--	-----------

Valid	-9999	No H5 (form)	2,056
	0	No	2,393
	1	Yes	546
	2	Sometimes	
	9	Unknown or not answered	367


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.29

 BLOW71 - Do you usually have a stuffy nose or catarrh at the back of your nose in the winter?

Type	Code
qi_15_iii	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?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,081
	1	Yes	1,013
	3	Sometimes	
	9	Unknown or not answered	212

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.46

 BRONC71 - During the past 3 yrs have you had any chest illness e.g. bronchitis, pneumonia, which has kept you off work or indoors for a week or more?

Type	Code
qi_16_a	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?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,984
	1	Yes	247
	2	Sometimes	
	9	Unknown or not answered	75

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.84

 CHEST71 - Does the weather affect your chest?

Type	Code
qi_13_a	Does the weather affect your chest?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	3,019
	1	Yes	224
	2	Sometimes	2
	9	Unknown or not answered	61

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.86

COLD71 - Do colds usually go to your chest

Type	Code
qi_14	Do colds usually go to your chest?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,485
	1	Yes	756
	2	Sometimes	14
	9	Unknown or not answered	51


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.78

COMP71 - Who completed H5 form?

Type	Code
qi_intro_iii	Name

			Frequency
Valid	0	Not completed (reason given in col 12)	2,055
	1	Survey member - postal	2,292
	2	Survey member - via Health Visitor	656
	3	Survey Member working or living abroad now or in past year	100
	4	Parent(s) or spouse of Survey Member	17
	5	Others	11
	6	Others	11
	7	Survey Member contacted via Executive Council	220

Valid	Invalid	Minimum	Maximum	Mean
5362	0	0	7	1.05

 COPH71 - In the past three years have you had a period of cough and phlegm (spit from the chest) lasting for three weeks or more?

Type	Code
qi_10	In the past three years have you had a period of cough and phlegm (spit from the chest) lasting for three weeks or more?

			Frequency
Valid	-9999	No H5 (form)	2,057
	0	No	2,806
	1	Yes	382
	2	Sometimes	
	9	Unknown or not answered	117

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3835.6

 DATE71 - Date of completion of H5 (in 1971)

Type	Code
qi_outro_i	Today's date

			Frequency
Valid	-9999	No H5 (form)	2,057
	0	October 71	130
	1	November 71	48
	2	December 71	13
	3	Later	239
	5	May 71? (was coded as 5)	9
	6	June 71	1,939
	7	July 71	515
	8	August 71	245
	9	September 71	167

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3832.23

 EARBD71 - Earnings (typical) before all deductions in present job

Type	Code
qi_23_b	What are your typical earnings before all deductions in your present job? weekly £ ... OR Monthly £ ... OR Yearly £

			Frequency
--	--	--	-----------

Valid	-9999	Unknown (blank on rubric card)	2,074
	700000	£7000 and over	
	888888	Not working or adult training centre	935
	999999	Unknown or not stated	279

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	999999	220641.07

EARVAR71 - Variation in earnings

Type	Code
qi_23_c	If your earnings vary from one week/month to another please will you give brief details of why they vary, and approximately by how much they vary.

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	350
	1	Yes	416
	2	[1 case - no label]	1
	7	[4 cases - no label]	4
	8	Not working or adult training centre	951
	9	Unknown or not stated	1,584

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3829.85

EMP71 - Employment i.e. full-time work; part-time; housewife; student etc.

Type	Code
qi_21_a	Are you now:-

			Frequency
Valid	-9999	No H5 (form)	2,055
	0	[1 case - no label]	1
	1	Working full time	2,186
	2	Working part time	154
	3	A full-time housewife	782
	4	A full-time student	62
	5	Not working from choice	18
	6	Unemployed	51
	7	Other e.g. adult training centre etc	33
	8	[9 cases - no label]	9
9	Unknown or not stated	11	

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3831.04

EMPT71 - Employment - type

Type	Code
qg_21_d	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 still in the same job, please write "still there".

			Frequency
Valid	-9999	No H5 (form)	2,056
	1	Employed	2,179
	2	Self employed	137
	3	Seems self employed	4
	7	Adult training centre etc	13
	8	Not working	940
	9	Unknown or not stated	33


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3832.07

HRVAR71 - Hours worked per week excluding overtime and meal breaks

Type	Code
qi_21_e	how many hours per week do you usually work excluding overtime and meal breaks? ... hours per week

			Frequency
Valid	-9999	No H5 (form)	2,073
	1	Exact hours stated	2,162
	2	Approx hours stated	85
	3	[1 case - no label]	1
	4	[4 cases - no label]	4
	7	Variable hours given	22
	8	Not working and at an adult training centre	934
	9	Unknown or not stated	81


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3863.71

 IH52 - Number of times off work for illness in last 12 mths (or since starting work if that is shorter). Count only 5 days or more in a stretch

Type	Code
qi_7_a	Have you been off work for a week or more through accident or illness since this time last year?

			Frequency
Valid	-9999	No form H5	2,061
	0	Never	2,723
	7	7 or more times	
	9	Form H5 received but no information	53


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3843.13

 IH54 - Total time (wks) off work for illness in last 12 mths (or since starting work if that is shorter). Count only 5 days or more in a stretch.

Type	Code
qi_7_b_i	Approximate date

			Frequency
Valid	-9999	No form H5	4,785
	1	5-9 days or 1 week	190
	2	10-14 days or 2 weeks	131
	4	1 month or 4 weeks	41
	13	3 months or 13 weeks	6
	21	5 months or 21 weeks	2
	26	6 months or 26 weeks	1
	54	Prolonged but episodic illness (usually psychiatric) time off work. If still off work at time of interview & > 5 days already, code to time of interview from start of episode in this 12 mths. If started longer ago code 52 wks, unless should be 54	
	99	Form H5 received but no information	53


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-8921.69

 IH55 - Longest single spell (wks) off work for illness in last 12 mths or since starting work if that is shorter. Count only 5 days or more in a stretch

Type	Code
qi_7_b_iii	Time off work

			Frequency
Valid	-9999	No form H5	4,785
	1	5-9 days or 1 week	211
	2	10-14 days or 2 weeks	137
	4	1 month or 4 weeks	33
	8	2 months or 8 weeks	12
	13	3 months or 13 weeks	6
	21	5 months or 21 weeks	2
	54	Prolonged episodic (usually psychiatric) whenever started & whether or not continuing at time of interview	
	55	>1 yr off work in single spell part of which was in this 12 mths but stopped before interview	1
	66	Time off continuous with episode on previous form, or over 1 year, & still going on at interview.	1
	77	Still off work at time of interview & >5 days already having started in this 12 mths.	10
99	Form H5 received but no information	53	

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-8921.59

 IH56 - Out-patient or clinic attendance since this time last year include whether absent or not, ill or not, at any date.

Type	Code
qi_7_b_ii	Nature of accident, illness

		Frequency
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Valid	0	No attendances	2,311
	1	1 or more attendances	955
	8	No H5 form received	2,056
	9	H5 form received but no information	40

Valid	Invalid	Minimum	Maximum	Mean
5362	0	0	9	3.31

INH71 - Do you inhale the smoke (if 'yes' to Q 18a)

Type	Code
qi_18_b	Do you inhale the smoke?

			Frequency
Valid	-9999	No H5 (form)	2,055
	0	No	76
	1	Yes, slightly	258
	2	Yes, moderately	819
	3	Yes, deeply	312
	8	Non-smoker or ex-smoker? (was coded as 8)	1,830
	9	Unknown or no answer	12

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3828.86

NUM71 - How many illnesses like this have you had in the last three years?

Type	Code
qi_16_b	How many illnesses like this have you had in the last three years?

			Frequency
Valid	-9999	No H5 (form)	2,055
	0	Two illnesses or more	92
	1	One illness	156
	8	Not applicable – no persistent chest illnesses	2,972
	9	Unknown or not answered	87


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3827.53

PAYTH71 - Take-home pay in pounds and new pence e.g. £4000.50 = 400050

Type	Code
qi_23_a	What is your typical take home pay in your present job? Weekly £ ... OR Monthly £ ... or Yearly £

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,073
	888888	Not working or adult training centre	935
	999999	Unknown or not stated	220


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	999999	199835.16

 PHL71 - Do you usually bring up any phlegm (spit from the chest) first thing in the morning in the winter?

Type	Code
qi_9_a	Do you usually bring up any phlegm (spit from the chest) first thing in the morning in the winter?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,707
	1	Yes	342
	2	Sometimes	
	9	Unknown or not answered	257


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.51

 PHLD71 - Do you usually bring up any phlegm (spit from the chest) during the day or at night in winter?

Type	Code
qi_9_b	Do you usually bring up any phlegm (spit from the chest) during the day or at night in the winter?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,717
	1	Yes	301
	9	Unknown or not answered	288


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.47

 PHLM71 - Do you bring up phlegm (spit from the chest) on most days for as much as three months each winter?

Type	Code
qi_9_c	Do you bring up phlegm (spit from the chest) on most days for as much as three months each winter?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	308
	1	Yes	151
	8	Not applicable, no phlegm brought up in the winter	2,565
	9	Unknown or not answered	282


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3829.68

 PUFOG71 - Does foggy weather make you (more) breathless?

Type	Code
qi_13_b	Does foggy weather make you (more) breathless?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	107
	1	Yes	126
	8	Not applicable, weather does not affect chest	3,011
	9	Unknown or not answered	62

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3829.39

 PUFT71 - Do you get short of breath walking with other people of your own age at an ordinary pace on the level?

Type	Code
qi_11	Do you get short of breath walking with other people of your own age at an ordinary pace on the level?

			Frequency
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Valid			
	-9999	No H5 (form)	2,057
	0	No	3,087
	1	Yes	137
	2	Sometimes	1
	9	Unknown or not answered	80

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3835.71

SMAG71 - How old were you when you started smoking regularly?

Type	Code
qi_18_c	How old were you when you started smoking regularly? ... years old

Valid			Frequency
	-9999	Unknown (blank on rubric card)	2,070
	82	[1 case - no label]	1
	88	Not applicable? (coded 88)	1,418
	99	Missing?	30


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3830.43

SMO71 - Are you a regular smoker ie during the last month have you smoked as much as one cigarette a day (or 1oz of tobacco)(q.18a)

Type	Code
qi_18_a	Are you a regular smoker, i.e. during the last month have you smoked as much as one cigarette a day (or 1 oz of tobacco)?

Valid			Frequency
	-9999	No H5 (form)	2,055
	0	No (Are you a regular smoker or, if no, have you ever smoked as much as 1 cigarette a day or 1 oz tobacco a month) for as long as a year?	1,434
	1	Yes (Are you a regular smoker (ie 1 cigarette a day/1 oz tobacco a month during last month?)	1,462
	2	Yes (Have you ever smoked as much as 1 cigarette a day or 1 oz tobacco a month) for as long as a year?	401
	9	Unknown or not answered	10


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3831.7

 SMOCL71 - How many large cigars do you usually smoke per week? Or how many large cigars per week were you smoking before you gave up?

Type	Code
qi_18_g_i	How many cigars do you usually smoke per week? ... large

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,085
	60	60 or more	8
	66	[1 case - no label]	1
	70	[2 cases - no label]	2
	82	[1 case - no label]	1
	88	Does or did smoke but not large cigars	3,183
	99	Unknown	23


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3835.19

 SMOCS71 - How many small cigars do you usually smoke per week? Or how many small cigars per week were you smoking before you gave up?

Type	Code
qi_18_g_ii	How many cigars do you usually smoke per week? ... small

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,055
	60	60 or more	41
	66	[1 case - no label]	1
	70	[2 cases - no label]	2
	88	Does or did smoke but not small cigars	3,096
	99	Unknown	18


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3780.18

 SMOD71 - How many manufactured cigarettes do you usually smoke a day? (q18d(i)) or how many manufactured cigarettes per day were you smoking before you gave up? (19d(i))

Type	Code
qi_18_d_i	How many manufactured cigarettes do you usually smoke a day? ... per working day

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,070
	60	60 or more	3
	81	[1 case - no label]	1
	82	[1 case - no label]	1
	88	Smokes now but not manufactured cigarettes on working days or did smoke but not manufactured cigarettes on working days	1,595
	99	Unknown	23


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3829.24

 SMOP71 - How much pipe tobacco (ozs) do you usually smoke per week? Or how much pipe tobacco (ozs) per week were you smoking before you gave it up? Coded in half ozs.

Type	Code
qi_18_f	How much pipe tobacco (ozs) do you usually smoke per week? ... ozs

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,085
	0	Less than half an ounce	1
	1	1/2 oz but less than 1 oz	22
	8	4 oz and more	2
	10	[1 case - no label]	3
	14	[1 case - no label]	1
	15	[1 case - no label]	1
	82	[1 case - no label]	1
	87	[1 case - no label]	1
	88	Does or did smoke but not hand rolled cigarettes	3,131
	99	Unknown	23


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3836.16

 SMOR71 - How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes (q18e) or how much tobacco (ozs) per week were you smoking in hand rolled cigarettes before you gave it up? Coded in half OZS

Type	Code
qi_18_e	How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes? ... ozs

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,070
	0	Less than 1/2 oz	1
	8	4 oz or more	21
	9	[1 case - no label]	1
	10	[1 case - no label]	1
	30	[1 case - no label]	1
	40	[1 case - no label]	1
	58	[1 case - no label]	1
	88	Does or did smoke but not hand rolled	3,150
	99	Unknown	26


Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3807.82

 SMOW71 - How many manufactured cigarettes do you usually smoke at week-ends? (q18d(ii)) or How many manufactured cigarettes at week-ends were you smoking before you gave up? (19dii) Actual no. coded

Type	Code
qi_18_d_ii	How many manufactured cigarettes do you usually smoke a day? ... at weekends

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,070
	0	[5 cases - no label]	5
	60	60 or more	16
	80	[1 case - no label]	1
	88	Smokes now but not manufactured cigarettes at weekends or did smoke but not manufactured cigarettes at weekends	1,599
	99	Unknown	36

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3827.85

 STOP71 - How old were you when you last gave up smoking. Actual age coded not to nearest year i.e. 21 3/4 =21

Type	Code
qi_19_c	How old were you when you last gave up smoking? ... years old

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,070
	88	Never smoked	2,865
	99	Unknown	18

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	99	-3811.02

WIC71 - Do you usually cough first thing in the morning in winter?

Type	Code
qi_8_a	Do you usually cough first thing in the morning in the winter?

			Frequency
Valid	-9999	Did not complete (form)	2,055
	0	No (Cough morning in winter)	2,961
	1	Yes	328
	2	Sometimes	
	9	Unknown or not answered	18

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3832.05

WID71 - Do you usually cough during the day or at night in the winter?

Type	Code
qi_8_b	Do you usually cough during the day or at night in the winter?

			Frequency
Valid	-9999	Unknown (blank on rubric card)	2,055
	0	No (Cough day/night in winter)	2,905
	1	Yes	349
	2	Sometimes	
	9	Unknown or not answered	53

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3831.99

WIM71 - Do you cough like this on most days for as much as three months each winter?

Type	Code
qi_8_c	Do you cough like this on most days for as much as three months each winter?

			Frequency
Valid	-9999	No H5 (form)	2,055
	0	No (Cough - 3 months winter)	257
	1	Yes	212
	8	Not applicable, no usual winter cough	2,788
	9	Unknown or not answered	50

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3827.86

WZY71 - Does your chest ever sound wheezy or whistling?

Type	Code
qi_12_a	Does your chest ever sound wheezy or whistling?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No	2,754
	1	Yes	484
	2	Sometimes	4
	9	Unknown or not answered	64

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3833.81

WZYD71 - Do you get this most days (or nights)? [Chest wheezy or whistling]


Type	Code
qi_12_b	Do you get this most days (or nights)?

			Frequency
Valid	-9999	No H5 (form)	2,056
	0	No (Do you get this most days or nights?)	353
	1	Yes	128
	2	Sometimes	2
	8	Not applicable, chest not wheezy	2,748
	9	Unknown or not answered	75

Valid	Invalid	Minimum	Maximum	Mean
5362	0	-9999	9	-3829.76

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Questions

 nshd_71_pq_qs01

- [qi_intro_i - intro i](#)
- [qi_intro_ii - intro ii](#)
- [qi_intro_iii - intro iii](#)
- [qi_intro_iv - intro iv](#)
- [qi_1 - 1](#)
- [qi_1_i - 1 i](#)
- [qi_2_i - 2 i](#)
- [qi_3_a - 3 a](#)
- [qi_4_a - 4 a](#)
- [qi_5_a - 5 a](#)
- [qi_5_b_i - 5 b\(i\)](#)
- [qi_5_b_ii - 5 b\(ii\)](#)
- [qi_5_b_iii - 5 b\(iii\)](#)
- [qi_6_a - 6 a](#)
- [qi_6_b_i - 6 b\(i\)](#)
- [qi_6_b_ii - 6 b\(ii\)](#)
- [qi_6_b_iii - 6 b\(iii\)](#)
- [qi_7_a - 7 a](#)
- [qi_7_b_i - 7 b\(i\)](#)
- [qi_7_b_ii - 7 b\(ii\)](#)
- [qi_7_b_iii - 7 b\(iii\)](#)
- [qi_8_a - 8 a](#)
- [qi_8_b - 8 b](#)
- [qi_8_c - 8 c](#)
- [qi_9_a - 9 a](#)
- [qi_9_b - 9 b](#)
- [qi_9_c - 9 c](#)
- [qi_10 - 10](#)
- [qi_11 - 11](#)
- [qi_12_a - 12 a](#)
- [qi_12_b - 12 b](#)

-
- qi_13_a - 13 a
 - qi_13_b - 13 b
 - qi_14 - 14
 - qi_15_i - 15 i
 - qi_15_ii - 15 ii
 - qi_15_iii - 15 iii
 - qi_16_a - 16 a
 - qi_16_b - 16 b
 - qi_17_a - 17 a
 - qi_17_b - 17 b
 - qi_18_a - 18 a
 - qi_18_b - 18 b
 - qi_18_c - 18 c
 - qi_18_d_i - 18 d(i)
 - qi_18_d_ii - 18 d(ii)
 - qi_18_e - 18 e
 - qi_18_f - 18 f
 - qi_18_g_i - 18 g(i)
 - qi_18_g_ii - 18 g(ii)
 - qi_19_a - 19 a
 - qi_19_b - 19 b
 - qi_19_c - 19 c
 - qi_19_d_i - 19 d(i)
 - qi_19_d_ii - 19 d(ii)
 - qi_19_e - 19 e
 - qi_19_f - 19 f
 - qi_19_g_i - 19 g(i)
 - qi_19_g_ii - 19 g(ii)
 - qi_20 - 20
 - qi_20_b - 20 b
 - qi_20_c - 20 c
 - qi_21_a - 21 a
 - qi_21_b - 21 b
 - qi_21_c_i - 21 c(i)
 - qi_21_c_ii - 21 c(ii)
 - qi_21_c_iii - 21 c(iii)
 - qi_21_c_iv - 21 c(iv)
 - qi_21_e - 21 e
 - qi_21_f - 21 f
 - qi_22_a - 22 a
 - qi_22_b - 22 b
 - qi_23_a - 23 a
 - qi_23_b - 23 b
 - qi_23_c - 23 c
 - qi_24 - 24
 - qi_25 - 25
 - qi_26 - 26
 - qi_outro_i - outro i

- qi_3_b_i - 3 b(i)
- qi_3_b_ii - 3 b(ii)
- qi_3_b_iii - 3 b(iii)
- qi_3_b_iv - 3 b(iv)
- qi_3_b_v - 3 b(v)
- qi_3_b_vi - 3 b(vi)
- qi_4_b_i - 4 b(i)
- qi_4_b_ii - 4 b(ii)
- qi_4_b_iii - 4 b(iii)
- qi_4_b_iv - 4 b(iv)
- qi_4_b_v - 4 b(v)
- qi_24_i - 24 i
- qi_24_ii - 24 ii
- qi_24_iii - 24 iii
- qi_24_iv - 24 iv
- qi_24_v - 24 v
- qi_24_vi - 24 vi
- qi_24_vii - 24 vii

 qi_intro_i - intro i

intro i

Question

Ref. No.

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_ii - intro ii

intro ii

Question

Name and Address

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_iii - intro iii

intro iii

Question

Name

Type

Text

Label

Generic text

Maximum Length

255

 qi_intro_iv - intro iv

intro iv

Question

Address

Type

Text

Label

Generic text

Maximum Length

255

 qi_1 - 1

1

Question

Are you now married?

1	Yes
0	No

 qi_1_i - 1 i

1 i

Question

date of marriage

Type

Date/Time (Date)

Label

Generic date

 qi_2_i - 2 i

2 i

Question

CHILDREN


Selection Type

SelectUpToN

Select up to

1

0	No children
---	-------------


 qi_3_a - 3 a

3 a

Question

The last accident we have recorded for you was ... Have you had any accidents since then, or since we last heard from you, in which you were burnt or scalded, broke a bone, were badly cut or bruised, or injured by a chemical or foreign body?

1	Yes
0	No

 qi_4_a - 4 a

4 a

Question

The last hospital admission we have recorded for you was ... Have you been in hospital as an in-patient since then, or since we last heard from you?

1	Yes
0	No

qi_5_a - 5 a

5 a

Question

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

1	Yes
0	No

qi_5_b_i - 5 b(i)

5 b(i)

Question

Name of Clinic or Out-patient department

Type

Text

Label

Generic text

Maximum Length

255

qi_5_b_ii - 5 b(ii)

5 b(ii)

Question

Reason for attending

Type

Text

Label

Generic text

Maximum Length

255

qi_5_b_iii - 5 b(iii)

5 b(iii)

Question


Number of visits

Label

How many

Low

0 (inclusive)

 qi_6_a - 6 a

6 a

Question

Apart from visits to a hospital or clinic have you seen a doctor since this time last year?

1	Yes
0	No

 qi_6_b_i - 6 b(i)

6 b(i)

Question

REASON FOR VISITS Use one line for a series of visits in connection with the same complaint

Type

Text

Label

Generic text

Maximum Length

255

 qi_6_b_ii - 6 b(ii)

6 b(ii)

Question

NUMBER OF VISITS At doctor's surgery

Label

How many

Low

0 (inclusive)

qi_6_b_iii - 6 b(iii)

6 b(iii)

Question

NUMBER OF VISITS At your home

Label

How many

Low

0 (inclusive)

qi_7_a - 7 a

7 a

Question

Have you been off work for a week or more through accident or illness since this time last year?

1	Yes
0	No
8	Not working

qi_7_b_i - 7 b(i)

7 b(i)

Question

Approximate date

Type

Date/Time (Date)

Label

Generic date

qi_7_b_ii - 7 b(ii)

7 b(ii)

Question

Nature of accident, illness

Type


Text

Label

Generic text

Maximum Length

255

 qi_7_b_iii - 7 b(iii)

7 b(iii)

Question

Time off work

Type


Text

Label

Generic text

Maximum Length

255

 qi_8_a - 8 a

8 a

Question

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

1	Yes
0	No

 qi_8_b - 8 b

8 b

Question

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

1	Yes
0	No


 qi_8_c - 8 c

8 c

Question

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

1	Yes
0	No

 qi_9_a - 9 a

9 a

Question

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

1	Yes
0	No

 qi_9_b - 9 b

9 b

Question

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

1	Yes
0	No


 qi_9_c - 9 c

9 c

Question

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

1	Yes
0	No

 qi_10 - 10


10

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?

1	Yes
---	-----

0	No
---	----

 qi_11 - 11


11

Question

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

1	Yes
---	-----

0	No
---	----

 qi_12_a - 12 a


12 a

Question

Does your chest ever sound wheezy or whistling?

1	Yes
---	-----

0	No
---	----

 qi_12_b - 12 b


12 b

Question

Do you get this most days (or nights)?

1	Yes
---	-----

0	No
---	----

 qi_13_a - 13 a

13 a

Question

Does the weather affect your chest?

1	Yes
---	-----

0	No
---	----

 qi_13_b - 13 b

13 b

Question

Does foggy weather make you (more) breathless?

1	Yes
0	No


 qi_14 - 14

14

Question

Do colds usually go to your chest?

1	Yes
0	No


 qi_15_i - 15 i

15 i

Question

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

1	Yes
0	No

 qi_15_ii - 15 ii

15 ii

Question

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

1	Yes
0	No

 qi_15_iii - 15 iii


15 iii

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?

1	Yes
---	-----

0	No
---	----


 qi_16_a - 16 a

16 a

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?

1	Yes
0	No


 qi_16_b - 16 b

16 b

Question

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

1	One illness
0	Two illnesses or more

 qi_17_a - 17 a

17 a

Question

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

1	Yes
0	No

 qi_17_b - 17 b

17 b

Question

In the winter, is your bedroom heated at night?

1	Yes
0	No


 qi_18_a - 18 a

18 a

Question

Are you a regular smoker, i.e. during the last month have you smoked as much as one cigarette a day (or 1 oz of tobacco)?

1	Yes
0	No

 qi_18_b - 18 b

18 b

Question

Do you inhale the smoke?

0	No
1	Yes, slightly
2	Yes, moderately
3	Yes, deeply

 qi_18_c - 18 c

18 c

Question

How old were you when you started smoking regularly? ... years old

Label

Age

Low

0 (inclusive)

 qi_18_d_i - 18 d(i)

18 d(i)

Question

How many manufactured cigarettes do you usually smoke a day? ... per working day

Label

How many

Low

0 (inclusive)

 qi_18_d_ii - 18 d(ii)

18 d(ii)

Question


How many manufactured cigarettes do you usually smoke a day? ... at weekends

Label

How many

Low

0 (inclusive)

 qi_18_e - 18 e

18 e

Question

How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes? ... ozs

Label

Ounces

Low

0 (inclusive)

 qi_18_f - 18 f

18 f

Question

How much pipe tobacco (ozs) do you usually smoke per week? ... ozs

Label

Ounces

Low

0 (inclusive)

 qi_18_g_i - 18 g(i)

18 g(i)

Question

How many cigars do you usually smoke per week? ... large

Label

How many

Low

0 (inclusive)

 qi_18_g_ii - 18 g(ii)

18 g(ii)

Question

How many cigars do you usually smoke per week? ... small

Label

How many

Low

0 (inclusive)

 qi_19_a - 19 a

19 a

Question

Have you ever smoked as much as one cigarette a day (or 1 oz of tobacco a month) for as long as a year?

1	Yes
0	No

 qi_19_b - 19 b

19 b

Question


How old were you when you started smoking regularly? ... years old

Label

Age

Low

0 (inclusive)

 qi_19_c - 19 c

19 c

Question

How old were you when you last gave up smoking? ... years old

Label

Age

Low

0 (inclusive)

 qi_19_d_i - 19 d(i)

19 d(i)

Question

How many manufactured cigarettes per day were you smoking before you gave up? ... per working day

Label

How many

Low

0 (inclusive)

 qi_19_d_ii - 19 d(ii)

19 d(ii)

Question

How many manufactured cigarettes per day were you smoking before you gave up? ... at weekends

Label

How many

Low

0 (inclusive)

 qi_19_e - 19 e

19 e

Question

How much tobacco (ozs) per week were you smoking in hand rolled cigarettes before you gave it up? ... ozs

Label

Ounces

Low

0 (inclusive)

qi_19_f - 19 f

19 f

Question

How much pipe tobacco (ozs) per week were you smoking before you gave it up? ... ozs

Label

Ounces

Low

0 (inclusive)

qi_19_g_i - 19 g(i)

19 g(i)

Question

How many cigars per week were you smoking before you gave up? ... large

Label

How many

Low

0 (inclusive)

qi_19_g_ii - 19 g(ii)

19 g(ii)

Question

How many cigars per week were you smoking before you gave up? ... small

Label

How many

Low

0 (inclusive)

qi_20 - 20

20

Question

The Government runs a number of different schemes for helping people who want to change their work or who find difficulty in getting jobs because of illness or long unemployment. Have you had contact with any of the following schemes?

1	Yes
0	No

 qi_20_b - 20 b

20 b

Question

How did you first hear of these schemes?

Type


Text

Label

Generic text

Maximum Length

255

 qi_20_c - 20 c

20 c

Question


What difference has going to the centre made to the sort of work you are doing?

Type

Text

Label

Long text

 qi_21_a - 21 a

21 a

Question

Are you now:-

1	working full time
2	working part time
3	a full-time housewife
4	a full-time student
5	Not working from choice
6	Unemployed

	* None of these, but ...
--	--------------------------

Type


Text

Label

Other

Maximum Length

255

 qi_21_b - 21 b

21 b

Question

Have you been out of work for a week or more since ... (That is, actually looking for work; do not include holidays or time off due to illness)

1	Yes
0	No

 qi_21_c_i - 21 c(i)

21 c(i)

Question

Approximate dates

Type

Text

Label

Generic text

Maximum Length

255

 qi_21_c_ii - 21 c(ii)

21 c(ii)

Question

Length of time unemployed

Type

Text

Label

Generic text

Maximum Length

255

 qi_21_c_iii - 21 c(iii)

21 c(iii)

Question

Why was this?

Type

Text

Label

Generic text

Maximum Length

255

 qi_21_c_iv - 21 c(iv)

21 c(iv)

Question

Did you register as unemployed?

Type


Text

Label

Generic text

Maximum Length

255

 qi_21_e - 21 e

21 e

Question

how many hours per week do you usually work excluding overtime and meal breaks? ... hours per week

Label

Hours in week

Low

0 (inclusive)

High

168 (inclusive)

 qi_21_f - 21 f

21 f

Question


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

Type

Text

Label

Long text

 qi_22_a - 22 a

22 a

Question

What job do you expect to have when you are 35? How will it differ from the job (if any) you are doing now?

Type

Text

Label

Generic text

Maximum Length

255

 qi_22_b - 22 b

22 b

Question

What will you have to do to get that job? What sort of changes will you have to make, will you have to go on any special courses and so on?

Type


Text

Label

Generic text

Maximum Length

255

 qi_23_a - 23 a

23 a

Question

What is your typical take home pay in your present job? Weekly £ ... OR Monthly £ ... or Yearly £

Label

How many

Low

0 (inclusive)

Label

How many 2

Low

0 (inclusive)

Label

How many 3

Low

0 (inclusive)

 qi_23_b - 23 b

23 b

Question

What are your typical earnings before all deductions in your present job? weekly £ ... OR Monthly £ ... OR Yearly £

Label

How many

Low

0 (inclusive)

Label

How many 2

Low


0 (inclusive)

Label

How many 3

Low

0 (inclusive)

 qi_23_c - 23 c

23 c

Question


If your earnings vary from one week/month to another please will you give brief details of why they vary, and approximately by how much they vary.

Type

Text

Label

Long text


 qi_24 - 24

24

Question

Have you taken any examinations, diplomas, certificates or other qualifications since leaving school?

1	Yes
0	No


 qi_25 - 25

25

Question

Since October 1969 have you taken any of the following - Part-time day classes Evening classes
Correspondence Courses Home Study A full-time course

1	Yes
0	No

 qi_26 - 26

26

Question


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

Type

Text

Label

Long text

 qi_outro_i - outro i

outro i

Question

Today's date

Type

Date/Time (Date)

Label

Generic date

 qi_3_b_i - 3 b(i)

3 b(i)

Question

Type of injury (e.g. burn, cut, broken bone etc.)

Type

Text

Label

Generic text

Maximum Length

255

 qi_3_b_ii - 3 b(ii)

3 b(ii)

Question

Part injured

Type

Text

Label

Generic text

Maximum Length

255

 qi_3_b_iii - 3 b(iii)

3 b(iii)

Question

Date when it happened

Type

Date/Time (Date)

Label

Generic date

 qi_3_b_iv - 3 b(iv)

3 b(iv)

Question

Treatment Hosp. In-patient Hosp. Out-patient Nursing home Doctor, etc.

Type

Text

Label

Generic text

Maximum Length

255

 qi_3_b_v - 3 b(v)

3 b(v)

Question

Details of how each accident occurred

Type

Text

Label

Generic text

Maximum Length

255

 qi_3_b_vi - 3 b(vi)

3 b(vi)

Question

Where it happened (e.g. work, street, home, etc.)

Type

Text

Label

Generic text

Maximum Length

255

 qi_4_b_i - 4 b(i)

4 b(i)

Question

Name of hospital

Type

Text

Label

Generic text

Maximum Length

255

 qi_4_b_ii - 4 b(ii)

4 b(ii)

Question

Date of Admission

Type

Date/Time (Date)

Label

Generic date

 qi_4_b_iii - 4 b(iii)

4 b(iii)

Question

Reason for admission

Type


Text

Label

Generic text

Maximum Length

255

 qi_4_b_iv - 4 b(iv)

4 b(iv)

Question

Length of Stay

Type

Text

Label

Generic text

Maximum Length

255

 qi_4_b_v - 4 b(v)

4 b(v)

Question

Name of doctor in charge

Type


Text

Label

Generic text

Maximum Length

255

 qi_24_i - 24 i

24 i

Question


Date

Type

Date/Time (Date)

Label

Generic date

 qi_24_ii - 24 ii

24 ii

Question

Subject (i.e. name of course)

Type


Text

Label

Generic text

Maximum Length

255

 qi_24_iii - 24 iii

24 iii

Question

Title of exam (exam no. if known)

Type

Text

Label

Generic text

Maximum Length

255

 qi_24_iv - 24 iv

24 iv

Question

Stage if applicable

Type


Text

Label

Generic text

Maximum Length

255

 qi_24_v - 24 v

24 v

Question

Examining body

Type

Text

Label

Generic text

Maximum Length

255

 qi_24_vi - 24 vi

24 vi

Question

If passed give marks or grade

Type


Text

Label

Generic text

Maximum Length

255

 qi_24_vii - 24 vii

24 vii

Question

Name of college

Type


Text

Label


Generic text

Maximum Length

255

 nshd_71_pq_qgs01

- [qg_2_ii - 2 ii](#)
- [qg_20_a - 20 a](#)
- [qg_21_d - 21 d](#)
- [qg_25_i - 25 i](#)

 qg_2_ii - 2 ii

2 ii

Please give details of all children

Code List Dimension

1	1
2	2
3	3
4	4

Code List Dimension

1	Name
2	Sex
3	Date of birth
4	Name of hospital etc. where born

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Date of birth

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Date of birth

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Date of birth

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Date of birth

 qg_20_a - 20 a

20 a

please give details.

Code List Dimension

1	Occupational guidance unit
2	Government Training centre
3	Industrial rehabilitation unit
4	Other

Code List Dimension

1	Month and year of first contact
2	Name and address of the centre or unit

Responses

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type


Text

Label

Generic text

Maximum Length

255

 qg_21_d - 21 d

21 d

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 still in the same job, please write "still there".

Code List Dimension

1	1
2	2
3	3
4	4
5	5

Code List Dimension

1	Type of job (i.e. what do YOU do?)
2	Self-employed?
3	Type of firm (i.e. what do THEY do?)
4	Date started month, year
5	Date left month, year
6	Reason for leaving

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

Label

Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Date/Time (Date)

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Generic date

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Generic text

Maximum Length

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Type

Date/Time (Date)

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Date/Time (Date)

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Generic date

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

 qg_25_i - 25 i

25 i

please fill in details of what you did and what you are registered for or intend to register for this year.

Code List Dimension

1	Oct. 1969 to Sept. 1979
2	Oct. 1970 to Sept. 1971

Code List Dimension

1	Name of college or correspondence course
2	Name of course or subjects studied including title of exams
3	Please say whether day, evening, home correspondence or full-time study

Responses

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text

Label

Generic text

Maximum Length

255

Type

Text


Label

Generic text

Maximum Length

255

Interviewer Instructions


 nshd_71_pq_is01

This set has no items.

Control Constructs

 nshd_71_pq_ccs01

 Sequence

 nshd_71_pq

s_intro_i

STRICTLY CONFIDENTIAL

s_intro_ii

1971

s_intro_iii

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

s_intro_iv

(Medical Research Council)

qi_intro_i

Ref. No.

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_ii

Name and Address

Type

Text

Label


Generic text

Maximum Length

255

Conditional

Branch:

 then_seq_c_qintro_iii

qi_intro_iii

Name

Type

Text

Label

Generic text

Maximum Length

255

qi_intro_iv

Address

Type

Text

Label

Generic text

Maximum Length

255

s_intro_v

INTRODUCTION

s_intro_vi

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_vii

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

s_intro_viii

Please complete the form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

s_intro_ix

When you have answered the questions, post the form to us in the special pre-paid envelope.

 PERSONAL INFORMATION

qi_1

Are you now married?

1	Yes
0	No

qi_1_i

date of marriage

Type

Date/Time (Date)

Label

Generic date

qi_2_i

CHILDREN

Selection Type

SelectUpToN

Select up to

1

0	No children
---	-------------

 GENERAL HEALTH

 ACCIDENTS

qi_3_a

The last accident we have recorded for you was ... Have you had any accidents since then, or since we last heard from you, in which you were burnt or scalded, broke a bone, were badly cut or bruised, or injured by a chemical or foreign body?


1	Yes
0	No

Conditional

Branch: qc_3_a == 1

 then_seq_c_q3a

Loop from _accident = 1 to step

 loop_seq_l_q3bi

qi_3_b_i

Type of injury (e.g. burn, cut, broken bone etc.)

Type

Text

Label

Generic text

Maximum Length

255

qi_3_b_ii

Part injured

Type

Text

Label

Generic text

Maximum Length

255

qi_3_b_iii

Date when it happened

Type

Date/Time (Date)

Label

Generic date

qi_3_b_iv

Treatment Hosp. In-patient Hosp. Out-patient Nursing home Doctor, etc.

Type

Text

Label

Generic text

Maximum Length

255

qi_3_b_v

Details of how each accident occurred

Type

Text

Label

Generic text

Maximum Length

255

qi_3_b_vi

Where it happened (e.g. work, street, home, etc.)

Type

Text

Label

Generic text

Maximum Length

255

 HOSPITAL ADMISSIONS

qi_4_a

The last hospital admission we have recorded for you was ... Have you been in hospital as an in-patient since then, or since we last heard from you?


1	Yes
0	No

Conditional

Branch: qc_4_a == 1

 then_seq_c_q4a

Loop from _hospitaladmission = 1 to step

 loop_seq_l_q4bi

qi_4_b_i

Name of hospital

Type

Text

Label

Generic text

Maximum Length

255

qi_4_b_ii

Date of Admission

Type

Date/Time (Date)

Label

Generic date

qi_4_b_iii

Reason for admission

Type

Text

Label

Generic text

Maximum Length

255

qi_4_b_iv

Length of Stay

Type

Text

Label

Generic text

Maximum Length

255

qi_4_b_v

Name of doctor in charge

Type

Text

Label

Generic text

Maximum Length

255

 HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES

qi_5_a

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

1	Yes
0	No

Conditional

Branch: qc_5_a == 1

 then_seq_c_q5a

Loop from _attendance = 1 to _attendance < 3 step

 loop_seq_l_q5bi

qi_5_b_i

Name of Clinic or Out-patient department

Type

Text

Label

Generic text

Maximum Length

255

qi_5_b_ii

Reason for attending

Type

Text

Label

Generic text

Maximum Length

255

qi_5_b_iii

Number of visits

Label

How many

Low

0 (inclusive)

 OTHER MEDICAL CARE

qi_6_a

Apart from visits to a hospital or clinic have you seen a doctor since this time last year?

1	Yes
0	No

Conditional

Branch: qc_6_a == 1

 then_seq_c_q6a

Loop from _visit = 1 to _visit < 3 step

 loop_seq_l_q6bi

qi_6_b_i

REASON FOR VISITS Use one line for a series of visits in connection with the same complaint

Type

Text

Label

Generic text

Maximum Length

255

qi_6_b_ii

NUMBER OF VISITS At doctor's surgery

Label

How many

Low

0 (inclusive)

qi_6_b_iii

NUMBER OF VISITS At your home

Label

How many

Low

0 (inclusive)

 OFF WORK THROUGH ACCIDENT OR ILLNESS


qi_7_a

Have you been off work for a week or more through accident or illness since this time last year?


1	Yes
0	No
8	Not working

Conditional

Branch: qc_7_a == 1

 then_seq_c_q7a

Loop from _notworkng = 1 to _notworkng < 4 step

 loop_seq_l_q7bi

qi_7_b_i

Approximate date

Type

Date/Time (Date)

Label

Generic date

qi_7_b_ii

Nature of accident, illness

Type

Text

Label

Generic text

Maximum Length

255

qi_7_b_iii

Time off work

Type

Text

Label

Generic text

Maximum Length

255

 COUGHS AND CHEST TROUBLE

qi_8_a

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

1	Yes
0	No

qi_8_b

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

1	Yes
0	No

Conditional

Branch: qc_8_a == 1 || qc_8_b == 1

 then_seq_c_q8a

qi_8_c

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

1	Yes
0	No

qi_9_a

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

1	Yes
0	No


qi_9_b

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

1	Yes
0	No

Conditional

Branch: qc_9_a == 1 || qc_9_b == 1

 then_seq_c_q9a

qi_9_c

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

1	Yes
0	No

qi_10

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

1	Yes
0	No

qi_11

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

1	Yes
0	No


qi_12_a

Does your chest ever sound wheezy or whistling?

1	Yes
0	No

Conditional

Branch: qc_12_a == 1

 then_seq_c_q12a

qi_12_b

Do you get this most days (or nights)?

1	Yes
0	No


qi_13_a

Does the weather affect your chest?

1	Yes
0	No

Conditional

Branch: qc_13_a == 1

 then_seq_c_q13a

qi_13_b

Does foggy weather make you (more) breathless?

1	Yes
0	No

qi_14

Do colds usually go to your chest?

1	Yes
0	No

qi_15_i

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

1	Yes
0	No

qi_15_ii

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

1	Yes
0	No

qi_15_iii

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?

1	Yes
0	No

qi_16_a

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?

1	Yes
0	No

Conditional

Branch: qc_16_a == 1

 then_seq_c_q16a

qi_16_b

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

1	One illness
0	Two illnesses or more

qi_17_a

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

1	Yes
0	No

qi_17_b

In the winter, is your bedroom heated at night?

1	Yes
0	No

TOBACCO SMOKING

qi_18_a

Are you a regular smoker, i.e. during the last month have you smoked as much as one cigarette a day (or 1 oz of tobacco)?

1	Yes
0	No

s_q18a

If 'No' to question 18(a) go on to 19(a)

Conditional

Branch: qc_18_a == 1

then_seq_c_q18a_i

qi_18_b

Do you inhale the smoke?

0	No
1	Yes, slightly
2	Yes, moderately
3	Yes, deeply

qi_18_c

How old were you when you started smoking regularly? ... years old

Label

Age

Low

0 (inclusive)

qi_18_d_i

How many manufactured cigarettes do you usually smoke a day? ... per working day

Label

How many

Low

0 (inclusive)

qi_18_d_ii

How many manufactured cigarettes do you usually smoke a day? ... at weekends

Label

How many

Low

0 (inclusive)

qi_18_e

How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes? ... ozs

Label

Ounces

Low

0 (inclusive)

qi_18_f

How much pipe tobacco (ozs) do you usually smoke per week? ... ozs

Label

Ounces

Low

0 (inclusive)

qi_18_g_i

How many cigars do you usually smoke per week? ... large

Label

How many

Low

0 (inclusive)

qi_18_g_ii

How many cigars do you usually smoke per week? ... small

Label


How many

Low

0 (inclusive)

Conditional

Branch: qc_18_a == 0

 then_seq_c_q18a_ii

qi_19_a

Have you ever smoked as much as one cigarette a day (or 1 oz of tobacco a month) for as long as a year?

1	Yes
0	No

s_q19a

If 'No' to Question 19(a) go on to 20.

Conditional

Branch: qc_19_a == 1

 then_seq_c_q19a

qi_19_b

How old were you when you started smoking regularly? ... years old

Label

Age

Low

0 (inclusive)

qi_19_c

How old were you when you last gave up smoking? ... years old

Label

Age

Low

0 (inclusive)

qi_19_d_i

How many manufactured cigarettes per day were you smoking before you gave up? ... per working day

Label

How many

Low

0 (inclusive)

qi_19_d_ii

How many manufactured cigarettes per day were you smoking before you gave up? ... at weekends

Label

How many

Low

0 (inclusive)

qi_19_e

How much tobacco (ozs) per week were you smoking in hand rolled cigarettes before you gave it up? ... ozs

Label

Ounces

Low

0 (inclusive)

qi_19_f

How much pipe tobacco (ozs) per week were you smoking before you gave it up? ... ozs

Label

Ounces

Low

0 (inclusive)

qi_19_g_i

How many cigars per week were you smoking before you gave up? ... large

Label

How many

Low

0 (inclusive)

qi_19_g_ii

How many cigars per week were you smoking before you gave up? ... small

Label

How many

Low

0 (inclusive)

 HELP WITH FINDING A JOB

qi_20

The Government runs a number of different schemes for helping people who want to change their work or who find difficulty in getting jobs because of illness or long unemployment. Have you had contact with any of the following schemes?

1	Yes
0	No

Conditional

Branch: qc_20 == 1

 then_seq_c_q20

qi_20_b

How did you first hear of these schemes?

Type

Text

Label

Generic text

Maximum Length

255

qi_20_c

What difference has going to the centre made to the sort of work you are doing?

Type

Text

Label

Long text



qi_21_a

Are you now:-

1	working full time
2	working part time
3	a full-time housewife
4	a full-time student
5	Not working from choice
6	Unemployed
*	None of these, but ...

Type

Text

Label

Other

Maximum Length

255

qi_21_b

Have you been out of work for a week or more since ... (That is, actually looking for work; do not include holidays or time off due to illness)

1	Yes
0	No

Conditional

Branch: qc_21_b == 1

 then_seq_c_q21b

Loop from _occasion = 1 to _occasion < 3 step

 loop_seq_l_q21ci

qi_21_c_i

Approximate dates

Type

Text

Label

Generic text

Maximum Length

255

qi_21_c_ii

Length of time unemployed

Type

Text

Label

Generic text

Maximum Length

255

qi_21_c_iii

Why was this?

Type

Text

Label

Generic text

Maximum Length

255

qi_21_c_iv

Did you register as unemployed?

Type

Text

Label

Generic text

Maximum Length

255

Conditional

Branch: qc_21_a == 1 || qc_21_a == 2

 then_seq_c_q21a

qi_21_e

how many hours per week do you usually work excluding overtime and meal breaks? ... hours per week

Label

Hours in week

Low

0 (inclusive)

High

168 (inclusive)

qi_21_f

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

Type

Text

Label

Long text

s_q22

For ALL survey members, whether working or not

qi_22_a

What job do you expect to have when you are 35? How will it differ from the job (if any) you are doing now?

Type

Text

Label

Generic text

Maximum Length

255

qi_22_b

What will you have to do to get that job? What sort of changes will you have to make, will you have to go on any special courses and so on?

Type

Text

Label

Generic text

Maximum Length

255

 EARNINGS

s_23

If you are now working it would be most helpful to us to have some details of your earnings. Of course this information will be treated in ABSOLUTE CONFIDENCE.

qi_23_a

What is your typical take home pay in your present job? Weekly £ ... OR Monthly £ ... or Yearly £

Label

How many

Low

0 (inclusive)

Label

How many 2

Low

0 (inclusive)

Label

How many 3

Low

0 (inclusive)

qi_23_b

What are your typical earnings before all deductions in your present job? weekly £ ... OR Monthly £ ... OR Yearly £

Label

How many

Low

0 (inclusive)

Label

How many 2

Low

0 (inclusive)

Label

How many 3

Low

0 (inclusive)

qi_23_c

If your earnings vary from one week/month to another please will you give brief details of why they vary, and approximately by how much they vary.

Type

Text

Label

Long text



qi_24

Have you taken any examinations, diplomas, certificates or other qualifications since leaving school?


1	Yes
0	No

Conditional

Branch: qc_24 == 1

 then_seq_c_q24

Loop from _qualifications = 1 to step

 loop_seq_l_q24i

qi_24_i

Date

Type

Date/Time (Date)

Label

Generic date

qi_24_ii

Subject (i.e. name of course)

Type

Text

Label

Generic text

Maximum Length

255

qi_24_iii

Title of exam (exam no. if known)

Type

Text

Label

Generic text

Maximum Length

255

qi_24_iv

Stage if applicable

Type

Text

Label

Generic text

Maximum Length

255

qi_24_v

Examining body

Type

Text

Label

Generic text

Maximum Length

255

qi_24_vi

If passed give marks or grade

Type

Text

Label

Generic text

Maximum Length

255

qi_24_vii

Name of college

Type

Text

Label

Generic text

Maximum Length

255

qi_25

Since October 1969 have you taken any of the following - Part-time day classes Evening classes
Correspondence Courses Home Study A full-time course

1	Yes
0	No

Conditional

Branch: qc_25 == 1

 then_seq_c_q25

qi_26

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

Type

Text

Label

Long text

qi_outro_i

Today's date

Type

Date/Time (Date)

Label

Generic date

s_outro_i

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS


s_outro_ii

Please post the form directly to us in the special envelope

s_outro_iii

THANK YOU VERY MUCH FOR ALL YOUR HELP

Instruments

 nshd_71_pq_is01

- [1971 Postal Questionnaire](#)

 1971 Postal Questionnaire

closer:sourceFileName

nshd_71_pq

Instrument Locations

- https://discovery.closer.ac.uk/files/instruments/nshd_71_pq-0f2e097dec87d9c250b2df47f1ccb6.pdf

nshd_71_pq

Label	Location
nshd_71_pq	Sequence
Type	Order
Sequence	InOrderOfAppearance

 s_intro_i

Name	Location
s_intro_i	Sequence › nshd_71_pq
Type	
Statement	

Statement Text

STRICTLY CONFIDENTIAL

 s_intro_ii

Name	Location
s_intro_ii	Sequence › nshd_71_pq
Type	
Statement	

Statement Text


1971

 s_intro_iii

Name	Location
s_intro_iii	Sequence › nshd_71_pq
Type	
Statement	

Statement Text

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

 s_intro_iv

Name	Location	
s_intro_iv	Sequence › nshd_71_pq	
Type		
Statement		

Statement Text

(Medical Research Council)

 qi_intro_i - intro i

Name	Label	Location
qi_intro_i	intro i	Sequence › nshd_71_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_71_pq
Type	Minimum Length	Maximum Length
Text		255

Question

Name and Address


 qi_intro_iii - intro iii

Name	Label	Location
qi_intro_iii	intro iii	Sequence › nshd_71_pq
Type	Minimum Length	Maximum Length
Text		255

Condition
(if changed)

Question

Name

 qi_intro_iv - intro iv

Name	Label	Location
qi_intro_iv	intro iv	Sequence › nshd_71_pq
Type	Minimum Length	Maximum Length
Text		255

Condition
(if changed)

Question


Address

 s_intro_v

Name s_intro_v	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

INTRODUCTION

 s_intro_vi

Name s_intro_vi	Location Sequence › nshd_71_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_vii

Name s_intro_vii	Location Sequence › nshd_71_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_viii

Name s_intro_viii	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

Please complete the form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

 s_intro_ix

Name s_intro_ix	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

When you have answered the questions, post the form to us in the special pre-paid envelope.

PERSONAL INFORMATION

Label PERSONAL INFORMATION	Location Sequence › nshd_71_pq
-------------------------------	-----------------------------------

Type Sequence	Order InOrderOfAppearance
------------------	------------------------------

 qi_1 - 1

Name qi_1	Label 1	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you now married?

Choices

1	Yes
0	No

 qi_1_i - 1 i

Name qi_1_i	Label 1 i	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Date		

Question

date of marriage

 qi_2_i - 2 i

Name qi_2_i	Label 2 i	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Multiple Choice	Selection Type SelectUpToN (1)	Display Style

Question

CHILDREN

Choices

0	No children
---	-------------

 qg_2_ii - 2 ii

Name qg_2_ii	Label 2 ii	Location Sequence › nshd_71_pq › PERSONAL INFORMATION
Type Question Grid		

Question

Please give details of all children

Rows

1	1
2	2
3	3
4	4

Columns

Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Date of birth	DateTime
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Date of birth	DateTime

GENERAL HEALTH

Label GENERAL HEALTH	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

ACCIDENTS

Label ACCIDENTS	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

 qi_3_a - 3 a

Name qi_3_a	Label 3 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

The last accident we have recorded for you was ... Have you had any accidents since then, or since we last heard from you, in which you were burnt or scalded, broke a bone, were badly cut or bruised, or injured by a chemical or foreign body?

Choices

1	Yes
0	No

l_q3bi

Name l_q3bi	Member Label	Location Sequence > n GENERAL HE
Type Roster	Iteration Source (max)	Display Style

Condition
(If 'Yes' please give the following details about each accident, starting with the earliest)

qi_3_b_i - 3 b(i)

Name qi_3_b_i	Label 3 b(i)	Location Sequence > nshd_71_pq > GENERAL HEALTH > ACCIDENTS > l_q3bi
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes' please give the following details about each accident, starting with the earliest)

Question

Type of injury (e.g. burn, cut, broken bone etc.)

qi_3_b_ii - 3 b(ii)

Name qi_3_b_ii	Label 3 b(ii)	Location Sequence > nshd_71_pq > GENERAL HEALTH > ACCIDENTS > l_q3bi
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes' please give the following details about each accident, starting with the earliest)

Question

Part injured

qi_3_b_iii - 3 b(iii)

Name qi_3_b_iii	Label 3 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Date		
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Date when it happened

? qi_3_b_iv - 3 b(iv)		
Name qi_3_b_iv	Label 3 b(iv)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Treatment Hosp. In-patient Hosp. Out-patient Nursing home Doctor, etc.

? qi_3_b_v - 3 b(v)		
Name qi_3_b_v	Label 3 b(v)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Details of how each accident occurred

? qi_3_b_vi - 3 b(vi)		
Name qi_3_b_vi	Label 3 b(vi)	Location Sequence › nshd_71_pq › GENERAL HEALTH › ACCIDENTS › I_q3bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each accident, starting with the earliest)		

Question

Where it happened (e.g. work, street, home, etc.)

HOSPITAL ADMISSIONS

Label HOSPITAL ADMISSIONS	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

qi_4_a - 4 a

Name qi_4_a	Label 4 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The last hospital admission we have recorded for you was ... Have you been in hospital as an in-patient since then, or since we last heard from you?

Choices

1	Yes
0	No

l_q4bi

Name l_q4bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS
Type Roster	Iteration Source (max)	Display Style

Condition
(If 'Yes' please give the following details about each hospital admission)

qi_4_b_i - 4 b(i)

Name qi_4_b_i	Label 4 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › l_q4bi
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes' please give the following details about each hospital admission)

Question

Name of hospital

qi_4_b_ii - 4 b(ii)

Name qi_4_b_ii	Label 4 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › l_q4bi
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Type		
Date		
Condition (If 'Yes' please give the following details about each hospital admission)		

Question

Date of Admission

qi_4_b_iii - 4 b(iii)		
Name qi_4_b_iii	Label 4 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each hospital admission)		

Question

Reason for admission

qi_4_b_iv - 4 b(iv)		
Name qi_4_b_iv	Label 4 b(iv)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each hospital admission)		

Question

Length of Stay


qi_4_b_v - 4 b(v)		
Name qi_4_b_v	Label 4 b(v)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL ADMISSIONS › I_q4bi
Type Text	Minimum Length	Maximum Length 255
Condition (If 'Yes' please give the following details about each hospital admission)		

Question

Name of doctor in charge

HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES	
Label HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES	Location Sequence › nshd_71_pq › GENERAL HEALTH

Type Sequence	Order InOrderOfAppearance
------------------	------------------------------

 qi_5_a - 5 a

Name qi_5_a	Label 5 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES
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

l_q5bi

Name l_q5bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES
Type Roster	Iteration Source (max)	Display Style

Condition
If 'Yes'

 qi_5_b_i - 5 b(i)

Name qi_5_b_i	Label 5 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES › l_q5bi
Type Text	Minimum Length	Maximum Length 255

Condition
If 'Yes'

Question

Name of Clinic or Out-patient department

 qi_5_b_ii - 5 b(ii)

Name qi_5_b_ii	Label 5 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES › l_q5bi
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Type Text	Minimum Length	Maximum Length 255
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Condition
If 'Yes'

Question

Reason for attending

qi_5_b_iii - 5 b(iii)

Name qi_5_b_iii	Label 5 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES › I_q5bi
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Type Integer	Low 0	High
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Condition
If 'Yes'

Question

Number of visits

OTHER MEDICAL CARE

Label OTHER MEDICAL CARE	Location Sequence › nshd_71_pq › GENERAL HEALTH
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Type Sequence	Order InOrderOfAppearance
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qi_6_a - 6 a

Name qi_6_a	Label 6 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Apart from visits to a hospital or clinic have you seen a doctor since this time last year?

Choices

1	Yes
0	No

I_q6bi

Name I_q6bi	Member Label	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE
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Type Roster	Iteration Source (max)	Display Style
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Condition

If 'yes'

qi_6_b_i - 6 b(i)

Name qi_6_b_i	Label 6 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE › I_q6bi
Type Text	Minimum Length	Maximum Length 255

Condition

If 'yes'

Question

REASON FOR VISITS Use one line for a series of visits in connection with the same complaint

qi_6_b_ii - 6 b(ii)

Name qi_6_b_ii	Label 6 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE › I_q6bi
Type Integer	Low 0	High

Condition

If 'yes'

Question

NUMBER OF VISITS At doctor's surgery

qi_6_b_iii - 6 b(iii)

Name qi_6_b_iii	Label 6 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OTHER MEDICAL CARE › I_q6bi
Type Integer	Low 0	High

Condition

If 'yes'

Question

NUMBER OF VISITS At your home

OFF WORK THROUGH ACCIDENT OR ILLNESS

Label OFF WORK THROUGH ACCIDENT OR ILLNESS	Location Sequence › nshd_71_pq › GENERAL HEALTH
Type Sequence	Order InOrderOfAppearance

qi_7_a - 7 a

Name qi_7_a	Label 7 a	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you been off work for a week or more through accident or illness since this time last year?

Choices

1	Yes
0	No
8	Not working

l_q7bi

Name l_q7bi	Member Label	Location Sequence › n GENERAL HE THROUGH A
Type Roster	Iteration Source (max)	Display Style

Condition
If 'Yes'

qi_7_b_i - 7 b(i)

Name qi_7_b_i	Label 7 b(i)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS › l_q7bi
Type Date		

Condition
If 'Yes'

Question

Approximate date

qi_7_b_ii - 7 b(ii)

Name qi_7_b_ii	Label 7 b(ii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS › l_q7bi
Type Text	Minimum Length	Maximum Length 255

Condition
If 'Yes'

Question

Nature of accident, illness

qi_7_b_iii - 7 b(iii)		
Name qi_7_b_iii	Label 7 b(iii)	Location Sequence › nshd_71_pq › GENERAL HEALTH › OFF WORK THROUGH ACCIDENT OR ILLNESS › I_q7bi
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_71_pq
Type Sequence	Order InOrderOfAppearance

qi_8_a - 8 a		
Name qi_8_a	Label 8 a	Location Sequence › nshd_71_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_8_b - 8 b		
Name qi_8_b	Label 8 b	Location Sequence › nshd_71_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_8_c - 8 c		
Name qi_8_c	Label 8 c	Location Sequence › nshd_71_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If 'yes' to either question 8(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_9_a - 9 a		
Name qi_9_a	Label 9 a	Location Sequence › nshd_71_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_9_b - 9 b		
Name qi_9_b	Label 9 b	Location Sequence › nshd_71_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_9_c - 9 c		
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Name qi_9_c	Label 9 c	Location Sequence › nshd_71_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 bring up phlegm (spit from the chest) on most days for as much as three months each winter?

Choices

1	Yes
0	No

 qi_10 - 10

Name qi_10	Label 10	Location Sequence › nshd_71_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_11 - 11


Name qi_11	Label 11	Location Sequence › nshd_71_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_12_a - 12 a

Name qi_12_a	Label 12 a	Location Sequence › nshd_71_pq › COUGHS AND CHEST TROUBLE
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Does your chest ever sound wheezy or whistling?

Choices

1	Yes
0	No

 qi_12_b - 12 b


Name qi_12_b	Label 12 b	Location Sequence › nshd_71_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_13_a - 13 a

Name qi_13_a	Label 13 a	Location Sequence › nshd_71_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_13_b - 13 b

Name qi_13_b	Label 13 b	Location Sequence › nshd_71_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_14 - 14


Name qi_14	Label 14	Location Sequence › nshd_71_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_15_i - 15 i


Name qi_15_i	Label 15 i	Location Sequence › nshd_71_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_15_ii - 15 ii

Name qi_15_ii	Label 15 ii	Location Sequence › nshd_71_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_15_iii - 15 iii

Name qi_15_iii	Label 15 iii	Location Sequence › nshd_71_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_16_a - 16 a

Name qi_16_a	Label 16 a	Location Sequence › nshd_71_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_16_b - 16 b

Name qi_16_b	Label 16 b	Location Sequence › nshd_71_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
0	Two illnesses or more

 qi_17_a - 17 a

Name qi_17_a	Label 17 a	Location Sequence › nshd_71_pq › COUGHS AND CHEST TROUBLE
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

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

Choices

1	Yes
0	No

 qi_17_b - 17 b

Name qi_17_b	Label 17 b	Location Sequence › nshd_71_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

TOBACCO SMOKING

Label TOBACCO SMOKING	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

 qi_18_a - 18 a


Name qi_18_a	Label 18 a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Are you a regular smoker, i.e. during the last month have you smoked as much as one cigarette a day (or 1 oz of tobacco)?

Choices

1	Yes
0	No

 s_q18a

Name s_q18a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Statement	

Statement Text

If 'No' to question 18(a) go on to 19(a)

 qi_18_b - 18 b

Name qi_18_b	Label 18 b	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style

Condition
If 'Yes' to question 18(a) carry on as follows:-

Question

Do you inhale the smoke?

Choices

0	No
1	Yes, slightly
2	Yes, moderately
3	Yes, deeply

 qi_18_c - 18 c

Name qi_18_c	Label 18 c	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition
If 'Yes' to question 18(a) carry on as follows:-

Question

How old were you when you started smoking regularly? ... years old

 qi_18_d_i - 18 d(i)

Name qi_18_d_i	Label 18 d(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High

Condition
If 'Yes' to question 18(a) carry on as follows:-

Question

How many manufactured cigarettes do you usually smoke a day? ... per working day

qi_18_d_ii - 18 d(ii)		
Name qi_18_d_ii	Label 18 d(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How many manufactured cigarettes do you usually smoke a day? ... at weekends

qi_18_e - 18 e		
Name qi_18_e	Label 18 e	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes? ... ozs

qi_18_f - 18 f		
Name qi_18_f	Label 18 f	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How much pipe tobacco (ozs) do you usually smoke per week? ... ozs

qi_18_g_i - 18 g(i)		
Name qi_18_g_i	Label 18 g(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How many cigars do you usually smoke per week? ... large

qi_18_g_ii - 18 g(ii)

Name qi_18_g_ii	Label 18 g(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 18(a) carry on as follows:-		

Question

How many cigars do you usually smoke per week? ... small

qi_19_a - 19 a

Name qi_19_a	Label 19 a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Multiple Choice	Selection Type SelectOne	Display Style
Condition If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

Have you ever smoked as much as one cigarette a day (or 1 oz of tobacco a month) for as long as a year?

Choices

1	Yes
0	No

s_q19a

Name s_q19a	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Statement	
Condition If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)	

Statement Text

If 'No' to Question 19(a) go on to 20.

qi_19_b - 19 b

Name qi_19_b	Label 19 b	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How old were you when you started smoking regularly? ... years old

qi_19_c - 19 c		
Name qi_19_c	Label 19 c	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How old were you when you last gave up smoking? ... years old

qi_19_d_i - 19 d(i)		
Name qi_19_d_i	Label 19 d(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How many manufactured cigarettes per day were you smoking before you gave up? ... per working day

qi_19_d_ii - 19 d(ii)		
Name qi_19_d_ii	Label 19 d(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How many manufactured cigarettes per day were you smoking before you gave up? ... at weekends

qi_19_e - 19 e		
Name qi_19_e	Label 19 e	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How much tobacco (ozs) per week were you smoking in hand rolled cigarettes before you gave it up? ... ozs

qi_19_f - 19 f

Name qi_19_f	Label 19 f	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How much pipe tobacco (ozs) per week were you smoking before you gave it up? ... ozs

qi_19_g_i - 19 g(i)

Name qi_19_g_i	Label 19 g(i)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How many cigars per week were you smoking before you gave up? ... large

qi_19_g_ii - 19 g(ii)

Name qi_19_g_ii	Label 19 g(ii)	Location Sequence › nshd_71_pq › TOBACCO SMOKING
Type Integer	Low 0	High
Condition If 'Yes' to question 19(a) carry on as follows:- If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)		

Question

How many cigars per week were you smoking before you gave up? ... small

HELP WITH FINDING A JOB

Label HELP WITH FINDING A JOB	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

qi_20 - 20


Name qi_20	Label 20	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

The Government runs a number of different schemes for helping people who want to change their work or who find difficulty in getting jobs because of illness or long unemployment. Have you had contact with any of the following schemes?

Choices

1	Yes
0	No

 qg_20_a - 20 a		
Name qg_20_a	Label 20 a	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Question Grid		
Condition If 'Yes'		

Question


please give details.

Rows

1	Occupational guidance unit
2	Government Training centre
3	Industrial rehabilitation unit
4	Other

Columns

Generic date	DateTime
Generic text	Text
Generic date	DateTime
Generic text	Text

 qi_20_b - 20 b		
Name qi_20_b	Label 20 b	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Text	Minimum Length	Maximum Length 255

Condition
If 'Yes'

Question

How did you first hear of these schemes?

qi_20_c - 20 c

Name qi_20_c	Label 20 c	Location Sequence › nshd_71_pq › HELP WITH FINDING A JOB
Type Text	Minimum Length	Maximum Length

Condition
If 'Yes'

Question

What difference has going to the centre made to the sort of work you are doing?

EMPLOYMENT

Label EMPLOYMENT	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

qi_21_a - 21 a

Name qi_21_a	Label 21 a	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Multiple Choice, Text	Selection Type SelectOne	Display Style

Question

Are you now:-

Choices

1	working full time
2	working part time
3	a full-time housewife
4	a full-time student
5	Not working from choice
6	Unemployed
*	None of these, but ...

qi_21_b - 21 b

Name qi_21_b	Label 21 b	Location Sequence › nshd_71_pq › EMPLOYMENT
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Type Multiple Choice	Selection Type SelectOne	Display Style
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Question

Have you been out of work for a week or more since ... (That is, actually looking for work; do not include holidays or time off due to illness)

Choices

1	Yes
0	No

l_q21ci

Name l_q21ci	Member Label	Location Sequence › n EMPLOYMEN
Type Roster	Iteration Source (max)	Display Style

Condition
(If 'Yes')

qi_21_c_i - 21 c(i)

Name qi_21_c_i	Label 21 c(i)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes')

Question

Approximate dates

qi_21_c_ii - 21 c(ii)

Name qi_21_c_ii	Label 21 c(ii)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes')

Question

Length of time unemployed

qi_21_c_iii - 21 c(iii)

Name qi_21_c_iii	Label 21 c(iii)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes')

Question

Why was this?

qi_21_c_iv - 21 c(iv)

Name qi_21_c_iv	Label 21 c(iv)	Location Sequence › nshd_71_pq › EMPLOYMENT › l_q21ci
Type Text	Minimum Length	Maximum Length 255

Condition
(If 'Yes')

Question

Did you register as unemployed?

qg_21_d - 21 d

Name qg_21_d	Label 21 d	Location Sequence › nshd_71_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 still in the same job, please write "still there".

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
Generic text	Text

Generic text	Text
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Generic text	Text

qi_21_e - 21 e		
Name qi_21_e	Label 21 e	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Integer	Low 0	High 168
Condition If you are working now,		

Question

how many hours per week do you usually work excluding overtime and meal breaks? ... hours per week

qi_21_f - 21 f		
Name qi_21_f	Label 21 f	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length
Condition If you are working now,		

Question

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

s_q22	
Name s_q22	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Statement	

Statement Text

For ALL survey members, whether working or not

qi_22_a - 22 a		
Name qi_22_a	Label 22 a	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length 255

Question

What job do you expect to have when you are 35? How will it differ from the job (if any) you are doing now?

qi_22_b - 22 b		
Name qi_22_b	Label 22 b	Location Sequence › nshd_71_pq › EMPLOYMENT
Type Text	Minimum Length	Maximum Length 255

Question

What will you have to do to get that job? What sort of changes will you have to make, will you have to go on any special courses and so on?

EARNINGS	
Label EARNINGS	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

s_23	
Name s_23	Location Sequence › nshd_71_pq › EARNINGS
Type Statement	

Statement Text

If you are now working it would be most helpful to us to have some details of your earnings. Of course this information will be treated in ABSOLUTE CONFIDENCE.

qi_23_a - 23 a		
Name qi_23_a	Label 23 a	Location Sequence › nshd_71_pq › EARNINGS
Type Integer, Integer, Integer	Low 0	High

Question

What is your typical take home pay in your present job? Weekly £ ... OR Monthly £ ... or Yearly £

qi_23_b - 23 b		
Name qi_23_b	Label 23 b	Location Sequence › nshd_71_pq › EARNINGS
Type Integer, Integer, Integer	Low 0	High

Question

What are your typical earnings before all deductions in your present job? weekly £ ... OR Monthly £ ... OR Yearly £

qi_23_c - 23 c		
Name qi_23_c	Label 23 c	Location Sequence › nshd_71_pq › EARNINGS
Type Text	Minimum Length	Maximum Length

Question

If your earnings vary from one week/month to another please will you give brief details of why they vary, and approximately by how much they vary.

EDUCATION

Label EDUCATION	Location Sequence › nshd_71_pq
Type Sequence	Order InOrderOfAppearance

qi_24 - 24

Name qi_24	Label 24	Location Sequence › nshd_71_pq › EDUCATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Have you taken any examinations, diplomas, certificates or other qualifications since leaving school?

Choices

1	Yes
0	No

l_q24i

Name l_q24i	Member Label	Location Sequence › nshd_71_pq › EDUCATION
Type Roster	Iteration Source (max)	Display Style

Condition
If 'Yes' please give details.

qi_24_i - 24 i

Name qi_24_i	Label 24 i	Location Sequence › nshd_71_pq › EDUCATION › l_q24i
Type Date		

Condition
If 'Yes' please give details.

Question

Date

qi_24_ii - 24 ii

Name qi_24_ii	Label 24 ii	Location Sequence › nshd_71_pq › EDUCATION › l_q24i
Type Text	Minimum Length	Maximum Length 255

Condition
If 'Yes' please give details.

Question

Subject (i.e. name of course)

qi_24_iii - 24 iii		
Name qi_24_iii	Label 24 iii	Location Sequence › nshd_71_pq › EDUCATION › I_q24i
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes' please give details.		

Question

Title of exam (exam no. if known)

qi_24_iv - 24 iv		
Name qi_24_iv	Label 24 iv	Location Sequence › nshd_71_pq › EDUCATION › I_q24i
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes' please give details.		

Question

Stage if applicable

qi_24_v - 24 v		
Name qi_24_v	Label 24 v	Location Sequence › nshd_71_pq › EDUCATION › I_q24i
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes' please give details.		

Question

Examining body

qi_24_vi - 24 vi		
Name qi_24_vi	Label 24 vi	Location Sequence › nshd_71_pq › EDUCATION › I_q24i
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes' please give details.		

Question

If passed give marks or grade

qi_24_vii - 24 vii		
Name qi_24_vii	Label 24 vii	Location Sequence › nshd_71_pq › EDUCATION › l_q24i
Type Text	Minimum Length	Maximum Length 255
Condition If 'Yes' please give details.		

Question

Name of college

qi_25 - 25		
Name qi_25	Label 25	Location Sequence › nshd_71_pq › EDUCATION
Type Multiple Choice	Selection Type SelectOne	Display Style

Question

Since October 1969 have you taken any of the following - Part-time day classes Evening classes
Correspondence Courses Home Study A full-time course

Choices

1	Yes
0	No

qg_25_i - 25 i		
Name qg_25_i	Label 25 i	Location Sequence › nshd_71_pq › EDUCATION
Type Question Grid		
Condition If 'Yes'		

Question

please fill in details of what you did and what you are registered for or intend to register for this year.


Rows

1	Oct. 1969 to Sept. 1979
2	Oct. 1970 to Sept. 1971

Columns

Generic text	Text
Generic text	Text
Generic text	Text

Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text
Generic text	Text

 qi_26 - 26

Name qi_26	Label 26	Location Sequence › nshd_71_pq
Type Text	Minimum Length	Maximum Length

Question

Has anything important happened to you in the last year that we have not 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_71_pq
Type Date		

Question


Today's date

 s_outro_i

Name s_outro_i	Location Sequence › nshd_71_pq
Type Statement	

Statement Text


PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS

 s_outro_ii

Name s_outro_ii	Location Sequence › nshd_71_pq
Type Statement	

Statement Text

Please post the form directly to us in the special envelope

 s_outro_iii


Name s_outro_iii	Location Sequence › nshd_71_pq
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Type	
Statement	


Statement Text

THANK YOU VERY MUCH FOR ALL YOUR HELP

Code Lists

 nshd_71_pq_cos01

- [cs_Yes_No](#)
- [cs_q7_a](#)
- [cs_q16_b](#)
- [cs_q21_a](#)
- [cs_q18_b](#)
- [cs_q2_Y](#)
- [cs_q2_X](#)
- [cs_q2_i](#)
- [Type](#)
- [cs_q20_X](#)
- [cs_q21_d_Y](#)
- [cs_q21_d_X](#)
- [cs_q25_i_X](#)
- [College Year](#)

 cs_Yes_No


1	Yes
0	No

 cs_q7_a

1	Yes
0	No
8	Not working


 cs_q16_b

1	One illness
0	Two illnesses or more


 cs_q21_a

1	working full time
2	working part time
3	a full-time housewife
4	a full-time student
5	Not working from choice


6	Unemployed
*	None of these, but ...

 cs_q18_b

0	No
1	Yes, slightly
2	Yes, moderately
3	Yes, deeply

 cs_q2_Y

1	1
2	2
3	3
4	4

 cs_q2_X


1	Name
2	Sex
3	Date of birth
4	Name of hospital etc. where born

 cs_q2_i


0	No children
---	-------------

 Type

1	Occupational guidance unit
2	Government Training centre
3	Industrial rehabilitation unit
4	Other

 cs_q20_X

1	Month and year of first contact
2	Name and address of the centre or unit


 cs_q21_d_Y

1	1
2	2
3	3

4	4
5	5

 cs_q21_d_X

1	Type of job (i.e. what do YOU do?)
2	Self-employed?
3	Type of firm (i.e. what do THEY do?)
4	Date started month, year
5	Date left month, year
6	Reason for leaving

 cs_q25_i_X

1	Name of college or correspondence course
2	Name of course or subjects studied including title of exams
3	Please say whether day, evening, home correspondence or full-time study

 College Year

1	Oct. 1969 to Sept. 1979
2	Oct. 1970 to Sept. 1971