

BRHS BASELINE 1978-80 (Q1) Survey questionnaire

BRHS BASELINE Q1

**Questionnaire- Nurse
Administered**

DATE: 1978-1980

Serial Number 1

Card Number 0 1 9

Date of Screening 11

Time of Screening 17

1. <u>GENERAL</u>		
What is your date of birth?	Day <input type="text"/> <input type="text"/>	21
	Month <input type="text"/> <input type="text"/>	23
	Year 19 <input type="text"/> <input type="text"/>	25
Where were you born?	Town See BRHS Migration file	
	County	
	Country	
1.2	How many years have you lived within 10 miles of this town? If you have moved to this area <u>within the last five years</u> , where did you move from?	<input type="text"/> <input type="text"/> 27 years
1.3	What is your marital status?	
	Single 1 <input type="checkbox"/>	29
	Married 2 <input type="checkbox"/>	
	Widowed 3 <input type="checkbox"/>	
	Other 4 <input type="checkbox"/>	
1.4	How many children do you have?	
	<5 yrs <input type="checkbox"/> M <input type="checkbox"/> F	30
	5-10 yrs. <input type="checkbox"/> <input type="checkbox"/>	32
	11-16 yrs. <input type="checkbox"/> <input type="checkbox"/>	34
	> 16 yrs. <input type="checkbox"/> <input type="checkbox"/>	36
2 <u>YOUR FATHER</u>		
2.1	Where was your Father born? See BRHS Migration file Town	
	County	
	Country	
2.2	Is your father alive? (Y/N)	<input type="checkbox"/> 38
2.3	How old is he now? / How old was he when he died?	<input type="text"/> <input type="text"/> 39 years

Note
Codes 5 and 7
are data entry
errors.
Recode to
Marital status=2

Note
See coding
protocol for
known data
entry errors

1=yes
2=No
9=Don't

2.4	If your father has died, what were you told was the cause of his death?		
	Heart trouble	1	
	High blood pressure	2	
	Stroke	3	<input type="text"/>
	Respiratory disease	4	41
	Cancer of lung	5	
	Other cancer	6	
	Accident or injury	7	
	Other	8	
	Don't know	9	
	Alive	0 or .	

3	<u>YOUR MOTHER</u>		
3.1	Where was your mother born?		
	Town See BRHS Migration file	
	County	
	Country	
3.2	Is your mother alive? (Y/N)		<input type="text"/> 42
3.3	How old is she now? / How old was she when she died?		<input type="text"/> years 43
3.4	If your mother has died, what were you told was the cause of her death?		
	Heart trouble	1	
	High blood pressure	2	
	Stroke	3	<input type="text"/>
	Respiratory disease	4	45
	Cancer of breast	5	
	Other cancer	6	
	Accident or injury	7	
	Other	8	
	Don't know	9	
	Alive	0 or .	

1=yes
2=No
9=Don't know

4.	<u>OCCUPATION</u>		
4.1	What is your present job?		
	If employed go to question 4.4		
4.2	If you are unemployed, for how long has this been?		
	<6weeks	1	
	6wk.-5mo.	2	
	6mo. -1yr.	3	<input type="text"/>
	> 1 year	4	46

Extra codes added ==> Employed =0 or "."
Retired =5

4.3	Is this because of ill health? (Y/N)	Extra codes: Employed =0 or "." missing =9	<input type="text"/>	47
4.4	What kind of work have you done for the longest period of time?			
4.5	What business or industry is this?			
4.6	How many years have you done this kind of work?		<input type="text"/>	48
4.7	Are / were you:			
	SELF-EMPLOYED	with 25 or more employees	1	
		with less than 25 employees	2	
		without employees	3	
	MANAGER	of 25 or more people	4	<input type="text"/>
		of less than 25 people	5	
	FOREMAN	6	
	ORDINARY EMPLOYEE	7	
	ARMED SERVICES	8	
5	SEVERE CHEST PAIN (See BRHS Baseline Q1 Derived variables for summary variable)			
5.1	Have you <u>ever</u> had a <u>severe</u> pain in your chest lasting for half an hour or more? (Y/N)	Extra codes: 9=missing	<input type="text"/>	51
	<u>If NO, go to question 6.</u>			
5.2	Where did you get this severe pain?		<input type="text"/>	
	(Show chart.)	See APPENDIX 1 - Coding protocol	<input type="text"/>	52
5.3	Did you see a doctor because of this pain? (Y/N)		<input type="text"/>	55
6	CHEST PAIN (See BRHS Baseline (Q1) Derived variables for summary variables)			
6.1	Do you ever have any pain or discomfort in your chest? (Y/N)		<input type="text"/>	56
	<u>If NO, go to question 7.</u>			
6.2	When last did you get the pain?			
		Within 1 month	1	
		1-5 months ago	2	<input type="text"/>
		6-12 months ago	3	
		Over 1 year ago	4	
		Occasionally	5	57

6.3	How often do you get it?	Daily	1		
		Weekly	2	<input type="checkbox"/>	58
		Monthly	3		
		Once only	4		
		Occasionally	5		
6.4	Where do you get this pain or discomfort? (Show chart.)			<input type="checkbox"/>	59
				<input type="checkbox"/>	
				<input type="checkbox"/>	
6.5	When you walk at an ordinary pace on the level, does this produce the pain? (Y/N)			<input type="checkbox"/>	62
6.6	When you walk uphill or hurry, does this produce the pain? (Y/N)			<input type="checkbox"/>	63
6.7	When you get any pain or discomfort in your chest on walking, what do you do?			<input type="checkbox"/>	
		Stop	1		
		Slow down	2	<input type="checkbox"/>	64
		Continue at the same pace	3		
6.8	Does the pain or discomfort in your chest go away if you stand still? (Y/N)			<input type="checkbox"/>	65
6.9	How long does it take to go away?	10 minutes or less	1	<input type="checkbox"/>	66
		more than 10 minutes	2	<input type="checkbox"/>	
7.0	<u>PHLEGM, COUGH AND BREATHING</u>				
7.1	Do you usually bring up phlegm (spit) from your chest first thing in the morning in the winter? (Y/N)			<input type="checkbox"/>	67
	<u>If NO, go to question 7.4</u>				
7.2	Do you bring up phlegm like this on most days for as much as 3 months in the winter each year? (Y/N)			<input type="checkbox"/>	68
7.3	In the past 3 years have you ever had a period of increased cough and phlegm lasting 3 weeks or more?				
		Yes, once	1	<input type="checkbox"/>	66
		Yes, twice or more	2		
		Never	3		
7.4	Does your chest sound wheezy or whistling on most days (or nights)? (Y/N)			<input type="checkbox"/>	70

7.5	Does the weather affect your breathing? And if so, at what season of the year is it most affected?		
	Not affected	1	<input type="checkbox"/> 71
	Winter	2	
	Summer	3	
	Both	4	

8	<u>BREATHLESSNESS</u>		
8.1	Do you get short of breath walking with people your own age on level ground? (Y/N)		<input type="checkbox"/> 72
8.2	On walking up hills or stairs, do you get more breathless than people you on age? (Y/N)		<input type="checkbox"/> 73
8.3	Do you ever have to stop walking because of breathlessness? (Y/N)		<input type="checkbox"/> 74

See APPENDIX 1 (Coding protocol) for coding details of SEG and Social class

Socio-economic group(SEG) and Social Class are also included in the

BRHS Baseline 1978-80 (Q1)Participant profile data.

S.E.G. 75

Social class 77

~~Activity score~~
Removed. Data unreliable. 78

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9	<u>LEG PAIN</u>		
9.1	Do you ever get pain in your calf muscles on walking at an ordinary pace, on the level? (Y/N)	<input type="checkbox"/>	11
9.2	Do you get pain in your calf muscles when you walk uphill or hurry? (Y/N) Note: This question (9.2) was added after the first 3 towns.	<input type="checkbox"/>	12
10	<u>MEDICAL HISTORY</u>		
10.1	Have you ever been told by a doctor that you have, or have had, any of the following?		
	Angina (Y/N)	<input type="checkbox"/>	13
	Heart attack (Y/N)	<input type="checkbox"/>	14
	Coronary thrombosis (Y/N)	<input type="checkbox"/>	15
	Myocardial infarction (Y/N)	<input type="checkbox"/>	16
	Other heart trouble (Y/N)	<input type="checkbox"/>	17
	High blood pressure (Y/N)	<input type="checkbox"/>	18
	Stroke (Y/N)	<input type="checkbox"/>	19
	Diabetes (Y/N)	<input type="checkbox"/>	20
	Peptic ulcer (Y/N)	<input type="checkbox"/>	21
	Gout (Y/N)	<input type="checkbox"/>	22
	Gall bladder disease (Y/N)	<input type="checkbox"/>	23
	Thyroid disease (Y/N)	<input type="checkbox"/>	24
	Arthritis (Y/N)	<input type="checkbox"/>	25
	Bronchitis (Y/N)	<input type="checkbox"/>	26
	Asthma (Y/N)	<input type="checkbox"/>	27
	Other condition (s) including surgery..... (Y/N)	<input type="checkbox"/>	28
10.2	Are you on any regular medical treatment from a doctor for any condition? (Y/N)	<input type="checkbox"/>	29
	<u>If NO, go to question 10.3</u>		
	Do you know if the pills / medicines /injections are:-		
	Tranquillizers Y/N	<input type="checkbox"/>	30
	Pain killers Y/N	<input type="checkbox"/>	31
	Antihypertensive drugs Y/N	<input type="checkbox"/>	32
	Anti coagulants Y/N	<input type="checkbox"/>	33
	Lipid lowering drugs Y/N	<input type="checkbox"/>	34

	Oral antidiabetics	Y/N	<input type="checkbox"/>	35
	Injection of insulin	Y/N	<input type="checkbox"/>	36
	Any others	Y/N	<input type="checkbox"/>	37
	Don't know	Y/N	<input type="checkbox"/>	38
10.3	Have you taken any of these in the last 48 hours?			
	Tranquillizers	Y/N	<input type="checkbox"/>	39
	Pain killers	Y/N	<input type="checkbox"/>	40
	Antihypertensive drugs	Y/N	<input type="checkbox"/>	41
	Anti coagulants	Y/N	<input type="checkbox"/>	42
	Lipid lowering drugs	Y/N	<input type="checkbox"/>	43
	Oral antidiabetics	Y/N	<input type="checkbox"/>	44
	Injection of insulin	Y/N	<input type="checkbox"/>	45
	Any others	Y/N	<input type="checkbox"/>	46
	Don't know	Y/N	<input type="checkbox"/>	47
11	DIET & ALCOHOL			
11.1	How many times during an average week would you have the following foods?			
	Meat (including beef, lamb, pork, bacon in any form)		<input type="checkbox"/>	48
	Chicken		<input type="checkbox"/>	50
	Fish		<input type="checkbox"/>	52
	Eggs - how many eggs do you eat in a week		<input type="checkbox"/>	54
	Cheese – how often do you eat cheese, including cheese dishes?		<input type="checkbox"/>	56
	Breakfast cereals – how often do you eat these (porridge included)? State kind ..(See Note 1 on right margin).....		<input type="checkbox"/>	58
11.2	What kinds of bread do you eat ? (See Note 2)			
	White	Y/N	<input type="checkbox"/>	60
	Brown	Y/N	<input type="checkbox"/>	61
	Wholemeal	Y/N	<input type="checkbox"/>	62
	Other	Y/N	<input type="checkbox"/>	63
11.3	Spreading fats: What kinds do you use at home?			
	Butter (See Note 3)	Y/N	<input type="checkbox"/>	64
	Margarine (See Note 4).....	Y/N	<input type="checkbox"/>	65
	(State kind or brand name.)			
11.4	Do you take sugar?			
	In tea	Y/N	<input type="checkbox"/>	66
	In coffee	Y/N	<input type="checkbox"/>	67
	In other drinks	Y/N	<input type="checkbox"/>	68

Note 1
 Cereal kind/
 Fibre content
 0= not eaten
 1= low fibre
 2= low/medium
 3= medium
 4= low/high
 5= low/medium/high
 6= medium/high
 7= high
 8= don't know type
 9=doesn't know if cereal eaten

Note 2:
 Each bread type
 Coded as:
 1= yes predominately
 2= not eaten
 3=not predominant type
 9=not known

Note3
 Codes for butter same as for bread Note 2 above

Note 4
 Margarine kind:
 Coded as:
 2= not eaten (check this)
 3= low P/S
 4= medium P/S
 5= high P/S
 8= type not known
 9= don't know if eaten
 0=? (only 1 man)

		(For codes see Note 5)			
11.5	Do you use milk?				
	On cereals	Y/N	<input type="checkbox"/>	69	Note 5 Coded as: 1= yes 2= no 3= skimmed
	In tea	Y/N	<input type="checkbox"/>	70	
	In coffee	Y/N	<input type="checkbox"/>	71	
	As a milk drink	Y/N	<input type="checkbox"/>	72	
11.6	(i) Would you describe your present alcohol intake as:				See BRHS Baseline(Q1) derived variables for summary alcohol variable
	None	1			
	On special occasions only	2	<input type="checkbox"/>	73	
	Once or twice a month	3			
	Weekends	4			
	Daily / most days	5			
	<u>If NONE, go to question 12</u>				
	(ii) What type of drink do you usually take?				
	Beer	1			
	Spirits	2	<input type="checkbox"/>	74	
	Wine/sherry	3			
	Mixed beer & spirits	4			
	Mixed beer, spirits, wine and sherry	5			
	(iii) How much do you usually take?				
	2 drinks a day or less	1			
	3-6 drinks a day	2	<input type="checkbox"/>	75	
	more than 6 drinks a day	3			
	(One drink is a single whisky, gin or brandy, a glass of wine, sherry or port or half a pint of beer.)				

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12 **SMOKING** *Note: See BRHS Baseline (Q1) derived variables file for Smoking categories variable*

- 12.1 (i) Do you smoke at present?
- | | | | |
|----------------|---|----------------------|----|
| Yes, regularly | 1 | | |
| No | 2 | <input type="text"/> | 11 |
| Occasionally | 3 | | |

If NO, go to question 12.6

- (ii) How old were you when you started?
- | | | | | |
|--|--|----------------------|----------------------|----|
| | | <input type="text"/> | <input type="text"/> | |
| | | years | | 12 |
- (iii) Have you ever given up smoking? (Y/N)
- | | | |
|--|----------------------|----|
| | <input type="text"/> | 14 |
|--|----------------------|----|
- (iv) If yes, what is the maximum time for which you have given up smoking?
- | | | | |
|--|----------------------|----------------------|----|
| | <input type="text"/> | <input type="text"/> | |
| | years | | 15 |

- 12.2 (i) Do you smoke cigarettes now?
- | | | | |
|-----------------------|---|----------------------|----|
| Yes regularly | 1 | | |
| No | 2 | <input type="text"/> | 17 |
| Occasionally (<1 day) | 3 | | |

If NO, or OCCASIONALLY go to question 12.3

- (ii) How many cigarettes do you usually smoke a day?
- | | | | |
|--|----------------------|----------------------|----|
| | <input type="text"/> | <input type="text"/> | 18 |
|--|----------------------|----------------------|----|
- (iii) If hand rolled, how much tobacco do you use a week? (ozs.)
- | | | | |
|--|----------------------|----------------------|----|
| | <input type="text"/> | <input type="text"/> | |
| | ozs. | | 20 |

Now proceed to 12.4

- 12.3 (i) Were you previously a regular cigarette smoker? (Y/N)
- | | | |
|--|----------------------|----|
| | <input type="text"/> | 22 |
|--|----------------------|----|
- (ii) If Yes, how many cigarettes did you usually smoke a day?
- | | | | |
|--|----------------------|----------------------|----|
| | <input type="text"/> | <input type="text"/> | 23 |
|--|----------------------|----------------------|----|
- (iii) At what age did you change to a pipe and / or cigars?
- | | | | |
|--|----------------------|----------------------|----|
| | <input type="text"/> | <input type="text"/> | |
| | years | | 25 |

- 12.4 (i) Do you smoke a pipe now?
- | | | | |
|---------------|---|----------------------|----|
| Yes regularly | 1 | | |
| No | 2 | <input type="text"/> | 27 |
| Occasionally | 3 | | |

If NO or OCCASIONALLY go to question 12

- (ii) If YES, how many ozs. a week do you smoke?
- | | | | |
|--|----------------------|----------------------|----|
| | <input type="text"/> | <input type="text"/> | |
| | ozs. | | 20 |

- 12.5 (i) Do you smoke a pipe now?
- | | | | |
|---------------|---|----------------------|----|
| Yes regularly | 1 | | |
| No | 2 | <input type="text"/> | 30 |
| Occasionally | 3 | | |

- (ii) If YES, how many cigars do you smoke a day?
- | | | | |
|-------|----------------------|----------------------|----|
| Large | <input type="text"/> | <input type="text"/> | 31 |
| Small | <input type="text"/> | <input type="text"/> | 32 |

If you smoke ANYTHING currently, go to question 13.

12.6	(i)	Have you ever smoked for a more than 1 month ? (Y/N)		<input type="checkbox"/>	35
		How much did you <u>usually</u> smoke			
		Cigarettes (per day)		<input type="checkbox"/>	36
		Pipe (ozs) (per week)		<input type="checkbox"/>	38
		Cigars (per day)	Large	<input type="checkbox"/>	40
			Small	<input type="checkbox"/>	42
		<u>If NO, go to question 13.</u>			
	(ii)	At what age did you start smoking?		<input type="checkbox"/>	44
				years	
	(iii)	At what age did you finally stop smoking?		<input type="checkbox"/>	46
				years	
	(iv)	What was the maximum time between these two ages for which you gave up smoking?		<input type="checkbox"/>	48
				years	
13	EXERCISE	Note: See BRHS Baseline (Q1) derived variables file for Physical activity categories variable			
13.1	(i)	Do you usually walk or cycle in the course of your journeys to or from work each day?		<input type="checkbox"/>	50
		No	1		
		Walk	2		
		Cycle	3		
		Added code: Walk and Cycle	4		
		If YES, how many minutes do these journeys take?		<input type="checkbox"/>	51
				mins	
	(ii)	Apart from your journeys to or from work, do you usually walk or cycle on weekdays?		<input type="checkbox"/>	50
		No	1		
		Walk	2		
		Cycle	3		
		Added code: Walk and Cycle	4		
		If YES, how many minutes do you walk/cycle each day?		<input type="checkbox"/>	51
				mins	
	(iii)	Would you say that in your occupation you are physically :		<input type="checkbox"/>	56
		Very active	1		
		Fairly active	2		
		Average	3		
		Fairly inactive	4		
		Very inactive	5		
13.2		On average, a man of your age spends 4 hours on most weekends on some of the following activities: walking, gardening, household chores, DIY projects. Compared to such a man, how physically active do you consider yourself?		<input type="checkbox"/>	57
		Very active	1		
		Fairly active	2		
		Average	3		
		Fairly inactive	4		
		Very inactive	5		

<p>13.3 Apart from these activities, do you take active physical exercise, e.g. running, digging, swimming, tennis, golf, sailing, etc.</p>	<p>No 1</p>	
<p>Occasionally 2</p>		
<p>Frequently 3</p>	<p><input type="text"/> 58</p>	
<p><u>If NO or Occasionally – stop here.</u></p>		
<p>13.4 Please state type of activity.....</p>		
<p>13.5 How many years have you been involved in this activity?</p>	<p><input type="text"/> <input type="text"/> years 59</p>	
<p>13.6 How many times a month (on average) do you undertake these activities?</p>	<p>Winter <input type="text"/> <input type="text"/> 61 Summer <input type="text"/> <input type="text"/> 63</p>	
<hr/>		
<p>Administrator</p>	<p><input type="text"/> 65</p>	
<p>Coder</p>	<p><input type="text"/> 66</p>	