BRHS 1983-85 QUESTIONNAIRE (Q5)

Please answer the following questions box.	by ticking the correct substituting the correct substitution of the correct substituting the correct substituting the correct substituting the correct substituting the correct substitution of the correct sub	serial
What is your age?		
30-39 THIS IS AN EXAMPLE.		_
START ANSWERING QUESTIONS HE		
1.0 How would you describe your hea		
Excellent	1 q5q1_0	
Good	2	
Fair	3	
Poor	9=missing	
2.0 Have you ever been told by your o	doctor that you have, or have had any of the	
following?: Tick=Yes=1		
q5q2_0angina Angina	q5q2_0Gout Gout	
q5q2_0heart_attack Heart Attack	q5q2_0Gall_bladder Gall bladder disease	
q5q2_0Coronary_thromb Coronary thrombosis	q5q2_0Thyroid Thyroid	
q5q2_0MI Myocardial infarction	q5q2_0Arthritis Arthritis	
q5q2_0other_heart Other heart trouble	q5q2_0Bronchitis Bronchitis	
q5q2_0hbp High blood pressure	q5q2_0Asthma Asthma	
q5q2_0stroke Stroke	q5q2_0none_of- None of the above	
q5q2_0diabetes Diabetes	above <u>conditions</u>	
q5q2 Opeptic ulcer Peptic ulcer	q5q2_0other_cond Other conditions (including	
	surgery)	
3.0 Are you on any regular treatment	_	
YES	1	q5q3_0
NO	2	
3.1 If YES, Please tick (✓) all those yo	9=missing ou are on Tick=Yes=1	
Drugs to lower blood press	sure q5q3_1_for_BP	
Diuretics ("water tablets")	q5q3_1_Diuretics	
Tranquillisers	q5q3_1_Tranquillisers	
Insulin injections	q5q3_1_insul_inj	
Tablets for diabetes	q5q3_1_Diabetes	
Other treatments – give na	ame if possible g5g3 1 other	

4.0	CHEST PAIN				
4.1	Do you ever have any pain or discomfort in your ches	t? YES	1	q5q4_1	
		NO	2		
	If NO, go to question 5		9=r	nissing	
	If YES, please answer the following questions:				
4.2		Note: Areas of painre numbered 2-9			
	Mark X on the appropriate places	ositions are mar			
		,5,8 take priority			
		ositions.	Chest pa	in/discomfort	position
	3 4 5				
	YOUR RIGHT 2		OUR EFT	q5q4_2_box1	
	SIDE 7 8 9		IDE	q5q4_2_box2 q5q4_2_box3	
	-	} -			
		•			
4.3	When you walk at an ordinary pace on the level, does	this produce the	pain?		
		YES	1	q5q4_3	
		NO	2		
1 1	When you wall unbill or burn, does this produce the	acin?			
4.4	When you walk uphill or hurry, does this produce the	yain <i>:</i> YES			
		NO	1 2	q5q4_4	
		NO			
4.5	When you get any pain or discomfort in your chest on	walking, what do	you do?		
	Stop		1	q5q4_5	
	Slow down		2		
	Continue at th	e same pace	3		
4.6	Does the pain or discomfort in your chest go away if y	rou stand still?			
4.0	boes the pain of discombining and chest go away in y	<u>ou stariu stiii</u> ! YES		oFo.4. C	
		NO	1 2	q5q4_6	
		140			
4.7	How long does it take to go away?				
	10 minu	tes or less	1	q5q4_7	
	more that	an 10 minutes	2	4~4 ⁻ _1	

5.0 SEVERE CHEST PAIN

5.1	Have you ever had a severe pain across the front of your chest	lasting fo	r half	an	
	hour or more?				
		YES		٦,	~F~F 1
		NO		1 2	q5q5_1
	<u>IF YES</u>				
- 0					
5.2	Did you see a doctor because of this pain?			_	
		YES		1	q5q5_2
		NO		2	
5.3	What year(s) did this happen?				
					q5q5_3
	6.0 ILLNESS AND INJURY				
6.1	In the last 5 years, have you had any illness or injury which has	kept you	off w	ork for	
	more than one month?				
	YES q5q6	1			
	1	_'			
No	NO 2 ot applicable e.g. if unemployed =8				
	If YES, how many times				
	Once				
	q5q6_	_2			
	Three times 3				
C 2-	More 4 q5q6_	_2a			
6.2a	Still off work - on going sickness ==> coded as 1 How long was the longest period off work with illness or injury?				
0.0	Trow long was the longest period on work with liness of injury:	q5q6	_3		
6.4	What was the illness/injury?	q5q6	_4		
	• •				
	7.0 WEIGHT				
7.1	Has your weight since you were examined 5 years ago?				
	No change				
	Ingrapped 1	q5q7_	_1		
	2				
	Decreased 3				
	Don't know 4				
7 2	9=missing What is your present weight?				
7.2	(Indoor clothes, no shoes)	q5q7_2v	vt_st	q5q7_	_2wt_lb
	st. lb. kg	Stor	 ies	pou	ınds
	If you have no scale, <u>please fill in an estimate.</u>			-	

8.0 PERSONAL CIRCUMSTANCES

8.1	Are you:		
	Married	1	
	Single	2 q!	5q8_1
	Widowed	3	
	Other e.g. divorced, separated	4	
8.2	If married, does your wife work?	_	
	No	1 q:	5q8_2
	Yes – part-time	2	
	Yes – full-time	3	
8.3	Please describe your accommodation. A	e you:	
	An owner – occupier	⊣	5q8_3
	Renting privately	2	
	Renting from the council	3	
	Other	4	(please specify)
8.4	How many cars are there available for us	e in your household?	
8.4	How many cars are there available for us None	\neg	
8.4	· -	\neg	₁ 5q8_4
8.4	None	1	
8.4	None One Two or more	1 q	
	None One Two or more 9.0 SMOKING	1 q	
9.1	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes?	1 q 2 3	15q8_4
	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes? YES 1	1 q 2 3	
	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes?	1 q 2 3	15q8_4
	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes? YES 1	1 q 2 3	15q8_4
9.1	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes? YES 1 NO 2	ally smoke a day?	g5q8_4 g5q9_1
9.1	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes? YES 1 NO 2 IF YES, how many cigarettes do you usu	ally smoke a day?	g5q8_4 g5q9_1
9.1	None One Two or more 9.0 SMOKING Do you regularly smoke cigarettes? YES 1 NO 2 IF YES, how many cigarettes do you usu Do you regularly smoke a pipe or cigars?	ally smoke a day?	q5q9_1 q5q9_2

NOTE: Serious non-response in this question

10.0 DRINKING

10.1	0.1 Would you describe your present alcohol intake as				
		Daily / most days			
q5q	10_1	Weekends only	2		
		Once or twice a month or special occasions None	3		
10.2	How n	nuch do you usually take?			
		More than 6 drinks a day	1	One drink is half a pint of beer, a single	
q5q1	0_2	3-6 drinks a day	2	whisky, gin or brandy, a glass of wine or	
		2 drinks a day or less	3	sherry. COUNT PINTS OR DOUBLES AS 2 DRINKS.	
		Any additional information		COUNT FINTS ON DOUBLES AS 2 DININGS.	
		7 any additional information			
	FOR N	NON-DRINKERS ONLY – pl	ease answ	ver these questions:-	
10.3		o you not drink at present?		rei tilese questions	
10.5	vviiy u	Personal choice		5.40.0	
		Doctor's advice			
		Definite illness			
	Nama	of illness	3		
	Other	reasons (state)			
10.4	Did yo	u drink in the past?			
		YES	1	q5q10_4	
		NO	2	404.0	
10.5	If YES	, would you describe your P	REVIOUS	alcohol intake a	
		Daily / most days			
		Weekends only	1 2	q5q10_5	
		Once or twice a month or special occasions	3		
10.6	How n	<u>nuch</u> DID you usually take w	hen you w	vere drinking?	
_	10.0	More than 6 drinks a day	1	One drink is half a pint of beer, a single	
q50	q10_6	3-6 drinks a day	2	whisky, gin or brandy, a glass of wine or	
		2 drinks a day or less	3	sherry.	
				COUNT PINTS OR DOUBLES AS 2 DRINKS.	

11.0 PRESENT EMPLOYMENT

	11.1	AT PRESENT are you:	
		Employed full-time	1 q5q11_1
Note: when two be	ovoc	Employed part-time	2
were ticked the se		Unemployed	q5q11_1a
response was reco		Registered Disabled	4
in a new/additionation variable 11.1a	al	Retired	5
	11.1a	Coded 1-6 as above	6= on invalidit
	11.2	IF RETIRED:	
		Age at retirement	q5q11_2_age
		Reason for retirement	
		Normal retiring age	1
		Illness (completely or in part)	q5q11_2_reason
		Other reasons	3 4=Redundancy, 5=Redundancy and illne
		Please give details (of illness	s or other reasons)
		IF UNEMPLOYED AT PRESENT Ple	ease answer the following questions:-
	11.3	How long have you been unemployed	ed on this occasion q5q11_3_months months
	11.4	Reasons for present unemployment	
		Redundancy	98=over 8 years/ 1 96 months
		Illness (completely or in part)	
		Other reasons	3
		Please give details	
<u> </u>			

12.0	ТО В	E ANSWERED BY EVERYONE- whether employed, unemployed or retired.				
	This question is about any unemployment in the last five years, i.e. since you were					
	examined by our nurses.					
	12.1	Have you had any periods of unemployment in the past five years?				
	(apart from any present unemployment)					
		YES 1				
		NO 2 q5q12_				
		Continuous unemployment =8 Missing =9				
	IF YE	S, please answer the following questions:-				
	12.2	How many separate periods of unemployment have you had in the past five				
		years (excluding present unemployment)?				
		1				
		2				
		3 or more 3				
	12.3	How long was the longest of these periods of unemployment (not counting				
		any present unemployment)? q5q12_3 Months				
	12.4	Reasons for longest period of unemployment				
		Redundancy q5q12 4				
		Illness (completely or in part)				
		Other reasons 3				
		Please give details				

13.0	TO BE ANSWERED BY EVERYONE- whether employed, unemployed or retired.				
	In the 5 years, BEFORE you were examined by the nurses:				
	13.1	Were you unemployed at any	time?		
				YES 1	
				NO 2	q5q13_1
			Continuous un	employment =3	
	IF YE	S, please answer the following o	questions:-	Missing =9	
	13.2	How long was the longest peri	od of unemploy	q5q13_2 _ M	lonths
	13.3	Reasons for longest period of	<u>unempioyment</u>		
		Redundancy	1		q5q13_3
		Illness (completely or in part)	2		
		Other reasons	3		
		Please give details			
		Redundancy and ill	ness=5		
				o control de la control	q5coder
			(Questionnaire Code	r
		Question	naire completed	l by someone other	
			man himself	q5completed_by_of	ther (1=Yes)

PLEASE READ THROUGH FROM THE BEGINNING AND CHECK THAT YOU HAVE ANSWERED ALL THE RELEVANT QUESTIONS. THEN, PLEASE <u>RETURN</u> THESE PAGES TO US IN THE ENVELOPE.

THANK YOU.