

## Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

See copies of questionnaires for the exact wording of the questions used. Corresponding question numbers are given in the cells of table below.

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
COVID 19																C1-C15	7.22
Medical History (MH)- self reported doctor diagnosis																	
MH: Acute coronary syndrome												2.0a	2.0a	2.0a	2.0a	2.0	2.0
MH: Angina	10.1	2.0	3.0	3.0	1.0c		2.0c	2.0c	2.0c	2.0a	2.0a	2.0b	2.0b	2.0b	2.0b	2.1	2.1
MH: Aortic Aneurysm			3.0	3.0	1.0f		2.0g	2.0g	2.0g	2.0b	2.0b	2.0c	2.0c	2.0c	2.0c	2.2	2.2
MH: Atrial Fibrillation										2.0c	2.0c	2.0d	2.0d	2.0d	2.0d	2.3	2.3
MH: Deep Vein Thrombosis					1.0h		2.0i	2.0i	2.0i	2.0d	2.0d	2.0e	2.0e	2.0e	2.0e	2.4	2.4
MH: Heart attack	10.1	2.0	3.0	3.0	1.0a		2.0a	2.0a	2.0a	2.0e	2.0e	2.0f	2.0f	2.0f	2.0f	2.5	2.5
MH: Heart failure				3.0	1.0b		2.0b	2.0b	2.0b	2.0f	2.0f	2.0g	2.0g	2.0g	2.0g	2.6	2.6
MH: High blood pressure	10.1	2.0	3.0	3.0	1.0e		2.0e	2.0e	2.0e	2.0h	2.0g	2.0h	2.0h	2.0h	2.0h	2.7	2.7
MH: High cholesterol							2.0f	2.0f	2.0f	2.0g	2.0h	2.0i	2.0i	2.0i	2.0i	2.8	2.8
MH: Narrowing or hardening of the leg arteries				3.0	1.0g		2.0h	2.0h	2.0h	2.0i	2.0i	2.0j	2.0j	2.0j	2.0j	2.9	2.9
MH: Pulmonary Embolism (clot on the lung)					1.0i		2.0j	2.0j	2.0j	2.0k	2.0j	2.0k	2.0k	2.0k	2.0k	2.10	2.10
MH: Other problems of the heart and circulation							2.1	2.1	2.1	2.1	2.0m	2.0l	2.0l	2.0l	2.0l	2.11	2.11
MH: Details of other problems of the heart and circulation							2.1	2.1	2.1	2.1a	2.0n	2.0m	2.0m	2.0m	2.0m	2.12	2.12
MH: Other heart trouble	10.1	2.0	3.0	3.0	1.0d		2.0d	2.0d	2.0d	2.0j							
MH: Stroke	10.1	2.0	3.0	6.0	3.0		3.0	3.0	3.0	3.0	2.0k	3.0	3.0	3.0	3.0	3.0	3.0
MH: Stroke - Year of last occurrence				6.0	3.0		3.0	3.0	3.0	3.0					3.0	3.0	3.0
MH: Stroke - Did the symptoms last for more than 24 hours?				6.0	3.0a		3.1	3.1	3.1	3.0a		3.0a	3.0a	3.0a	3.0a	3.1	3.1
MH: Stroke - Have you made a complete recovery from your stroke?				6.0			3.2	3.2	3.2	3.0b		3.0b	3.0b	3.0b	3.0b	3.2	3.2
MH: Stroke - Following your stroke, do you still need any help in carrying out everyday activities?				6.0			3.3	3.3	3.3	3.0c					3.0c	3.3	3.3
MH: Stroke - Stroke, which body parts were affected?				6.0													
MH: Stroke - Transient Cerebral Ischemic Attack											2.0l						
Medical History (MH)- Investigations - self reported																	
MH: HEART INVESTIGATIONS Investigations and special treatment for conditions affecting your heart and circulation			4	4	2		4			4	3	4	4	4	4	4	4
MH: HEART INVESTIGATIONS - A referral for an echocardiogram ("echo")															4.0a	4.0	4.0
MH: HEART INVESTIGATIONS - An exercise ECG ("stress" or "treadmill") test			4.0	4.1			4.3	4.0c	4.0c	4.0c					4.0b	4.1	4.1
MH: HEART INVESTIGATIONS -CT scan of coronary arteries																4.2	4.2
MH: HEART INVESTIGATIONS -Angiogram or X-ray of coronary arteries (using a dye)			4.0	4.2			4.4	4.0d	4.0d	4.0d	3.0a	4.0a	4.0a	4.0a	4.0c	4.3	4.3
MH: HEART INVESTIGATIONS -Angioplasty (balloon treatment of coronary artery, PCI, stents)			4.0	4.3	2.0a		4.5	4.0e	4.0e	4.0e	3.0b	4.0b	4.0b	4.0b	4.0d	4.4	4.4
MH: HEART INVESTIGATIONS -Coronary artery bypass graft operation ("heart bypass" or "CABG")			4.0	4.4	2.0b		4.6	4.0f	4.0f	4.0f	3.0c	4.0c	4.0c	4.0c	4.0e	4.5	4.5

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MH: HEART INVESTIGATIONS -Surgery to aorta for aneurysm			4.0														
MH: HEART INVESTIGATIONS -Other heart surgery - Valves			4.0														
MH: HEART INVESTIGATIONS -Other heart surgery - Pacemaker			4.0														
MH: HEART INVESTIGATIONS -Any other major surgery			4.0														
MH: HEART INVESTIGATIONS -Other tests, investigations or operations on your heart, arteries or veins?				4.7			4.7	4.0g	4.0g	4.0g					4.0f	4.6	4.6
MH: HEART INVESTIGATIONS -Details of other tests, investigations or operations on your heart, arteries or veins?							4.7	4.0g	4.0g	4.0h					4.0g	4.7	4.7
MH: HEART INVESTIGATIONS -Referral to a heart specialist			4.0				4.1	4.0a	4.0a	4.0a							
MH: HEART INVESTIGATIONS -Referral to chest pain clinic							4.2	4.0b	4.0b	4.0b							
MH: HEART INVESTIGATIONS -Admission to hospital with chest pain, angina or heart attack				4.5													
MH: HEART INVESTIGATIONS -Admission to hospital with other heart trouble				4.6													
MH: HEART INVESTIGATIONS -Have you ever taken part in a cardiac rehabilitation exercise programme?													4.1		4.1	4.8	4.8
MH: HEART INVESTIGATIONS - Cardiac Rehab -If yes, which year was this?													4.1a		4.2	4.9	4.9
Medical History (MH)- self reported doctor diagnosis																	
MH: Diabetes				8	5		5	5	5	5	4	5	5	5	5	5	5
MH: Diabetes	10.1	2.0	3.0	8.0	5.1		5.0	5.0	5.0	5.0	4.0	5.0	5.0	5.0	5.0	5.0	5.0
MH: Diabetes year of diagnosis			5.3	8.1	5.1a		5.1	5.0	5.0	5.0	4.0	5.0	5.0	5.0	5.0	5.0	5.0
MH: Diabetes - any complications of diabetes affecting your: feet/ kidneys/eyes/nerves							5.2	5.1	5.1	5.1	4.1	5.1	5.1	5.1	5.1	5.1	5.1
MH: Diabetes - Have your eyes been checked for signs of diabetes? Give the year of last check							5.3										
MH: Diabetes- in what year did you begin regular treatment			5.4	8.2													
MH: Diabetes Treatment- Diet				8.3													
MH: Diabetes Treatment- Tablets				8.4													
MH: Diabetes Treatment- Insulin				8.5													
MH: Diabetes Treatment- attend diabetic clinic			5.5	8.7													
MH: Cancer					4		6	6	6	6	5	6	6	6	6	6	6
MH: Cancer			3.0		4.0		6.0	6.0	6.0	6.0	5.0	6.0	6.0	6.0	6.0	6.0	6.0
MH: Cancer Year of first diagnosis					4.0a		6.0a	6.0	6.0	6.0	5.0	6.0	6.0	6.0	6.0	6.0	6.0
MH: Cancer Site (parts of the body affected)			3.0	5.1	4.0a		6.0b	6.1	6.1	6.1	5.1	6.1	6.1	6.1	6.1	6.1	6.1
MH: Other medical conditions				5			8		8	7	6	7	7	9	7	7	7
MH: Alzheimer's disease											7.0a	7.0a	7.0a	9.0a	7.0a	7.0	7.0

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MH: Anaemia										7.0a	7.0b	7.0b	7.0b	9.0b	7.0b	7.1	7.1
MH: Asthma	10.1	2.0	3.0	5.0			8.0a	7.0a	8.0a	7.0b	7.0c	7.0c	7.0c	9.0c	7.0c	7.2	7.2
MH: Bronchitis	10.1	2.0	3.0	5.0			8.0b	7.0b	8.0b	7.0c	7.0d	7.0d	7.0d	9.0d	7.0d	7.3	7.3
MH: Cataract							8.0c	7.0c	8.0c	7.0d	7.0e	7.0e	7.0e	9.0e	7.0e	7.4	7.4
MH: Chronic Kidney disease									8.0n		7.0f	7.0f	7.0f	9.0f	7.0f	7.5	7.5
MH: Chronic obstructive pulmonary disease (COPD)										7.0e	7.0g	7.0g	7.0g	9.0g	7.0g	7.6	7.6
MH: Crohn's disease										7.0f					7.0h	7.7	7.7
MH: Dementia											7.0h	7.0h	7.0h	9.0h	7.0i	7.8	7.8
MH: Depression				5.0			8.0d	7.0d	8.0d	7.0g	7.0i	7.0i	7.0i	9.0i	7.0j	7.9	7.9
MH: Emphysema							8.0e	7.0e	8.0e	7.0h	7.0j	7.0j	7.0j	9.0j	7.0k	7.10	7.10
MH: Gall bladder disease	10.1	2.0	3.0	5.0			8.0f	7.0f	8.0f	7.0i	7.0k				7.0l	7.11	7.11
MH: Gastric, peptic or duodenal ulcer	10.1	2.0	3.0	5.0			8.0g	7.0g	8.0g	7.0j	7.0l				7.0m	7.12	7.12
MH: Glaucoma				5.0			8.0h	7.0h	8.0h	7.0k	7.0m	7.0k	7.0k	9.0k	7.0n	7.13	7.13
MH: Gout	10.1	2.0	3.0	5.0			8.0i	7.0i	8.0i	7.0l	7.0n	7.0l		9.0l	7.0o	7.14	7.14
MH: Liver disease, cirrhosis or hepatitis								8.0	7.0	7.0m	7.0o				7.0p	7.15	7.15
MH: Macular degeneration										7.0n	7.0p	7.0m	7.0l	9.0m	7.0q	7.16	7.16
MH: Osteoporosis				5.0			8.0j	7.0j	8.0j	7.0o	7.0q	7.0n	7.0m	9.0n	7.0r	7.17	7.17
MH: Parkinson's disease							8.0k	7.0k	8.0k	7.0p	7.0r	7.0o	7.0n	9.0o	7.0s	7.18	7.18
MH: Pneumonia				5.0			8.0l	7.0l	8.0l	7.0q	7.0s	7.0p	7.0o	9.0p	7.0t	7.19	7.19
MH: Prostate trouble							8.0m	7.0m	8.0m	7.0r	7.0t				7.0u	7.20	7.20
MH: Shingles										7.0s					7.0v	7.21	7.21
MH: Thyroid disease	10.1	2.0	3.0	5.0												7.22	7.23
MH: Ulcerative colitis										7.0t					7.0w	7.23	7.24
MH: Other conditions 1	10.1	2.0					8.0n	7.0n	8.0o	7.0u	7.0u	7.0q		9.0q	7.0x	7.24	7.25
MH: Other conditions 2	10.1	2.0	3.0													7.25	7.26
Physical Health: The World Health Organisation (Rose) chest pain questionnaire	6	4	7	9	6		12	14	14	13	11	10	10	10	8	8	8
Chest Pain: Do you ever have any pain or discomfort in your chest?	6.1	4.1	7.1	9.1	6.0		12.0	14.0	14.0	13.0	11.0	10.0	10.0	10.0	8.0	8.0	8.0
Chest Pain: When you walk at an ordinary pace on the level, does this produce chest pain?	6.5	4.3	7.3	9.3	6.1c		12.0a	14.1	14.1	13.1	11.1	10.1	10.1	10.1	8.1	8.1	8.1
Chest Pain: When you walk uphill or hurry, does this produce chest pain?	6.6	4.4	7.4	9.4	6.1d		12.0b	14.2	14.2	13.2	11.2	10.2	10.2	10.2	8.2	8.2	8.2
Chest Pain: Do you know the cause of the pain					6.1a												
Chest Pain: Mark of the chest image where you get this pain or discomfort	6.4	4.2	7.2	9.2	6.1b												
Chest Pain: When did you last get this pain	6.2																
Chest Pain: How often do you get this pain	6.3																
Chest Pain: When you get any pain or discomfort in your chest on walking, what do you do	6.7	4.5	7.5	9.5	6.1e												

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Chest Pain: Does the pain or discomfort in your chest go away if you stand still?	6.8	4.6	7.6	9.6	6.1f												
Chest Pain: How long does it take to go away?	6.9	4.7	7.7	9.7	6.1g												
Chest Pain: Overall is the chest pain					6.1h												
Chest Pain: Have you previously had chest pain, which has stopped because of an operation?				9.8	7.0												
Chest Pain: if yes, operation details				9.8	7.0a												
Chest Pain: Have you ever had a severe pain across the front of your chest lasting for half an hour or more?	5.1	5.1	8.1	10.1	8.0												
Chest Pain: If yes, what year did this happen		5.3	8.2	10.3	8.0a												
Chest Pain: Mark of the chest image where you get this pain or discomfort	5.2																
Chest Pain: Did you see a doctor because of this pain? Cause of pain?	5.3	5.2	8.3	10.2	8.0b												
Physical Health: MRC Respiratory Symptoms																	
Breathlessness:			10	12			13	15	15	14	13	11	12	11	9	9	9
Breathlessness: Do you ever get short of breath walking with other people of your own age on level ground?	8.1		10.1	12.1			13.0	15.0	15.0	14.0	13.0	11.0	12.0	11.0	9.0	9.0	9.0
Breathlessness: On walking uphill or upstairs, do you get more breathless than people of your own age?	8.2		10.2	12.2			13.1	15.1	15.1	14.1	13.1	11.1	12.1		9.1	9.1	9.1
Breathlessness: Do you ever have to stop walking because of breathlessness?	8.3		10.3	12.3			13.2	15.2	15.2	14.2	13.2	11.2	12.2		9.2	9.2	9.2
Breathlessness: In the past year have you been awoken at night by an attack of shortness of breath?							13.3	15.3	15.3	14.3	13.3	11.3	12.3		9.3	9.3	9.3
Cough and Wheeze			11	14				15	15	15	12		11		10	10	10
Cough and Wheeze: Do you usually bring up phlegm (or spit) from your chest first thing in the morning in the winter?	7.1		11.1	14.1				15.4	15.4	15.0	12.0		11.0		10.0	10.0	10.0
Cough and Wheeze: Do you bring up phlegm like this on most days for as much as three months in the winter each year?	7.2		11.2	14.2				15.5	15.5	15.1	12.1		11.1		10.1	10.1	10.1
Cough and Wheeze: In the past four years have you had a period of increased cough and phlegm lasting for 3 weeks or more?	7.3		11.3	14.3				15.6	15.6	15.2					10.2	10.2	10.2
Cough and Wheeze: Does your chest ever sound wheezy or whistling?	7.4		11.4	14.4				15.7	15.7	15.3					10.3	10.3	10.3
Cough and Wheeze: If yes, does this happen on most days or nights?	7.5		11.4	14.4				15.8	15.8	15.4					10.4	10.4	10.4
Cough and Wheeze: Does the weather affect your breathing and if so at what season of the year is it most affected			11.5														

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<b>Chest infections and antibiotics</b>																	
Chest infections and antibiotics: How many times in the past year have you had a chest infection requiring antibiotic treatment from your doctor?								15.9	15.9	15.2					10.5	10.5	10.5
<b>Operations</b>								13	13	12					11	11	11
Operations: Have you had any major operations in the last 10 years?				5.2				13.0	13.0	12.0					11.0	11.0	11.0
Operations: If yes, please give details:								13.0	13.0	12.1					11.1	11.1	11.1
<b>Bladder control/ Faecal Incontinence</b>																	
Incontinence: have you leaked even a small amount of urine?															11.2	11.2	11.2
Incontinence: Did urine incontinence last more than a month																11.3	11.3
Incontinence: have you leaked even a small amount of faecal matter?																11.4	11.4
Incontinence: Did faecal incontinence last more than a month																11.5	11.5
<b>Physical Health: Leg Pain (Edinburgh Claudication Questionnaire)</b>	9		9	11	9			17	17	18	15				12	12	12
Physical Health: Ankle Swelling				13.0													
Physical Health: Arthritis	10.1	2.0	3.0	5.0			7	9	9	8	9	8	8	7	13	13	13
Physical Health: Joint pain, swelling or stiffness							9	10	10	9	10	9	9	8	14	14	14
Physical Health: Lower back pain							10	11	11	10	7				15	15	15
Physical Health: Falls			20	22.1			11.2	12	12	11	14	13	13	12	16	16	16
Physical Health: Fractures				22.2			11	12	12	11	8.0	12	13		17	17	17
Physical Health: Dizziness			20				11	12	12	11.0	14.0	14.0	13.5	13.0	17	17.10	17.10
Physical Health: Eyesight				5.4	5.4		16	16	16	16	16	15	14	14	19	21	21
Physical Health: Hearing				5.4	5.4		17	16	16	17	17	16	15	15	20	20	20
Physical Health: Weight		7	12	15			14	18	18	19	18	17	16	18	21	19	19
Physical Health: Height																19	21
<b>Your overall health: Euro QoL ED-5L</b>		1.0	2.0	2.0	13		18	23	22	23	27	24	24	21	18	18	18
Overall health: Pain/discomfort					13.1		18.1	23.1	22.1	23.1	27.1	24.1	24.1	21.1	18.1	18.1	18.1
Overall health: Usual activities e.g. work, study, housework, family or leisure activities					13.2					23.2	27.2	24.2	24.2	21.2	18.2	18.2	18.2
Overall health: Mobility					13.4		18.2	23.2	22.2	23.3	27.3	24.3	24.3	21.3	18.3	18.3	18.3
Overall health: Anxiety/depression					13.5		18.3	23.3	22.3	23.4	27.4	24.4	24.4	21.4	18.4	18.4	18.4

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Overall health: Health scale 0-100					13.7		18.7	23.8	22.8	23.5	27.5	24.5	24.5	21.5	18.5	18.5	18.5
Overall health: Self care					13.3												
Overall health: Self-rated general health		1.0	2.0	2.0	13.0		18.0	23.0	22.0	23.0	27.0	24.0	24.0	21.0	18.0	18.0	18.0
Memory					13.6			23.7	22.7								
Health Behaviours: Smoking																	
Smoking	12	9	14	16	10		20	19	19	20	20	19	18	17	22	22	22
Smoking: Cigarettes?	12.1i		14.6	16.6	10.0						20.0	19.0	18.0	17.0	22.0	22.0	22.0
Smoking: Pipe	12.4	9.3	14.4	16.2	10.3		22.0	20.0	20.0	20.3							
Smoking: Cigar	12.5	9.3	14.4	16.2	10.4		22.1	20.1	20.1	20.4							
Smoking: If hand-rolled, how much tobacco do you use a week?					10.1a		20.2	19.2									
Smoking: Do you want to give up smoking?				16.1			20.3	19.3									
Smoking: Have you tried to give up smoking?				16.1			20.4	19.4									
Smoking: Cessation help offered?							20.5	19.4									
Smoking: Cessation what helped							21.1										
Smoking: Secondary Exposure: Does your wife/ partner smoke cigarettes					10.5												
Smoking: Cessation reasons			14.8	16.7													
Taste and smell: ability to smell things?															62.1	49.0	48.0
Taste and smell: ability to taste food or drink?															62.2	49.1	48.1
Health Behaviours: Alcohol																	
Alcohol Intake	11	10	15	17	11		23	21	21	21	21	20	19	16	23	23	23
Alcohol Intake: Would you describe your present alcohol intake as	11.6i	10.1	15.1	17.1	11.0		23.0	21.0	21.0	21.0	21.0	20.0	19.0	16.0	23.0	23.0	23.0
Alcohol Intake: How much do you usually drink on the days when you drink alcohol?	11.6iii	10.2	15.2	17.2	11.1		23.1	21.1	21.1	21.1	21.1	20.1	19.1	16.1	23.1	23.1	23.1
Alcohol Intake: How many alcoholic drinks do you have during an average week?					11.2		23.2	21.2	21.2	21.2	21.2	20.2	19.3		23.2	23.2	23.2
Alcohol Intake: Have you ever been a regular drinker of more than 6 drinks per day?			15.3	17.3													
Alcohol Intake: What type of drink do you usually take?	11.6ii		15.4	17.4	11.3		23.3	21.3	21.3	21.3	21.3				23.3	23.3	23.3
Alcohol Intake: Changes in your alcohol intake?			15.5	17.5	11.5		23.6	21.6	21.6	21.7	21.6						
Alcohol Intake: Reasons for reduction			15.6	17.6	11.6		23.7	21.7	21.7	21.8							
Alcohol Intake: When do you drink alcohol with meals....					11.4		23.5	21.5	21.5	21.6							
Alcohol Intake: CAGE questionnaire																	

Table 7: Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Alcohol Intake: Have you ever felt you ought to cut down on your drinking			16.1						21.8	21.9							
Alcohol Intake: Have people annoyed you by criticizing your drinking			16.2						21.9	21.10							
Alcohol Intake: Have you ever felt bad or guilty about your drinking			16.3						21.10	21.11							
Alcohol Intake: Have you had a drink first thing in the morning (eye-opener) to steady your nerves or get rid of a hangover			16.4						21.11	21.12							
Alcohol Intake: Ex-Drinkers			17														
Alcohol Intake: Ex-Drinkers - why do you not drink at present?		10.3	17.1	17.6													
Alcohol Intake: Ex- Drinkers- Did you drink in the past		10.4	17.2														
Alcohol Intake: Ex-Drinkers- How often do you drink?		10.5															
Alcohol Intake: Ex- Drinkers- Number of drinks per day		10.6															
Alcohol Intake: Ex drinkers- how long have you given up			17.3														
Water intake															24	24	24
How many glasses of water do you drink a day?															24.0	24.0	24.0
Diet: Snacks														29	25	D10	D10
Diet: How many times a day do you snack on Savoury snacks (e.g. crisps/ salted nuts)?														29.0	25.0a	D10.0	D10.0
Diet: How many times a day do you snack on sweet snacks (e.g. biscuits /cakes/chocolate/sweets)?														29.1	25.0b	D10.1	D10.1
Health/ Social Services: Meals															25	25	
Health/ Social Services: Do you receive help with preparing your meals?															25.1	25.0	
Health/ Social Services: Meals provided by Social/Local Authority services or private provider?															25.1a	25.1	
Health/ Social Services: Meals provided by Friends/family?															25.1b	25.2	
Health/ Social Services: Meals provided by other															25.1c	25.3	
Muscle strength and endurance activities							19.5	24.8	23.8	22.9	23.8		20.8	20.8	28	28	27
Grip Strength- Rate your hand grip strength compared to other people your age?											22	21		25	29	29	28
Strengthening and Balance Exercises											24.0		21.0		30	30	29
Mobility Aids: Do you use any mobility aids?										28.0	26.0	23.0	27.0	26.0	33.0	33	32
Mobility: How would you describe your current mobility?															40.0	33.0	32.0

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Health Behaviours: Physical activity (PA)	13		18	18	12	Q20	19	24	23	22	23	22	20	20	26	26	25
PA: Do you make regular journeys every day or most days either walking or cycling?					12.0		19.0	24.0	23.0	22.0	23.0	22.0	20.0	20.0	26.0	26.0	25.0
PA: Do you walk or cycle to work each day	13.1i		18.1	18.1													
PA: Work Journeys- How many minutes do these journeys take in total each day	13.1i		18.2	18.2													
PA: Apart from work journeys, do you walk or cycle on weekdays	13.1ii		18.3	18.3													
PA: Non work journeys- time	13.1ii		18.4	18.4													
PA: Would you say that in your occupation you are or were physically?	13.1iii		18.5														
PA: How many hours do you normally spend walking e.g. on errands or for leisure in the average week?					12.1		19.0a	24.1	23.1	22.1	23.1	22.1	20.1	20.1	26.1	26.1	25.1
PA: Which of the following best describes your usual walking pace?					12.2		19.1	24.2	23.2	22.2	23.2	22.2	20.2	20.2	26.2	26.2	25.2
PA: How many hours do you normally spend cycling in the average week?					12.3		19.2	24.3	23.3	22.3	23.3		20.3	20.3	26.3	26.3	25.3
PA: On a normal day, how many times do you climb a flight of stairs, (assuming that 1 flight of stairs has 10 steps)?											23.4		20.4	20.4	26.4	26.4	25.4
PA: Do not climb stairs						3.0					23.4		20.4	20.4	26.4a	26.5	25.5
PA: Compared with a man who spends two hours on most days on activities such as: walking, gardening, household chores, DIY projects, how physically active would you consider yourself?	13.2		18.6	18.5	12.4		19.3	24.4	23.4	22.4	23.5	22.3	20.5	20.5	26.5	26.6	25.6
PA: Do you do active physical exercises such as running, swimming, dancing, golf, tennis, squash, jogging, bowls, cycling, hiking, etc.?	13.3		18.8	18.6	12.5		19.4	24.5	23.5	22.5	23.6		20.6	20.6	26.6	26.7	25.7
PA: If you ticked frequently, please state type of activities:	13.4		18.9	18.6	12.5a		19.4a	24.6	23.6	22.6	23.6a		20.6a	20.6a	26.7	26.8	25.8
PA: How many times a month on average do you take part in these activities?			18.11								23.6b		20.6b	20.6b			
PA: In winter	13.6		18.11	18.7	12.5c		19.4b	24.7	23.7	22.7	23.7a		20.7a	20.7a	26.8	26.9	25.9
PA: In summer	13.6		18.11	18.7	12.5c		19.4b	24.7	23.7	22.8	23.7b		20.7b	20.7b	26.9	26.10	25.10
PA: How many years have you been engaged in these sorts of physical activities	13.5		18.10	18.6	12.5b												
PA: Gardening - Light hours per week			18.7														
PA: Gardening - moderate hours per week			18.7														
PA: Gardening - Heavy hours per week			18.7														
PA: How many miles do you walk in an average week						1.1											
PA: How many journeys of at least a mile do you walk each week						1.2											
PA: Household Activities Hours per week Light activities						2.0											



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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
PA: Household Activities Hours per week Moderate activities						2.0											
PA: Household Activities Hours per week Heavy activities						2.0											
PA: Other Activities in the past year						4.0											
PA: Do you participate in vigorous activities						5.0											
PA: Time spent on vigorous activity						5.1											
PA: Activity levels compared with three years ago						5.2											
PA: Activity levels reduced why?						5.3											
PA: General Fitness										27	25		22		27	27	26
PA General Fitness: Can you do any of the following activities:																	
PA General Fitness: run a short distance?										27.0	25.0		22.0		27.0	27.0	26.0
PA General Fitness: do heavy work around the house (e.g. lifting & moving heavy furniture)										27.1	25.1		22.1		27.1	27.1	26.1
PA General Fitness: do gardening (e.g. raking leaves, weeding & pushing the lawn mower)										27.2	25.2		22.2		27.2	27.2	26.2
PA General Fitness: participate in moderate activities like golf, bowling, dancing or doubles tennis?										27.3	25.3		22.3		27.3	27.3	26.3
PA General Fitness: participate in strenuous sports like swimming or singles tennis?										27.4	25.4		22.4		27.4	27.4	26.4
PA General Fitness: have sexual relations?										27.5	25.5		22.5		27.5	27.5	26.5
Recent Illness: Stress and illness in last 3 months															41	39	38
Recent Illness: Have you been stressed or severely ill in the past 3 months?															41.0	39.0	38.0
Recent Illness: Are you currently experiencing dementia and/or prolonged severe sadness?															41.1	39.1	38.1
Disability			19	21	14		15	22	24	24	28	25	25	22	31	31	31
Disability: Do you have any long-standing illness, disability or infirmity?				21.1	14.0		15.0	22.0	24.0		28.0	25.0	25.0	22.0	31.0	31.0	30.0
Disability: What is the long-standing illness/ problem?				21.1													
Disability: Does this long-standing illness or disability limit your activities in any way?				21.1	14.0a		15.0a	22.0a	24.0a		28.0a	25.0a	25.0a	22.0a	31.0a	31.1	30.1
Disability: Long-standing illness how does limit activities?				21.1													
Disability: Long-standing illness do you receive a disability allowance?					14.0b		15.0b	22.0b	24.0b		28.0b	25.0b	25.0b	22.0b	31.0b	31.2	30.2
Disability: Impacts Going up or down stairs			19.1	21.2	14.1a		15.1a	22.1a	24.1a	24.1a	29.1a	26.0a	26.0a	23.0a	32.0a	32.0	31.0
Disability: Impacts of Bending down			19.1	21.2	14.1b		15.1b	22.1b	24.1b	24.1b	29.1b	26.0b	26.0b	23.0b	32.0b	32.1	31.1
Disability: Impacts Straightening up			19.1	21.2			15.1c	22.1c	24.1c	24.1c	29.1c	26.0c	26.0c	23.0c	32.0c	32.2	31.2
Disability: Impacts Keeping your balance			19.1	21.2	14.1c		15.1d	22.1d	24.1d	24.1d	29.1d	26.0d	26.0d	23.0d	32.0d	32.3	31.3
Disability: Impacts Going out of the house			19.1	21.2			15.1e	22.1e	24.1e	24.1e	29.1e	26.0e	26.0e	23.0e	32.0e	32.4	31.4
Disability: Impacts Walking 400 yards			19.1	21.2	14.1d		15.1f	22.1f	24.1f	24.1f	29.1f	26.0f	26.0f	23.0f	32.0f	32.5	31.5

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Disability: Current health impacts Job at work paid employment			19.2	21.3	14.2a		15.2a	22.2a	24.2a	24.2a	29.2a	26.1a	26.1a	23.1a	32.1a	32.6	31.6
Disability: Current health impacts Household chores			19.2	21.3	14.2b		15.2b	22.2b	24.2b	24.2b	29.2b	26.1b	26.1b	23.1b	32.1b	32.7	31.7
Disability: Current health impacts social life			19.2	21.3	14.2c		15.2c	22.2c	24.2c	24.2c	29.2c	26.1c	26.1c	23.1c	32.1c	32.8	31.8
Disability: Current health impacts Sex life			19.2	21.3			15.2d	22.2d	24.2d								
Disability: Current health impacts Interests and hobbies			19.2	21.3	14.2d		15.2e	22.2e	24.2e	24.2d	29.2d	26.1d	26.1d	23.1d	32.1d	32.9	31.9
Disability: Current health impacts Holidays and outings			19.2	21.3	14.2e		15.2f	22.2f	24.2f	24.2e	29.2e	26.1e	26.1e	23.1e	32.1e	32.10	31.10
Disability: Current health impacts Family relationships			19.2	21.3	14.2f												
Disability: Current health impacts: Do you have any difficulties getting about outdoors?			19.3								29.3	26.2	26.2	23.2	32.2	32.11	31.11
Sleeping Patterns							18	23	22	29	32	29	30	27	63	50	49
Sleep: On most nights, how would you rate the quality of your sleep?							18.4	23.4	22.4	29.0	32.0	29.0	30.0	27.0	63.0	50.0	49.0
Sleep: Hours spent sleeping - Night / Day							18.5	23.4	22.4	29.1	32.1	29.1	30.1	27.1	63.1a	50.1	49.1
Sleep: How often do you feel excessively sleepy during the day?													30.3		63.2	50.3	49.3
Sleep: During the last month, did you have difficulties falling asleep at night?								23.5	22.5	29.3	32.3	29.3	30.4		63.3	50.4	49.4
Sleep: During the last month, have you often woken up during the early hours and are unable to get back to sleep?								23.6	22.6	29.4	32.4	29.4	30.5		63.4	50.5	49.5
Sleep: During the last month, have you had trouble maintaining sleep at night?											32.5	29.5	30.6		63.5	50.6	49.6
Sleep: During the last month, how often do you wake up feeling tired and worn out after the usual amount of sleep?												29.6	30.7		63.6	50.7	49.7
Sleep: Do you snore while asleep							18.6			29.6	33.0					50.8	49.8
Sleep: During the last month, have you snored loudly while asleep?										29.7	33.1		30.8		63.7		
Sleep: most frequent reasons for waking										29.5							
Sleep: Sleep apnoea															63.8	50.9	49.9
Sleep: Have you ever been told that you hold your breath during sleep (stop breathing for at least 10 seconds)										29.8	33.2						
Sleep: Have you ever woken short of breath during sleep										29.9	33.3						
Activities of daily living (ADL)							28	31	29	25	30	27	28	24	34	34	33
ADL: What is the furthest you can walk on your own without stopping and without discomfort?							28.0	31.0	29.0	25.0	30.1	27.0	28.0	24.0	34.0	34.0	33.0
ADL: Can you walk up and down a flight of 12 stairs without resting?							28.1	31.1	29.1	25.1	30.2	27.1	28.1	24.1	34.1	34.1	33.1
ADL: When standing, can you bend down and pick up a shoe from the floor?							28.2	31.2	29.2	25.2	30.3	27.2	28.2	24.2	34.2	34.2	33.2

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
ADL: When sitting, can you rise from a chair of knee height, without using your hands?												27.3	28.3	24.3	34.3	34.3	33.3
ADL: Would you say there has been any change in your ability to do practical things in the past two years?													28.4		34.4	34.4	33.4
Instrumental Activities of Daily Living (IADLs):							29	32	30	26	31	28	29	30	35	35	34.0
IADL: Reaching or extending your arms above shoulder level							29.0a	32.0a	30.0a	26.0a	31.0a	28.0a	29.0a	30.0a	35.0a	35.0	34.0
IADL: Pulling or pushing large objects like a living room chair							29.0b	32.0b	30.0b	26.0b	31.0b	28.0b	29.0b	30.0b	35.0b	35.1	34.1
IADL: Walking across a room							29.0c	32.0c	30.0c	26.0c	31.0c	28.0c	29.0c	30.0c	35.0c	35.2	34.2
IADL: Getting in and out of bed on your own							29.0d	32.0d	30.0d	26.0d	31.0d	28.0d	29.0d	30.0d	35.0d	35.3	34.3
IADL: Getting in and out of a chair on your own							29.0e	32.0e	30.0e	26.0e	31.0e	28.0e	29.0e	30.0e	35.0e	35.4	34.4
IADL: Dressing and undressing yourself on your own							29.0f	32.0f	30.0f	26.0f	31.0f	28.0f	29.0f	30.0f	35.0f	35.5	34.5
IADL: Bathing or showering							29.0g	32.0g	30.0g	26.0g	31.0g	28.0g	29.0g	30.0g	35.0g	35.6	34.6
IADL: Feeding yourself, including cutting food							29.0h	32.0h	30.0h	26.0h	31.0h	28.0h	29.0h	30.0h	35.0h	35.7	34.7
IADL: Getting to and using the toilet on your own							29.0i	32.0i	30.0i	26.0i	31.0i	28.0i	29.0i	30.0i	35.0i	35.8	34.8
IADL: Lifting and carrying something as heavy as 10 lbs, (e.g. a bag of groceries)							29.0j	32.0j	30.0j	26.0j	31.0j	28.0j	29.0j	30.0j	35.0j	35.9	34.9
IADL: Shopping for personal items such as toilet items or medicine by yourself							29.0k	32.0k	30.0k	26.0k	31.0k	28.0k	29.0k	30.0k	35.0k	35.10	34.10
IADL: Doing light housework (e.g. washing up)							29.0l	32.0l	30.0l	26.0l	31.0l	28.0l	29.0l	30.0l	35.0l	35.11	34.11
IADL: Preparing your own meals by yourself							29.0m	32.0m	30.0m	26.0m	31.0m	28.0m	29.0m	30.0m	35.0m	35.12	34.12
IADL: Using the telephone by yourself							29.0n	32.0n	30.0n	26.0n	31.0n	28.0n	29.0n	30.0n	35.0n	35.13	34.13
IADL: Taking medications by yourself							29.0o	32.0o	30.0o	26.0o	31.0o	28.0o	29.0o	30.0o	35.0o	35.14	34.14
IADL: Managing money (e.g. paying bills etc)							29.0p	32.0p	30.0p	26.0p	31.0p	28.0p	29.0p	30.0p	35.0p	35.15	34.15
IADL: Using public transport on your own							29.0q	32.0q	30.0q	26.0q	31.0q	28.0q	29.0q	30.0q	35.0q	35.16	34.16
IADL: Driving a car on your own							29.0r	32.0r	30.0r	26.0r	31.0r	28.0r	29.0r	30.0r	35.0r	35.17	34.17
IADL: Gripping with hands (e.g. opening a jam jar)								32.0s	30.0s	26.0s	31.0s	28.0s	29.0s	30.0s	35.0s	35.18	34.18
Cognitive Impairment / Dementia																	
Memory: How often do you have trouble remembering things?										37.0	47.0	37.0	39.0	39.0	64.0	51.0	50.0
Memory: Did you have more trouble than usual remembering recent events?										37.1	47.1	37.1	39.1		64.1	51.1	50.1
Memory: Did you have more trouble than usual remembering a short list of items such as a shopping list?										37.2	47.2	37.2	39.2	39.1	64.2	51.2	50.2
Memory: Did you have trouble remembering things from one second to the next?										37.3	47.3	37.3	39.3	39.2	64.3	51.3	50.3
Memory: Did you have any difficulty in understanding or following spoken instruction?										37.4	47.4	37.4	39.4	39.3	64.4	51.4	50.4

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Memory: Did you have more trouble than usual following a group conversation or a plot on TV due to your memory?										37.5	47.5	37.5	39.5	39.4	64.5	51.5	50.5
Memory: Did you have trouble finding your way around familiar streets?										37.6	47.6	37.6	39.6	39.5	64.6	51.6	50.6
Memory: Did you have trouble getting things organised/ organising your day?										37.7	47.7	37.7	39.7	39.6	64.7	51.7	50.7
Memory: Did you have trouble concentrating on things e.g. reading a book?										37.8	47.8	37.8	39.8	39.7	64.8	51.8	50.8
Memory: Forgetfulness- has forgetfulness affected your daily life?												37.9	39.9	39.8	65.0	52.0	51.0
Recent major life events								30			40		36		66	53	52
Appetite: Quality of appetite												18.0	17.0	19.0	36.0	36.0	35.0
Appetite and eating: Illness															37.0	37.0	36.0
Appetite and eating: Malnutrition															39	38	37
Shopping for food															38	38.4	37.4
Oral Health: Dental Health (mouth, teeth and or dentures)										30	36	31	32	31	50	40	39
Oral Health: General Dental Health										30	36	31	32	31	50	40	39
Oral Health: Your teeth										30	36	31	32	31	51	40	39
Oral Health: Back teeth(molars)															52	41	40
Oral Health: Difficulty chewing																	
Oral Health: Do you have difficulty chewing any foods because of problems with your teeth, mouth or dentures?												31.2	32.2	31.2	53.1	42.0	41.0
Oral Health: Do you avoid eating some foods because of problems with your teeth, mouth or dentures?												31.3	32.3	31.3	53.2	42.1	41.1
Oral Health: Does it take you longer to finish a meal than other people of your own age?												31.4	32.4	31.4	53.3	42.2	41.2
Oral Health: Tooth brushing														31.5	54	43	42
Oral Health: Toothbrush used?																43.0	42.0
Oral Health: How frequently do you brush your teeth?														31.5	54.1	43.1	42.1
Oral Health: Do you have difficulty brushing your teeth?															54.2	43.2	42.2
Oral Health: Visiting the dentist							24.1d	25.2d		32	36		32.7		55	44	43
Preventative Health Care: Have you seen your dentist in the last year?							24.1d	25.2d					32.7		55.0	44.0	43.0
Oral Health: Reason to go to the dentist / hygienist for:										32.0					55.1	44.1	43.1
Oral Health: Reason for not visiting the dentist- difficulty to get to the dental surgery															55.2	44.2	43.2

Table 7: Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Oral Health: Reason for not visiting the dentist- financial cost																44.3	43.3
Oral Health: Reason for not visiting the dentist- No Need																44.4	43.4
Oral Health: Reason for not visiting the dentist- Other																44.5	43.5
Oral Health: How long has it been since you last visited the dentist										32.1	36.0						
Oral Health: Dental problems										30	37	31	32	33.0	56	45	44
Oral Health: Toothache										30.6a		31.9a	32.8a	33.0a	56.1	45.0	44.0
Oral Health: Loose tooth										30.6b	37.2c	31.9b	32.8b	33.0b	56.2	45.1	44.1
Oral Health: Sensitive teeth										30.5	37.1	31.9c	32.8c	33.0c	56.3	45.2	44.2
Oral Health: Mouth ulcers															56.4	45.3	44.3
Oral Health: Bleeding gums											37.2b	31.9d	32.8d	33.0d	56.5	45.4	44.4
Oral Health: Other gum problems												31.9e	32.8e	33.0e	56.6	45.5	44.5
Oral Health: Soreness or cracking around the corners of the mouth															56.7	45.6	44.6
Oral Health: Fractured tooth										30.6d	37.2d						
Oral Health: Loose ill-fitting dentures										30.6d	37.2e						
Oral Health: bad position of teeth (eg crooked or gap) deformity of the mouth										30.6c	37.2f						
Oral Health: Colour, shape or size of teeth										30.6e							
Oral Health: or any other dental condition please specify										30.6f	37.2g						
Oral Health: dental difficulties or difficulties											37.2h						
Oral Health: Toothache, sensitive tooth, tooth decay (hole in tooth)											37.2a			33	56	45	44
Oral Health: In the past 6 months have you experienced toothache or severe discomfort with your teeth?										30.4	37.0						
Oral Health: Dental problems affecting your daily life										30.7	37.3				57	46	45
Oral Health: Dentures												31	32	32.0	58	47	46
Oral Health: Upper Teeth												31		32	59	47	46
Oral Health: Lower Teeth												31		32.0	60	47	46
Oral Health: Dry Mouth -Xerostomia Inventory (XI)										31	38	32	33	34	61	48	47
Social Engagement: Time Use							30	33	27		46	36	38.0	38	67	54	53
Social Engagement: Looking after wife/partner							30.0	33.0a	27.0a	34.0a	46.0a	36.0a	38.0a	38.0a	67.0a	54.0	53.0
Social Engagement: Looking after other adult family members or friend							30.0	33.0b	27.0b	34.0b	46.0b	36.0b	38.0b	38.0b	67.0b	54.1	53.1
Social Engagement: Looking after grandchildren							30.0	33.0c	27.0c	34.0c	46.0c	36.0c	38.0c	38.0c	67.0c	54.2	53.2
Social Engagement: Spending time with family, friends and neighbours								33.0d	27.0d	34.0d	46.0d				67.0d	54.3	53.3

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Social Engagement: Talking to friends/relatives on the telephone/video calls									27.0e	34.0e	46.0e				67.0e	54.4	53.4
Social Engagement: In paid work							30.0	33.0e	27.0f	34.0f	46.0f				67.0f	54.5	53.5
Social Engagement: In voluntary work							30.0	33.0f	27.0g	34.0g	46.0g				67.0g	54.6	53.6
Social Engagement: In a pub or club							30.0	33.0i	27.0j	34.0k	46.0k				67.0h	54.7	53.7
Social Engagement: Attending religious services							30.0	33.0j	27.0k	34.0l	46.0l				67.0i	54.8	53.8
Social Engagement: Playing cards, games, or bingo							30.0	33.0k	27.0l	34.0m	46.0m				67.0j	54.9	53.9
Social Engagement: Visiting the cinema/restaurants/sporting events							30.0	33.0l	27.0m	34.0n	46.0n				67.0k	54.10	53.10
Social Engagement: active sports or exercise				18.8													
Social Engagement: On housework				18.8			30.0	33.0g	27.0h	34.0h	46.0h				67.0l	54.11	53.11
Social Engagement: On light gardening (pruning and weeding)				18.8			30.0	33.0h	27.0i	34.0i	46.0i				67.0m	54.12	53.12
Social Engagement: On heavy gardening (digging & mowing)				18.8			30.0	33.0h	27.0i	34.0j	46.0j				67.0n	54.13	53.13
Social Engagement: Watching television/videos/DVD's							30.0	33.0m	27.0n	34.0o	46.0o	36.0d	38.0d	38.0d	67.0o	54.14	53.14
Social Engagement: Reading							30.0	33.0n	27.0o	34.0p	46.0p	36.0e	38.0e	38.0e	67.0p	54.15	53.15
Social Engagement: Attending class or course of study							30.0	33.0o	27.0p	34.0q	46.0q				67.0q	54.16	53.16
Social Engagement: Using a computer								33.0p	27.0q	34.0r	46.0r	36.0f	38.0f	38.0f	67.0r	54.17	53.17
Social Engagement: Driving or sitting in a car										34.0s	46.0s	36.0g	38.0g	38.0g	67.0s	54.18	53.18
Social Engagement: Have you been on any day or overnight trips in the last year?							31.0	34.0	28.0	36.0	46.1		38.1		68.0a	55.1	54.1
Social Engagement: Have you been on holiday in the last year?			23.7	19.7			31.0	35.0	28.1	36.1	46.2		38.2		68.0b	55.2	54.2
Social Engagement: Are you planning to go on holiday next year?			23.8	19.8							46.3		38.3		68.0c	55.3	54.3
Social Engagement: Do you use the internet and/or email?								36.0	28.2	36.0	46.4		38.4		68.0d	55.4	54.4
Social Engagement: Do you use social media?															68.0e	55.5	54.5
Social Engagement: Do you use a "touch screen" mobile phone?															68.0f	55.6	54.6
Social Engagement: Have you written a personal letter or email in the last week?			23.3	19.3							46.5		38.5		68.0g	55.7	54.7
Social Engagement: Do you take a weekly or monthly magazine or journal?			23.4	19.4							46.6		38.6		68.0h	55.8	54.8
Social Engagement: Did you vote in the last general or local elections?			23.6	19.6							46.7		38.7		68.0i	55.9	54.9
Social Engagement: Do you have access to a telephone			23.1	19.1													
Social Engagement: Have you made a personal phone call in the last week			23.2	19.2													
Social Engagement: Do you attend religious services or meetings			23.5	19.5													
Social Engagement: Do you use the public library			23.9	19.9													

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Social Engagement: Are you a member of any club, society or group			23.10	19.10													
Social Engagement: Have you attended a meeting of the club, society or group in the last month?			23.11	19.11													
Loneliness- UCLA -3																	
Loneliness: UCLA -3: How often do you feel you lack companionship?											45.0	35.0	37.0	37.0	69.0a	56.0	55.0
Loneliness: UCLA -3: How often do you feel isolated from others?											45.1	35.1	37.1	37.1	69.0b	56.1	55.1
Loneliness: UCLA -3: How often do you feel left out?											45.2	35.2	37.2	37.2	69.0c	56.2	55.2
Loneliness: How often do you feel in tune with the people around you?											45.3	35.3	37.3	37.3	69.0d	56.3	55.3
Loneliness: I feel lonely															72.0n	59.13	58.13
Loneliness- Contact with relatives and friends					15.0											C12-13	55.4-11
Depression/ Tiredness / Exhaustion											34	30	31	28	70	57	56
During the past week, how often did you feel that everything you did was an effort?											34.0	30.0	31.0	28.0	70.1	57.1	56.1
During the past week, how often did you feel that you could not get "going"?																	
Geriatric Depression Scale										38.0	48	38	40	40	71	58	57
Geriatric Depression Scale: Are you basically satisfied with your life?										38.0a	48.0a	38.0a	40.0a	40.0a	71.0a	58.0	57.0
Geriatric Depression Scale: Do you feel that your life is empty?										38.0b	48.0b	38.0b	40.0b	40.0b	71.0b	58.1	57.1
Geriatric Depression Scale: Are you afraid that something bad is going to happen to you?										38.0c	48.0c	38.0c	40.0c	40.0c	71.0c	58.2	57.2
Geriatric Depression Scale: Do you feel happy most of the time?										38.0d	48.0d	38.0d	40.0d	40.0d	71.0d	58.3	57.3
Geriatric Depression Scale: Do you drop many of your activities and interests?										38.0e	48.0e	38.0e	40.0e	40.0e	71.0e	58.4	57.4
Geriatric Depression Scale: Do you prefer to stay at home, rather than going out to do new things?										38.0f	48.0f	38.0f	40.0f	40.0f	71.0f	58.5	57.5
Geriatric Depression Scale: Did you feel full of energy?										38.0i	48.0g	38.0g	40.0g	40.0g	71.0g	58.6	57.6
Geriatric Depression Scale: Do you often feel helpless?										38.0g					71.0h	58.7	57.7
Geriatric Depression Scale: Do you feel pretty worthless the way you are now?										38.0h							
Geriatric Depression Scale: Do you think that most people are better off than you are?										38.0j							
Geriatric Depression Scale: Are you in good spirits most of the time?										38.0k							

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Older People's Quality of Life questionnaire (OPQOL-brief)																	
OPQOL-brief: I enjoy my life overall											49.0a		40.1a		72.0a	59.0	58.0
OPQOL-brief: I look forward to things											49.0b		40.1b		72.0b	59.1	58.1
OPQOL-brief: I am healthy enough to get out and about											49.0c		40.1c		72.0c	59.2	58.2
OPQOL-brief: My family, friends or neighbours would help me if needed											49.0d		40.1d		72.0d	59.3	58.3
OPQOL-brief: I have social or leisure activities/hobbies that I enjoy doing											49.0e		40.1e		72.0e	59.4	58.4
OPQOL-brief: I try to stay involved with things											49.0f		40.1f		72.0f	59.5	58.5
OPQOL-brief: I am healthy enough to have my independence											49.0g		40.1g		72.0g	59.6	58.6
OPQOL-brief: I can please myself in what I do											49.0h		40.1h		72.0h	59.7	58.7
OPQOL-brief: I feel safe where I live											49.0i		40.1i		72.0i	59.8	58.8
OPQOL-brief: I get pleasure from my home											49.0j		40.1j		72.0j	59.9	58.9
OPQOL-brief: I take life as it comes and make the best of things											49.0k		40.1k		72.0k	59.10	58.10
OPQOL-brief: I feel lucky compared to most people											49.0l		40.1l		72.0l	59.11	58.11
OPQOL-brief: I have enough money to pay for household bills											49.0m		40.1m		72.0m	59.12	58.12
Center for Epidemiologic Studies Depression Scale Revised (CESD-R10)																	
CES Depression-R10: I was bothered by things that usually don't bother me										31.0a							
CES Depression-R10: I had trouble keeping my mind on what I was doing										31.0b							
CES Depression-R10: I felt depressed										31.0c							
CES Depression-R10: I felt that everything I did was an effort										31.0d							
CES Depression-R10: I felt hopeful about the future										31.0e							
CES Depression-R10: I felt fearful										31.0f							
CES Depression-R10: Sleep: My sleep was restless										31.0g							
CES Depression-R10: I was happy										31.0h							
CES Depression-R10: I felt lonely										31.0j							
CES Depression-R10: I could not "get going"										31.0m							
Patient Health Questionnaire-9 (PHQ-9)																	
PHQ-9: Depression: The impact of these problems for you to do your work, take care of things at home, or get along with other people?										31.1							



Table 7: Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Local Area- Services										39							
Local Area- Services: Would you say that this is an area in which you enjoy living?										39.0							
Local Area- Services: Social and leisure activities for people like yourself										39.0a							
Local Area- Services: Facilities for people of your age										39.0b							
Local Area- Services: The quality & frequency of rubbish collection										39.0c							
Local Area- Services: Your local health service (e.g. your GP or the local hospital)										39.0d							
Local Area- Services: Local transport to where you want to go										39.0e							
Local Area- Services: Your area for having somewhere nice to go for a walk										39.0f							
Your Local Area- Safety										40							
Your Local Area- Safety Walking alone in the daytime										40.0a							
Your Local Area- Safety Walking alone after dark										40.0b							
Your Local Area- Greenery- Neighbourhood has lots of green space.										41.0							
Your Local Area- Environment:										42							
Demographic data		8	13	23	16		27	29	25	33	39	33	34	35	73	60	59.0
Demographic data: Martial Status	1.3	8.1	13.1	23.1	16.0		27.0	29.0	25.0	33.0	39.0	33.0	34.0	35.0	73.1	60.0	59.0
Demographic data: If you are widowed, divorced/separated, please give the year when this occurred:							27.0a	29.1	25.1	33.1					73.2	60.1	59.1
Demographic data If married- does your wife work		8.2															
Demographic data: Currently, who do you live with?				23.2	16.1		27.1	29.2	25.2	33.2	39.1	33.1	34.1	35.1	73.3	60.2	59.2
Demographic data: Where were you born- Town, County, Country	1																
MH: Birthweight- self reported						D20a											
Demographic data: How many years have you lived within 10 miles of this town	1.2																
Demographic data: If you have moved to this area within the last 5 years, where did you come from	1.2																
Demographic data: How many children do you have	1.4																
Demographic data: Please state the age at which your full-time education ended				23.5													
Demographic data: Do you have any pets?					16.4										74.0	61.0	64.0

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
<b>FAMILY HISTORY (FH)</b>																	
FH: Diabetes - Have any of your close blood relatives ever had diabetes?				8.6	5.0												
FH Occupation, Work & Retirement What job did your father do for the longest period of his working life			21.5														
FH Occupation, Work & Retirement: Father Job Manual or non-manual			21.7														
FH: Birthweight of your Children						D20b											
FH Father- Where was he born- Town, County, Country	2.1																
FH Father - is he still alive?	2.2		6.1	24.1													
FH Father- how old was he when he died	2.3		6.2	24.1													
FH Father- Cause of his death	2.4			24.1													
FH Father - Heart Trouble	2.4		6.3	24.1													
FH Father - High Blood Pressure	2.4		6.3	24.1													
FH Father - Stroke	2.4		6.3	24.1													
FH Father - respiratory disease	2.4			24.1													
FH Father - Diabetes			6.3														
FH Father - Cancer of Lung	2.4			24.1													
FH Father - other cancer	2.4			24.1													
FH Father - Cancer	2.4		6.3	24.1													
FH Father - Accident or injury	2.4			24.1													
FH Father - Other	2.4			24.1													
FH Mother- Where was she born- Town, County, Country	3.1																
FH Mother - is she still alive?	3.2		6.4	24.2													
FH Mother- how old was she when she died	3.3		6.5	24.2													
FH Mother- cause of death	3.4			24.2													
FH Mother - Heart Trouble	3.4		6.6	24.2													
FH Mother - High Blood Pressure	3.4		6.6	24.2													
FH Mother - Stroke	3.4		6.6	24.2													
FH Mother - respiratory disease	3.4			24.2													
FH Mother - Cancer of breast	3.4			24.2													
FH Mother - other cancer	3.4			24.2													
FH Mother - Cancer	3.4		6.6	24.2													
FH Mother - Accident or injury	3.4			24.2													
FH Mother - Other	3.4			24.2													
FH Mother - Diabetes			6.6														

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
FH Siblings- How many OLDER siblings do you have			6.7														
FH Siblings- How many YOUNGER siblings do you have			6.8														
FH Siblings- Are you one of twins or triplets			6.9														
FH Siblings - Heart Trouble			6.10														
FH Siblings - High Blood Pressure			6.10														
FH Siblings - Stroke			6.10														
FH Siblings - Diabetes			6.10														
FH Siblings - Cancer			6.10														
FH Siblings- did any of your siblings die at birth or in their first year of life?			6.11														
FH Paternal Grandmother Year of Birth, Place of Birth, Age at death									26.0								
FH Parental Grandfather Year of Birth, Place of Birth, Age at death									26.1								
FH Maternal Grandmother Year of Birth, Place of Birth, Age at death									26.2								
FH Maternal Grandfather Year of Birth, Place of Birth, Age at death									26.3								
Wealth: Financial resources											41	34		36		62	61
Wealth: Home ownership		8.3	13.2	23.3	16.2		27.2	29.3	25.3	33.3	41.0	34.0	35.0	36.0	75.0	62.0	60.0
Wealth: How are you managing financially?								29.6	25.7	33.5	41.1				76.0	62.1	61.0
Wealth: Financial support on retirement -Pension				23.8				29.7	25.8								
Wealth: Private medical insurance							27.6	29.6	25.6								
Wealth: Private medical treatment							27.7										
Wealth: Car available for your own use?				23.4	16.3		27.4	29.5	25.5	33.4	43.0				77.0	63.0	63.0
Wealth: How many cars are there available for use in your household		8.4	13.3														
Personal circumstances:																	
Personal circumstances: Do you currently drive yourself?											43.1				77.1	63.1	63.1
Personal circumstances: have you given up driving											43.2						
Personal circumstances: If yes, at what did you give up driving											43.3						
Personal circumstances: Why did you give up driving?											43.4						
Personal circumstances: Which transport do you use most often						1.0											
Personal circumstances: During the winter is your accommodation warm?							27.3	29.4	25.4								62
Personal circumstances: Managing your health																	65.1

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Personal circumstances: Managing the health of others in your household																	65.2
Personal circumstances: Maintaining your physical activity																	65.3
Fuel Poverty:											42.0				78.0	64.0	61
Heating System to heat home:					16.5						42.3						
Fuel used to heat home					16.5												62
Fuel used for Cooking					16.7												
Home insulation:					16.6						42.4						
Occupation, Work & Retirement	4	11	21	23	17		27.5										
Occupation, Work & Retirement: Unemployment		12															
Early Life- up to 10																	
Early Life circumstances: Did you have a bathroom in your house			22.1														
Early Life circumstances Did you have a hot water tap in your house			22.2														
Early Life circumstances Did you share a bedroom with siblings			22.3														
Early Life circumstances: Did your family own a car			22.4														
Illness and Injury																	
Illness or injury: Have you had an illness or injury which has kept you off work for more than one month		6.1															
Illness or injury: How long was the longest sick period		6.3															
Illness or injury: What was the illness or injury		6.4															
Wellbeing: ONS Four measures of personal well-being																	
Wellbeing: Satisfaction											44.0						
Wellbeing: Happiness											44.1						
Wellbeing: Anxious											44.2						
Wellbeing: Worthwhile											44.3						
Vitamins and minerals				7.6	18.6			28	35	46	52				79	65	67
Medicines - British National Formulary Codes					18		26	27	34	45	52	40	43	42	81	66	68
Medication: Do you take any regular medication?	10.2	3.0	5.0	7.4			25.0	26.0	33.0	44.0	51.0	39.0	42.0	41.0	80.0	66.0	68.0
Medication: If yes, do you take treatment to lower blood pressure	10.2	3.1	5.1		18.0		25.0c	26.0b	33.0b	44.1	51.1						
Medication: If yes, do you take treatment to lower blood cholesterol	10.2						25.0d	26.0c	33.0c	44.2	51.2						
Medication: If you are on treatment to lower your cholesterol, please give the name of the medicine							25.1a	26.1a	33.1a	44.3							

Table 7: Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Medication: If you are on treatment to lower your cholesterol, please tell me the amount you take each day							25.1b	26.1b	33.1b								
Medication: If yes, do you take treatment for any form of heart disease							25.0b	26.0a	33.0a								
Medication: If yes, do you take treatment to lower triglycerides			5.1						33.0d								
Medication: Diuretics		3.1	5.1														
Medication: Tranquilisers	10.2	3.1	5.1														
Medication: Anti-depressants			5.1														
Medication: Sleeping Tablets			5.1														
Medication: Insulin injections	10.2	3.1	5.1														
Medication: Tablets for diabetics	10.2	3.1															
Medication: Diet for diabetics			5.1														
Medication: Pain killers	10.2																
Medication: Anti Coagulants	10.2																
Medication: Other regular treatment	10.2		5.1														
Medication: Other treatment please specify		3.1	5.1														
Blood Cholesterol Test					19												
Cholesterol: Have you had your blood cholesterol measured				5.3	19.0												
Cholesterol: If yes, what was the result				5.3	19.0a												
Cholesterol: If High, have you been advised to take any particular action- Diet					19.0b												
Cholesterol: If High, have you been advised to take any particular action- Drug					19.0b												
Recent medication uses within the last 48 hours	10.3																
Medication used within the last 48 hours: Tranquilisers	10.3																
Medication within the last 48 hours: Pain killers	10.3																
Medication use within last 48 hours: Anti-hypertensive drugs	10.3																
Medication used within the last 48 hours: Anti Coagulants	10.3																
Medication use within last 48 hours: Lipid Lowering drugs	10.3																
Medication within last 48 hours: Oral anti diabetics	10.3																
Medication used within the last 48 hours: Insulin injections	10.3																
Medication used within the last 48 hours: Any Others	10.3																
Medication within the last 48 hours: Don't Know	10.3																

Table 7: Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Medication Aspirin use			5.2	7.1	18.3		25.0a	26.2	33.2	44.4							
Medication: Warfarin use					18.4					44.8							
Medication: GTN use					18.5												
Health/ Social Services:													41				
Health/ Social Services: Home Help/ home care assistant													41.0a				
Health/ Social Services: Nursing Services													41.0b				
Health/ Social Services: approximately how many times in the last year have you consulted your GP about a health problem?													41.0c				
Health/ Social Services: Meals on Wheels													41.0d				
Health/ Social Services: Physiotherapist													41.0e				66.8
Health/ Social Services: Occupational Therapist													41.0f				
Health/ Social Services: Speech Therapist													41.0g				
Health/ Social Services: Social Worker													41.0h				
Health/ Social Services: Day Centre													41.0i				
Health/ Social Services: Day Hospital													41.0j				
Health/ Social Services: GP (Family doctor)													41.0k				66.1
Health/ Social Services: During the last 3 months, did you attend the casualty or outpatient department of hospital as a patient													41.1				
Health/ Social Services: What was the problem													41.1				
Health/ Social Services: Optician													41.2a				
Health/ Social Services: Audiologist													41.2b				
Health/ Social Services: Dental Health care services																	66.2
Health/ Social Services: Getting Medication																	66.0
Health/ Social Services: Social care & support services																	66.3
Health/ Social Services: Medical Appointments																	66.4
Health/ Social Services: Hospital Appointments																	66.5
Health/ Social Services: Planned surgeries																	66.6
Health/ Social Services: Dental treatment																	66.7
Health/ Social Services: other planned treatment (eg Chemotherapy)																	66.9
Health Care								25	32	43							
Preventative Health Care: how many times in the last year have you consulted your GP about a health problem?							24.2	25.0	32.0	43.0							
Preventative Health Care: If none, in what year did you last consult a GP about a health problem?							24.0	25.1	32.1	43.1							
Preventative Health Care: Blood pressure check							24.1a	25.2a	32.2a	43.2							

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Preventative Health Care: Blood Cholesterol check							24.1b	25.2b	32.2b	43.3							
Preventative Health Care: Flu vaccination							24.1c	25.2c	32.2c								10.6
Preventative Health Care: Foot care from a chiropodist							24.1e	25.2e									
Blood Fasting - time					20												
Diet: Are you on any special diet e.g. vegetarian, low fat, diabetic?				20.2		D1		D1.0		D1.0					D1.0		
Diet: If yes, please give details:						D1		D1.1		D1.1					D1.1		
Diet: Meat	11.1			20.1							D1		D1			D1	D1
Diet: Beef including minced beef, beef burgers						D2a		D2.0		D2.0					D2.0	D1.0	D1.0
Diet: Lamb						D2b		D2.1		D2.1					D2.1	D1.0	D1.0
Diet: Pork, bacon, ham, salami						D2c		D2.2		D2.2					D2.2	D1.0	D1.0
Diet: Chicken, turkey, other poultry	11.1			20.1		D2		D2.3		D2.3					D2.3	D1.1	D1.1
Diet: Tinned meat of all types, corned beef, etc						D2e		D2.4		D2.4					D2.4	D1.2	D1.2
Diet: Pork Sausages						D2f		D2.5		D2.5					D2.5	D1.3	D1.3
Diet: Beef Sausages						D2g		D2.6		D2.6					D2.6	D1.3	D1.3
Diet: Meat Pie, Pasties						D2h		D2.7		D2.7					D2.7	D1.3	D1.3
Diet: Liver, kidney, heart						D2i		D2.8		D2.8					D2.8	D1.4	D1.4
Diet: Fish	11.1			20.1							D2		D2			D2	D2
Diet: White fish cod, haddock, hake, plaice, fish fingers, etc						D3a		D3.0		D3.0					D3.0	D2.0	D2.0
Diet: Kippers, herrings, pilchards, tuna, sardines, salmon, mackerel including tinned						D3b		D3.1		D3.1					D3.1	D2.1	D2.1
Diet: Shellfish						D3c		D3.2		D3.2					D3.2	D2.2	D2.2
Diet: Vegetables fresh, tinned, dried, frozen				20.1							D3		D3			D3	D3
Diet: Potatoes: boiled, baked, mashed						D4a		D4.0		D4.0					D4.0		
Diet: chips or fries from shop						D4 bi		D4.1		D4.1					D4.1		
Diet: chips or fried cooked at home						D4b ii		D4.2		D4.2					D4.2		
Diet: roast potatoes						D4b iii		D4.3		D4.3					D4.3		
Diet: Green vegetables, salads				20.1		D4c		D4.4		D4.4					D4.4		
Diet: Carrots						D4		D4.5		D4.5					D4.5		
Diet: Parsnips, swedes, turnips, beetroot, and other root vegetables						D4e		D4.6		D4.6					D4.6		
Diet: Baked or butter beans, lentils, peas, chickpeas, sweetcorn						D4f		D4.7		D4.7					D4.7		
Diet: Onions cooked, raw, pickled						D4g		D4.8		D4.8					D4.8		
Diet: Garlic						D4h		D4.9		D4.9					D4.9		
Diet: Spaghetti and other pasta						D4i		D4.10		D4.10			D6		D4.10	D6.0	D6.0
Diet: Rice all types except pudding rice						D4j		D4.11		D4.11			D6		D4.11	D6.1	D6.1
Diet: Tomatoes fresh, tinned, pureed						D4k		D4.12		D4.12					D4.12		

Table 7: Overview of questions included in the BRHS questionnaires by study time point (1978 to 2023)

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Diet: How often do you eat fresh vegetables in summer				20.1		D4l		D4.13		D4.13					D4.13	D3.2	D3.2
Diet: How often do you eat fresh vegetables in winter				20.1		D4m		D4.14		D4.14					D4.14	D3.3	D3.3
Diet: Fresh Fruit				20.1							D3		D3			D3	D3
Diet: How often do you eat fresh Fruit in summer						D4a		D5.0		D5.0					D5.0	D3.0	D3.0
Diet: How often do you eat fresh fruit in winter						D4b		D5.1		D5.1					D5.1	D3.1	D3.1
Diet: Number of apples eaten a week						D4c		D5.2		D5.2					D5.2		
Diet: Number of pears eaten a week						D4		D5.3		D5.3					D5.3		
Diet: Number of oranges or grapefruit eaten a week						D4e		D5.4		D5.4					D5.4		
Diet: Number of bananas eaten a week						D4f		D5.5		D5.5					D5.5		
Diet: Number of other fruits eaten a week (please give name and quantity)						D4g		D5.6		D5.6					D5.6		
Diet: Cheese	11.1			20.1							D5		D5			D5	D5
Diet: Full-fat cheese e.g. Cheddar, Leicester, Stilton, Brie, soft cheeses						D6		D6.0		D6.0					D6.0	D5.0	D5.0
Diet: Low-fat cheese e.g. Edam, Cottage cheese, reduced fat cheeses						D6		D6.1		D6.1					D6.1	D5.1	D5.1
Diet: Bread	11.2			20.3							D4		D4			D4	D4
Diet: White bread						D7a		D7.0		D7.0					D7.0	D4.0	D4.0
Diet: Brown bread						D7b		D7.1		D7.1					D7.1	D4.1	D4.1
Diet: Whole meal						D7c		D7.3		D7.3					D7.3	D4.1	D4.1
Diet: Bread rolls						D7		D7.4		D7.4					D7.4		
Diet: Crispbread Ryvita, cream crackers, etc						D7e		D7.5		D7.5					D7.5	D6.2	D6.2
Please give name of crispbread etc:								D7.6		D7.6					D7.6		
Diet: White bread: how many slices/ rolls per day and thickness						D7f i		D7.7		D7.7					D7.7		
Diet: Brown bread: how many slices/ rolls per day and thickness						D7f ii		D7.8		D7.8					D7.8		
Diet: Whole bread meal: how many slices/ rolls per day and thickness						D7f iii		D7.9		D7.9					D7.9		
Diet: Bread rolls: how many slices/ rolls per day and thickness						D7f iv		D7.10		D7.10					D7.10		
Diet: Breakfast Cereals	11.1										D6		D6			D6.3	D6.3
Diet: Grapenuts, Porridge, Ready Brek, Special K, Sugar Puffs, Rice Crispies						D8a		D8.0		D8.0					D8.0		
Diet: Cornflakes, Muesli, Shredded Wheat, Sultana Bran, Weetabix						D8b		D8.1		D8.1					D8.1		
Diet: Bran Flakes, Puffed wheat,						D8c		D8.2		D8.2					D8.2		
Diet: All Bran, Wheat Bran						D8		D8.3		D8.3					D8.3		
Diet: Another Cereal please give name:						D8e		D8.4		D8.4					D8.4		
Diet: Biscuits, puddings and sweets											D8		D8			D8.1	D8.1
Diet: Digestive biscuits, plain biscuits						D9a		D9.0		D9.0					D9.0		



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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Diet: Sweet biscuits, sponge cakes, scones, buns						D9b		D9.1		D9.1					D9.1		
Diet: Ice cream, sweet yoghurts, trifle						D9c		D9.2		D9.2					D9.2		
Diet: Fruit cake, fruit bread, plum pudding						D9		D9.3		D9.3					D9.3		
Diet: Fruit tart, jam tart, fruit crumble						D9e		D9.4		D9.4					D9.4		
Diet: Milk puddings, rice, tapioca						D9f		D9.5		D9.5					D9.5		
Diet: Tinned fruit, jellies						D9g		D9.6		D9.6					D9.6		
Diet: Sweet sauces, chocolate, custard						D9h		D9.7		D9.7					D9.7		
Diet: Chocolate, chocolate bars, sweets all types						D9i		D9.8		D9.8					D9.8		
Diet: Eggs	11.1																
Diet: Eggs boiled, poached, fried, scrambled						D10a		D10.0		D10.0					D10.0		
Diet: Eggs in baked dishes e.g. flans, quiches, soufflés, egg custard, etc						D10b		D101		D101					D101		
Diet: Other foods																	
Diet: Soups of all kinds, home-made, tinned, packet						D11a		D11.0		D11.0					D11.0		
Diet: Nuts, nut butter e.g. salted or unsalted peanuts						D11b		D11.1		D11.1	D8		D8		D11.1	D8.0	D8.0
Diet: Savoury snacks e.g. potato crisps, corn chips, crackers						D11c		D11.2		D11.2	D8		D8		D11.2	D8.0	D8.0
Diet: Chutney, brown sauce, tomato sauce						D11		D11.3		D11.3					D11.3		
Diet: Sweet spreads e.g. jam, honey, marmalade chocolate spread						D11e		D11.4		D11.4					D11.4		
Diet: Drinks and Juices n-alcoholic																	
Diet: Natural fruit juices including tomato juice						D12a		D12.0		D12.0					D12.0		
Diet: Fizzy drinks and n-diet squashes						D12b		D12.1		D12.1					D12.1		
Diet: Low calorie (diet) squashes and fizzy drinks						D12c		D12.2		D12.2					D12.2		
Diet: Milk	11.5			20.6		D13		D13		D13	D9		D9		D13	D9	D9
Diet: Salt						D15		D14		D14					D14		
Diet: FATS	11.3			20.5													
Diet: What do you usually spread on bread?						D14a		D15.0		D15.0					D15.0		
Diet: How do you normally spread the fat?						D14b		D15.1		D15.1					D15.1		
Diet: How often do you eat home-fried food cooked with: -						D14c											
Diet: Lard, dripping, solid vegetable oil								D15.2		D15.2					D15.2		
Diet: Liquid vegetable oil								D15.3		D15.3					D15.3		
Diet: How many people normally eat in your household?						D16		D16.0		D16.0					D16.0		
Diet household: Butter						D17		D16.1		D16.1					D16.1		
Diet household: Margarine						D17		D16.2		D16.2					D16.2		
Diet household: Lard and solid vegetable oil						D17		D16.3		D16.3					D16.3		
Diet household: Liquid vegetable oil						D17		D16.4		D16.4					D16.4		
Diet household: Olive Oil						D17		D16.5		D16.5	D7		D7		D16.5	D7.0	D7.0

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Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
Diet household: Cream						D17		D16.6		D16.6					D16.6		
Diet household: Full- fat cheese						D17		D16.7		D16.7					D16.7		
Diet household: Low-fat cheese						D17		D16.8		D16.8					D16.8		
Diet household: Sugar	11.4					D17		D16.9		D16.9					D16.9		
Diet: Coffee						D18a		D17.0		D17.0					D17.0		
Diet: Tea						D18c		D17.4		D17.4					D17.4		
Diet: Other Hot Drinks						D18e		D17.7		D17.7					D17.7		
Diet: Alcoholic Drinks						D19		D18.0		D18.0	D11		D11		D18.0	D11.0	D11.0
Supplementary questions/ General comments											X	X	X	X	X	X	S3
Your views- health or healthy long life																	S1
Your experience of being a BRHS cohort participant																	S2
Help received in completing survey form																	S4

Question	Baseline (Q1)	Q5	Q1992	Q1996	Q20 Main	Q20 PA & Diet	Q2003	Q2005	Q2007	Q30	Q2014	Q2015	Q2016	Q2017	Q2018	Q2020	Q2023
<b>Cognitive and Personality questionnaires:- Self completed during physical examinations</b>																	
Bortner- personality questionnaire	X																
Test your memory (TYM) - cognitive questionnaire										X					X		