**Data Dictionary for the 3rd Decade of the**

**Tasmanian Longitudinal Health Study (1991-93)**

# TAS 91-93 Spouses

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| --- | --- | --- | --- |
| Question number | Question | Variable name | Coding |
|  | Subject Unique Id | ID |  |
|  | Health number | HLTHNUM |  |
|  | Today’s Date | TODAY |  |
| 1 | Surname | SURNAME |  |
|  | maiden name | MAIDEN |  |
|  | given names | GIVEN |  |
| 2 | Sex | SEX | 1=Male, 2=Female |
| 3 | age (yrs) | AGE |  |
| 4 | date of birth | BIRTHDATE |  |
| 5 | home address | HOMEADDRES |  |
|  | home phone | TELEPHONEH |  |
|  | other phone | TELEPHONEW |  |
|  | alternative contact name | ALTNAME |  |
|  | Address | ALTADDRESS |  |
|  | home phone | ALTTELPHH |  |
|  | other phone | ALTTELPHW |  |
| 6 | marital status | MARITAL | 1=married, 2=defacto, 3=separated, 4=divorced, 5=widowed, 6=never married |
| 7 | Number of children | CHILDREN |  |
| 8 | How many years of secondary school have you completed? | SECONADARY |  |
| 9 | How many years of tertiary education have you completed? | TERTIARY |  |
| 10 | Are you currently employed? | EMPLOYED | 1=Yes-full-time, 2=Yes-part-time, 3=No |
| 11 | What is your current occupation? | OCCUPATION |  |
| 12 | Height | HEIGHT |  |
|  | Current Weight | WEIGHT |  |
|  | Weigh between 18 and 21 years | WEIGHT18 |  |
| 13 | In the past 12 months how many days did you stay at home from work because of illness? | SICKDAYS |  |
| 14 | The following question is about long term condidtions that have lasted or are likely to last for six months or more: | LONGTERM1-6 | 1=heart or coronary disease  2=hernia or rupture  3=high blood pressure  4=ulcer eg: stomach or duodenum  5=diabetes or high blood sugar  6=paralysis or loss of limb  7=high cholesterol or high triglycerides  8=migrane  9=thyroid trouble or goitre  10=epilepsy  11=behavioural or emotional disorders  12=amputation or loss eg arm or foot  13=dependence on drugs or alcohol  14=serious burns  15=serious wounds  16=kidney disease |
| 15a | a) Cough medicines, or any other remedies for colds? | COUGHMED | 1=Yes, 0=no |
| 15b | b) Medications for asthma or wheeze? | ASTHMAMED | 1=Yes, 0=no |
| 15c | c) Medications for an allergy | ALLERGYMED | 1=Yes, 0=no |
| 15d | d) Skin ointments or creams such as heat rubs, antiseptic creams or creams for rashes? | SKINMED | 1=Yes, 0=no |
| 15e | e) Medications for your stomach or any laxatives? | STOMACHMED | 1=Yes, 0=no |
| 15f | f) Fluid tablets or medications for heart problems or blood pressure? | FLUIDMED | 1=Yes, 0=no |
| 15g | g) Sleeping pills, tranquillisers or sedatives? | SLEEPMED | 1=Yes, 0=no |
| 15h | h) Pain relievers? | PAINMED | 1=Yes, 0=no |
| 15i | i) Insulin? | INSULINMED | 1=Yes, 0=no |
| 16 | Have you ever smoked regularly? | SMOKEDEVER |  |
| 17 | If yes, how old were you when you first started smoking regularly? | AGEFIRST |  |
| 18 | For how many years have you been a regular smoker? | YEARSSMOKE |  |
| 19 | On average how many cigarettes did you smoke per day? | AVESMOKED |  |
| 20 | Do you currently smoke? | SMOKECURR | 1=Yes, 0=no |
| 21 | How many cigarettes do you usually smoke a day? | AVESMOKE |  |
| 22 | How old were you when you last gave up smoking cigarettes? | AGEQUIT |  |
| 23 | How many adults (apart from yourself) live in your household? | ADULTSSHAR |  |
| 24 | Of these other adults how many are regular smokers? | ADULTSSMOK |  |
| 25 | Have you ever drunk an alcoholic drink (sips and tastes don't count)? | EVERDRINK | 1=Yes, 0=no |
| 26 | How long ago did you last have an alcoholic drink? (Please specify in days, weeks, months or years) | LASTDRINK |  |
| 27 | In the last seven days have you had any drinks at all that alcohol, including home made wine or beer (sips and tastes don't count)? | DRINKWEEK | 1=Yes, 0=no |
|  |  | LIGHT7 |  |
|  |  | LIGHT10 |  |
|  |  | LIGHTCAN |  |
|  |  | NORMAL7 |  |
|  |  | NORMAL10 |  |
|  |  | NORMALCAN |  |
|  |  | WINE |  |
|  |  | SPIRITS |  |
| 29 |  | DRINKUSUAL | 1=more than usual  2=about the same  3=less than usual |
| 30 | For how much time in the last 12 months have you been ill due to chest illnesses? | CHESTILL | 1=not at all  2=one to seven days  3=eight to thirty days  4=more than a month |
| 31 | Have you had more than two sore throats in the past 12 months? | SORETHROAT | 1=Yes, 0=no |
| 32 | Have you ever been told by a doctor that you have pneumonia or pleurisy? | PNEUMONIA | 1=no, never  2=yes, once or twice  3=yes, more than twice |
| 33 | Have you ever been told by a doctor that you are allergic to any foods or medicines? | ALLERGIC | 1=Yes, 0=no |
| 34 | Do you get hives? | HIVES | 1=no, never  2=yes, once or twice  3=yes, more than twice |
| 35 | Do you get eczema? | ECZEMA | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |
| 36 | Do you get psoriasis? | PSORIASIS | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |
| 37 | Do you get dermatitis? | DERMATITIS | 1=never  2=yes, once or twice  3=yes, more than twice  4=Nearly all the time |
| 38 | Have you at any time in your life suffered from attacks of asthma or wheezy breathing? | ASTHMA | 1=yes, 0=no |
| 39 | Age what age did these attacks begin? | AGEATTACK | 1=under 7 years  2=between 7 and 14 years  3=between 15 and 21 years  4=over 21 years |
| 40 | How long is it since the last attack? | LASTATTACK | 1=less than one month  2=over one but less than three months ago  3=over three but less than six months ago  4=over six but less than twelve months ago  5=over one year but less than two years ago  6=over two years ago  7=over five years ago  8=over ten years ago |
| 41 | On th average (as near as you can say) how often do these attacks tend to occur over the last 12 months? | AVEATTACK | 1=About once in 24 hours  2=about once a week  3=about once a fortnight  4=about once a month  5=about once every three months  6=about once every six months  7=about once in 12 months (or less often)  8=no attacks at all in the last 12 months |
| 42 | Over the last 12 months, on average (as near as you can say) how long do these attacks usually last (with usual treatment)? | DURATION | 1=less than 12 hours  2=a day or so  3=a week or so  4=a month or so  5=Continuous |
| 43 | In the last 12 months, approximately how many attacks have you had altogether? | NUMBER | 1=one attack only  2=two to five attacks  3=six to ten attacks  4=eleven to twenty attacks  5=twenty to fifty attacks  6=fifty to one hundred attacks  7=over one hundred attacks |
| 44 | Do you feel that over your lifetime your asthma or wheezy breathing has: | LIFEASTHMA | 1=improved  2=remained the same  3=worsened |
| 45 | Have you at any time in your life suffered from attacks of bronchitis or attacks of cough with sputum (phlegm) in the chest("loose" or "ratty" cough)? | BRONCHITIS | 1=Yes, 0=no |
| 46 | Have you at any time in the last 12 months woken up with a feeling of tightness in your chest first thing in the morning? | TIGHTCHEST | 1=Yes, 0=no |
| 47 | Have you at any time in the last 12 months had any attacks of shortness of breath that came on during the day when you weren't doing anything strenuous? | SHORTBRETH | 1=Yes, 0=no |
| 48 | Have you at any time in the last 12 months had an attack of shortness of breath that came on after you stopped exercising? | EXERCISE | 1=Yes, 0=no |
| 49 | Have you at any time in the last 12 months been woken at night by an attack of shortness of breath? | WOKEN | 1=Yes, 0=no |
| 50 | Have you at any time in the last 12 months been woken at night by coughing? | WOKENCOUGH | 1=Yes, 0=no |
| 51 | Do you usually cough first thing in the morning? | COUGHMORN | 1=Yes, 0=no |
| 52 | Do you usually bring up phlegm from your chest first thing in the morning? | PHELGM | 1=Yes, 0=no |
| 53 | Do you get attacks of hay fever (that is sneezing running or blocked nose sometimes with itchy eyes or nose)? | HAYFEVER | 1=Yes, 0=no |
| 53a | if yes, do these hay fever attacks tend to be more frequent or more severe at any particular time or season of the year(seasonally)? | SEASON | 1=Yes, 0=no |
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