**Data Dictionary for the 6th Decade of the**

**Tasmanian Longitudinal Health Study**

# Follow up of the Tasmanian Longitudinal Health Study from First to Sixth Decade Questionnaires

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | ID number printed on the top right corner of page | QID | 3609 unique values | Missing = 0 | |  |
|  | Participant ID | PID | 2-8581 (inclusive) | Missing = 0 | |  |
|  | Family ID | FID | 3580 unique values |  | | There are blank FIDs in dataset |
|  | Appointment Date | dateinterviewed\_6th | 03sep2012-08nov2016 | Missing = 0 | |  |
|  | Testing Scientist Number | TSN | 3-200 | 3  5  9  30  35  36  47  48  49  50  51  52  53  54  55  57  58  59  60  61  62  63  64  66  67  69  70  75  76  77 | 2  1  121  90  446  342  31  203  62  176  1  751  11  213  161  6  67  122  20  81  32  3  97  34  74  167  37  32  4  3 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 200 | 1 |  |
|  |  |  |  | . | 218 |  |
|  | Testing Centre ID | TCID | 1-51 | 1  2  3  4  9  10  12  13  15  16  35  48  51  . | 1104  627  492  34  90  75  32  113  30  34  56  2  1  1  918 |  |
|  | Barometric pressure (hPa, mmHg) | BP | 0-7025 | 2650 readings. Missing = 949 | | There is one 0 hPa reading |
|  | Room temperature (Celsius) | RT | 0-92.4 | 2660 readings. Missing = 949 | |  |

**PART 1**

**SECTION A: BACKGROUND INFORMATION**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| A1 | In which country were you born? | A1A | 0 = Field not filled  1 = Australia  2 = Other  3 = Don't know | 0  1  2  3 | 6  3482  120  1 | |  |
|  | Other specified | A1A1 | 97 unique values | (was adopted)  Aberdeen Scotland  Adelaide, SA  Auckland, New Zealand  Australia  Austria  Bombay, India  Box Hill Vic  Broken Hill NSW  Burnie  Burnie TAS  Burnie Tasmania  Burnie, TAS  Burnie, Tasmania  Calvary hosp. Hobart  Canada  Devonport  Devonport, Tasmania  Elizabeth S.A.  England  Fiji  Flinders Island, TAS  Franklin, TAS  Georgetown, TAS  Georgetown-TAS  Germany  Glasgow, Scotland  Hamburg, Germany  Hobart  Hobart TAS  Hobart Tasmania | | 1  1  1  1  3  1  1  1  1  4  3  4  1  2  1  1  3  1  1  39  1  1  1  1  1  1  1  1  24  1  2 | One specified as adopted |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Hobart, TAS  Hobart, Tasmania  Holland  Hong Kong  India  Inverness, Scotland  Ireland  Isle of Wight  Italy  Jamaica  Kampala, Uganda  Kenya  Kiribati  Launceston  Launceston TAS  Launceston Tasmania  Launceston, TAS  Launceston, Tasmania  Lenah Valley Hobart  Lismore, NSW  London, UK  Lusaka, Zambia  Malaysia  Malta  Melbourne  Netherlands  New Guinea  New Zealand  Nigeria  North Wales  Papua New Guinea  Penrith NSW  Port Moresby, PNG  Queenstown  Queenstown Tasmania  Queenstown, TAS  Scotland | 5  4  2  1  1  1  1  1  3  1  1  3  1  11  2  2  2  4  1  1  1  1  1  1  2  1  1  9  1  1  1  1  1  2  2  1  7 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Scottsdale TAS  Sheffield, TAS  Smithton  Smithton, TAS  Solomon Islands  South Africa  St Marys, TAS  Swansea, TAS  TAS  Tasmania  Tasmania (Launceston)  Tasmania, Launceston  The Netherlands  Turkey  UK  UK-Scotland  Ulverstone  Ulverstone TAS  United Kingdom  USA  Wakefield, York, UK  Wales  Whitemark Flinders Island  Woomera SA  Wynyard Tasmania  Wynyard, TAS  Wynyard, Tasmania  Zimbabwe | 1  1  1  2  1  1  1  1  1  18  1  1  1  1  8  1  3  1  9  1  1  2  1  1  1  1  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Office use only | A1A2 | 1-51 | 1  12  15  17  19  24  27  32  33  35  41  42  47  50  51  . | 1  1  1  1  1  2  1  1  5  2  1  1  39  1  6  3545 | |  |
|  | In which country was your mother born? | A1B | 0 = Field not filled  1 = Australia  2 = Other  3 = Don't know | 0  1  2  3 | 19  3089  482  19 | |  |
|  | Other specified | A1B1 | 128 unique values | Holland  Adelaide  Adelaide, SA  Adopted  Amsterdam  Australia  Austria  Babel Island, TAS  Belgium  Benevento, Italy  Boat Harbour  Bowen, QLD  Broken Hill NSW  Bulgaria  Burnie TAS  Burnie, Tasmania  Canada  China | | 1  1  1  2  1  2  6  1  1  1  1  1  1  1  1  1  1  6 | Two specified as adopted |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Christchurch, NZ  Croatia  Cygnet  Czech Republic  Denmark  Devonport  Devonport, Tasmania  Dutch East Indies  England  England (Manchester)  England (UK)  England, Southampton  England, U.K.  England, Wales  Falkland Islands  Fiji  Fingal, TAS  Finland  Forth TAS  France  Germany  Glasgow, Scotland  Greece  Hamburg Germany  Hobart  Hobart TAS  Hobart Tasmania  Hobart, TAS  Hobart, Tasmania  Holland  Holland/Netherlands  Hong Kong  Hungary  India  Indonesia  Ireland  Italy | 1  6  1  2  1  2  1  1  142  1  1  1  1  1  1  1  1  4  1  2  37  1  10  1  10  2  1  2  3  41  1  1  2  6  2  7  21 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Japan  Kenya  King Island  Kingston, Jamaica  Klacno, Slovakia  Latrobe TAS  Launceston  Launceston – TAS  Launceston, TAS  Launceston, Tasmania  Longford Tasmania  Malawi  Middle Europe  Moogara Tasmania  Nethelands  Netherland  Netherlands  New Norfolk  New Norfolk, Tas  New Zealand  Nnetherlands  North Wales  North Wales UK  NZ  Ouse, TAS  Perth  Perth WA  Poland  Prussia  Queensland  Queenstown  Queenstown TAS  Queenstown Tasmania  Romania  Rosebery  Russia  Russian | 1  1  1  1  1  1  6  1  1  2  1  1  1  1  1  1  24  1  1  11  1  1  1  1  1  1  2  17  1  1  1  1  1  1  1  2  1 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Salzburg Austria  Scotland  Serbia  Sheffield  Shepparton VIC  Singapore  Slovenia  Smithton, Forest  South Africa  South Australia  Strahan  Swansea Tasmania  Swansea, TAS  Sydney  Sydney NSW  TAS  Tasmania  Tasmania, Latrobe  Tasmania, Launceston  The Netherlands  Turkey  UK  UK - England  UK-Scotland  Ukraine  United Kingdom  Victoria  Wakefield, York, UK  Wales  Wales U.K.  Yorkshire, England  Yugoslavia  Zeehan  Zeehan Tasmania  Zimbabwe | 1  25  1  1  1  1  3  1  1  1  1  1  1  2  1  2  10  1  1  6  1  29  1  1  2  12  2  1  3  1  1  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  | Office use only | A1B2 | 0-99 | 0  1  6  8  9  12  14  15  16  17  18  19  23  24  32  33  37  38  40  41  47  50  51  87  88  97  99  . | 1  1  1  4  1  1  1  16  3  1  2  2  5  13  33  9  5  1  1  1  108  1  15  1  4  1  3  3374 | | |  |
|  | In which country was your father born? | A1C | 0 = Field not filled  1 = Australia  2 = Other  3 = Don't know | 0  1  2  3 | 17  2970  583  39 | | |  |
|  | Other specified | A1C1 | 127 unique values | Holland  Adopted  Amsterdam  Australia  Austria  Belgium | |  | 1  1  2  1  10  1 | One specified as adopted |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Bulgaria  Burma  Burnie  Burnie TAS  Burnie, Tasmania  Calcutta, India  Campbeltown,Scotland  Canada  Cardiff, UK  Carlton VIC  China  Croatia  Cygnet  Cygnet, TAS  Cyprus  Czech Republic  Czechoslovakia  Unknown  Denmark  Devonport  Devonport Tasmania  Devonport, TAS  East Prussia  Egypt  England  England Staffordshire  England UK  England, U.K.  Estonia  Fiji  Fingal, TAS  Finland  Franklin, TAS  Germany  Germany Now Poland  Greece  Hobart | 1  1  2  1  1  1  1  2  1  1  3  7  1  1  1  3  2  1  1  2  1  1  1  1  143  1  1  1  1  1  1  3  1  43  1  9  13 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Hobart TAS  Hobart, TAS  Hobart, Tasmania  Holland  Hungary  Indonesia  Ireland  Italy  King Island  Kingaroy Queensland  Latvia  Latvia (Russia)  Launceston  Launceston TAS  Launceston, TAS  Launceston, Tasmani  Lebanon  Lilydale  Lithuania  Liverpool UK  London U.K.  Mauritius  Melbourne  Melbourne Victoria  Middle Europe  Netherlands  New Zealand  Newcastle NSW  North Wales  Northern Ireland  Norway  NZ  Penguin TAS  Poland  Queenstown  Queenstown TAS  Queenstown,Tasmani | 1  3  3  46  7  2  12  31  1  1  2  1  6  1  1  2  1  1  8  1  1  1  1  1  1  32  15  1  1  2  3  1  1  34  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Romania  Russia  Sandy Bay  Scotland  Scottsdale  Scottsdale Tasmania  Serbia  Sheffield - England  Singapore  Slovenia  Smithton  Smithton, Marrawah  South Africa  Sri Lanka  Sri Lanka (Ceylon)  St Helens, TAS  St Marys TAS  Studley, TAS  Swansea Tasmania  Sydney  TAS  Tasmania  Tasmania, Launceston  Tasmania, South  The Netherlands  Turkey  UK  UK (United Kingdom)  UK-Scotland  Ukraine  Ulverstone  Ulverstone TAS  Ulverstone, TAS  Ulverstone, Tasmania  United Kingdom  Victoria  Victoria - Warnambool | 1  6  1  42  1  1  2  1  1  4  1  1  1  3  1  1  1  1  1  2  2  16  1  1  7  1  32  1  1  2  1  1  1  1  13  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Wakefield, York, UK  Wales  Wales U.K.  Wales, UK  Wilcannia NSW  Wynyard, Tasmania  Yorkshire, England  Yugoslavia  Zimbabwe | | 1  5  1  1  1  1  1  1  1 |  |
|  | Office use only | A1C2 | 1-99 | 1  4  6  8  9  10  12  15  16  18  19  20  23  24  27  29  30  32  33  37  38  39  40  41  42  45  47  50 | 2  1  2  1  1  1  1  19  3  3  1  1  4  18  1  1  1  36  8  16  3  1  1  2  1  1  116  1 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 51  88  97  99  . | 26  1  1  8  3326 | |  |
|  | In which country was your mother’s mother born? | A1D | 0 = Field not filled  1 = Australia  2 = Other  3 = Don't know | 0  1  2  3  . | 31  2819  602  156  1 | |  |
|  | Other specified | A1D1 | 111 unique values | Hobart  Adopted  Adopted but likely to be Australian  Amsterdam  Australia  Austria  Beaconsfield  Belgium  Benevento, Italy  Boat Harbour  Bowen, QLD  Branxholm, Tasmania  Britain  Broken Hill NSW  Bronte, TAS  Canada (Prince Edward Is)  Cape Barren Island, TAS  China  Christchurch, NZ  Could have been born in UK  Croatia  Czechoslovakia  Denmark | | 1  1  1  2  1  6  1  1  1  1  1  1  1  1  1  1  1  2  1  1  6  1  2 | One specified as adopted  One specified as “Don’t know” |

|  |  |  |  |  |  |  |
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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Don't know  England  England, Southampton  England, U.K.  England, Wales  England, Yorkshire  Falkland Islands  Fiji  Finland  France  Germany  Greece  Hobart  Hobart TAS  Hobart, Tasmania  Holland  Holland/Netherlands  Hong Kong  Hungary  India  Indonesia  Ireland  Italian  Italy  Japan  Klacno, Slovakia  Kyabram Vic  Launceston  Launceston, Tasmania  Lefroy TAS  London, UK  Longford Tasmasia  Marrawah  Middle Europe  Netherland (Holland)  Netherlands  New Norfolk | 1  192  1  1  1  1  1  2  4  2  47  9  8  1  2  39  1  1  1  6  2  16  1  23  1  1  1  3  1  1  1  1  1  1  1  27  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | New Zealand  Nnetherlands  North Wales  North Wales UK  Perth  Perth WA  Poland  Poland/Germany  Probably China  Queensland  Queensland Aust  Queenstown Tasmania  Queenstown, Tas  Romania  Russia  Salzburg Austria  Scotalnd  Scotland  Scotland, Paisley  Scotland, UK  Serbia  Slovenia  South Africa  South Afrika  South Australia  St Helens  Sth Africa  Swansea Tasmania  Swansea, TAS  TAS  Tasmania  Tasmania, Latrobe  Tasmania, Launceston  The Netherlands  Trinidad  Turkey  UK | 16  1  1  1  1  1  17  1  1  1  1  2  1  1  2  1  1  50  1  1  1  3  3  1  1  1  1  1  1  5  11  1  1  6  1  2  43 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | UK (Eng)  UK - England  UK-Scotland  Ukraine  United Kingdom  United Kingdom (England)  Victoria  Victoria ?  Wales  Wales U.K.  Yugoslavia  Zeehan  . | | 1  1  1  1  15  1    1  1  9  1  1  1  1 |  |
|  | Office use only | A1D2 | 0-99 | 0  1  8  9  12  15  16  17  18  19  23  24  29  32  33  37  38  41  42  47  51  88  99 | 1  1  1  1  1  20  3  1  1  1  5  13  1  33  8  7  1  3  1  158  14  6  36 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | . | 3292 | |  |
|  | In which country was your mother’s father born? | A1E | 0 = Field not filled  1 = Australia  2 = Other  3 = Don't know | 0  1  2  3  . | 30  2726  629  223  1 | |  |
|  | Other specified | A1E1 | 104 unique values |  | | | One specified as adopted  Two specified as “Don’t know” |
|  | Office use only | A1E2 | 0-99 | 0  1  6  8  9  12  14  15  16  17  18  19  23  24  29  32  33  37  38  41  46  47  48  51  88  99  . | | 1  1  2  1  1  1  2  20  3  1  1  3  16  13  1  31  6  7  3  1  1  163  1  17  5  64  3243 |  |
|  | In which country was your father’s mother born? | A1F | 0 = Field not filled  1 = Australia | 1 | | 36  2627 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 2 = Other  3 = Don't know | 2  3  . | 681  264  1 |  |
|  | Other specified | A1F1 | 106 unique values |  |  | Two specified as adopted |
|  | Office use only | A1F2 | 0-99 | 0  1  4  6  8  9  10  15  16  18  19  20  23  24  27  32  33  37  38  39  41  42  45  47  48  51  88  99  . | 1  1  1  1  2  1  1  21  3  4  2  1  18  20  1  34  10  15  3  1  2  1  1  165  1  25  3  68  3202 |  |
|  | In which country was your father’s father born? | A1G | 0 = Field not filled  1 = Australia  2 = Other  3 = Don't know | 1  2  3  . | 40  2567  715  286  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Other specified | A1G1 | 103 unique values |  | | Two specified as adopted  One specified as “Don’t know” |
|  | Office use only | A1G2 | 0-99 | 0  1  4  6  8  9  10  12  15  16  18  19  23  24  27  32  33  37  38  39  41  42  45  47  48  51  88  97  99  . | 1  1  1  1  2  1  1  1  21  3  4  1  14  19  1  35  5  16  3  1  2  1  1  175  1  22  3  1  79  3192 |  |
| A2 | What is the highest educational or vocational qualification that you have completed? | A2 | 1 = Grade 1 to 6  2 = Grade 7 to 9  3 = Grade 10 or 11 | 1  2  3  4  5  6 | 8  197  1005  276  428  806 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 4 = Grade 12 or equivalent (e.g. Higher School Certificate)  5 = Trade/ Apprenticeship (e.g. hairdresser, electrician, plumber  6 = Certificate or Diploma (e.g. child care, technician etc)  7 = University degree (e.g. Bachelor)  8 = Higher University degree (e.g. Graduate Diploma, Masters, PhD | 7  8  . | 509  344  36 |  |
| A3 | Are you currently employed (including self-employed)? | A3 | 1 = Yes  2 = No  3 = No, studying  4 = No, retired | 1  2  3  4  . | 2641  349  18  86  515 |  |
|  | Are you currently employed (including self-employed)? | A3A | 1 Full time  2 Part time  3 Casual | 1  2  3  . | 2224  620  231  534 |  |
| A4 | What is/was your main occupation? | A4 | 1 = Manager or administrator  2 = Professional  3 = Associate professional  4 = Tradesperson or related worker  5 = Advanced clerical or service worker | 1  2  3  4  5  6  7  8  9 | 446  742  492  424  246  500  169  141  319 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  | 6 = Intermediate clerical, sales, service worker  7 = Intermediate production or transport worker  8 = Elementary clerical, sales or service worker  9 = Labourer or related worker  10 = House person | 10  . | 79  51 | |  |
| A5 | What is your usual work pattern? | A5 | 1 = Daytime - no shifts  2 = Rotating shifts with nights  3 = Rotating shifts without nights  4 = Permanent nights  5 = Other (please specify) | 1  2  3  4  5  . | 2893  280  127  41  174  94 | |  |
|  | Other specified | A5OTH | 162 unique values | 1-3 days each week while I'm sick  11.45am - 7.30pm  14 hour shifts and on call 24 hours  2 afternoons  24 hour continual shifts  24 hour on call  24 hours  24/7  3 days, two afternoons 1pm  30 hrs active work/ 30 hrs passive work  38 hours plus extra varied hours | | 1  1  1  1  1  1  1  1  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 3am-1pm permanent work hours  4-5 weeks on a vessel, 4-5 weeks at h..  4.30-5.30pm Tues, Wed, Sat, Sun. 4-5  40+ hours - day/night/weekend  5am mornings  7 days  8 days on, 6 days off  8 hrs day, 3 hrs nights, most days  Afternoon  Afternoon 4-11  Afternoon shift  Afternoon shift 1400-2200  Afternoon shift only  Afternoon shifts  Also on call once a month ie called i..  And some evenings  And some night work at home  Anything  As reqd sometimes day(12hr) sometimes  As required  Breakfast and evening functions, hrs..  Business owner - all hours  Combination daytime and rotating shif..  Day and evening shifts  Day and night | 1  1  1  1  1  1  1  1  1  1  1  1  1  2  1  1  1  1  1  3  1  1  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Day and night - 24/7 call out  Day and night as needed  Day shift  Day time and on call  Day time with out of hours call outs  Day/evening 12-16 hrs self  Days and nights  Days and nights and some weekends  Days and nights. 14 hours - 18 hours  Days and weekends  Days and/or nights as required  Days at home  Daytime + on-call  Daytime and evening  Daytime and out of hours but not shifts  Daytime mostly and some nights  Daytime shifts, night time call  Daytime with night oncall  Daytime with some nights  Did not disclose  Disability benefit - does not work  Disability division  Disability pension  Disability pension, home duties  Disability pensioner | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  3  1  2 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Doesn't work in shifts, can work all..  Early morning, late evenings, middle  Early mornings  Evening - 1630-2030  Evenings/afternoons  Fishing and car go work  Freelance - random  Freelance, so very eratic  Friday to Tuesday inclusive  Full time 9-5 weekends various shifts  Full time carer for partner - all hours  Have done some shift work (3 years)  Home duties  Home duties – daytime  Home duties currently  House person  House wife  House work  However long it takes to pull cray pots  In a live in situation  In Singapore daytime, in Australia af..  Invalid pensioner  Irregular hours  Kinship carer  Looking after my place  Made redundant 03/2013, looking for w..  Mainly day, some night shifts | 1  1  1  1  1  1  1  1  1  1  1  1  5  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Morning and afternoon shifts – rotating  Mostly days with one evening  Mothers full time carer  Multiple carer role  N/A  N/A was rotating shifts with nights  N/A-retired  N/applicable  New start, not working  Nights and weekend work also  NIL  NIL – retired  NIL at present  No fixed hours  No longer working  No longer working - disability pension  None  Normally days but can be shift work  Not applicable  Not employed due to disability  Not working  Not working - disability pension  Not working currently  Occasional early (1am starts)  On 2 years leave  On call  On call 24/7 | 1  1  1  1  9  1  1  2  1  1  1  1  1  1  2  1  3  1  1  1  6  1  1  1  1  1  3 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | On call but generally daytime  On call service technician  On disability pension  On disability pension - run a small h..  On pension  On work cover  Part time day 8 hours a week  Pension  Pension due to illness  Pensioner  Pensionnaire disability  Permanent evening shift 3pm-11pm  Piecemeal - as required  Predominantly day, but also an hour o..  Random, casual  Retired  Rotating day and afternoon shifts  Self employed non regular work pattern  Self employed therefore work full tim..  Semi-retired  Sleep over not active nights  Some daytime hours and 5 sleepovers i  Some regular shifts plus casual/call  Sons carer - on call day and night | 1  1  1  1  1  1  1  4  1  3  1  1  1  1  1  14  1  1  1  1  1  1  1  1 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Split shift - four hours  am, four hou..  Split shift during the day 7-9am 2.3..  Starts work Mon-Friday at 4am  Tues-Fri 8.30am-3.00pm  Unemployed  Unemployed currently  Unemployed, made redundant 2013  Varied shifts within the hours of 6am..  Various, days and nights till 9pm  Very occasional night shift, supervis  Voluntary work at community centre –..  Volunteer work - day/night  Was daytime for years then few years..  Was home schooling her children  Was permanent nights for 32 years – 7  Was some evenings  Whenever required  Work from home  Worked night shift - 10 years  X 2 jobs - school hours and shift wor..  . | 1  1  1  1  3  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  4 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| A6 | What is your current marital status? | A6 | 1 = De facto  2 = Divorced  3 = Married  4 = Never married  5 = Separated but not divorced  6 = Widowed | 1  2  3  4  5  6  . | 366  359  2361  313  133  55  22 |  |
| A7 | What is your current postcode | A7 | 688 unique values |  | |  |

**SECTION B: HOME ENVIRONMENT AND PETS**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| B1 | Which types of heating do you use at home? |  |  |  | | |  |
|  | Gas ducted central heating | B1\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3330  279 | |  |
|  | Coal or wood fire | B1\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 2296  1313 | |  |
|  | Gas room heater | B1\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3265  344 | |  |
|  | Electric heater (e.g. radiator, fan or dimplex-type) | B1\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 2542  1067 | |  |
|  | Other central heating (e.g. electric, hydronic, slab floor) | B1\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 3395  214 | |  |
|  | Reverse cycle air-conditioning | B1\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 1903  1706 | |  |
|  | Oil-Heater | B1\_7 | 0 = Not indicated  1 = Indicated | 0  1 | 3572  37 | |  |
|  | Other | B1\_8 | 0 = Not indicated  1 = Indicated | 0  1 | 3546  63 | |  |
|  | Other specified | B1OTH | 47 unique values | Air conditioning  Ceiling heat  Diesel  Diesel heater  Downstairs only  Ducted  Ducted air-conditioning  Ducted diesel  Ducted heat pump  Electric blanket  Electric panel heaters  Evaporative A/C  Evaporative AC  Evaporative cooling  Fan  Fan forced gas heating that vents out.. | | 1  1  2  1  1  1  1  1  1  2  1  1  1  1  1  1 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Fan heater  Floor heating  Gas ducted  Gas fan-forced  Gas firepalce, flu outside  Gas heater ducted  Gas open fire  Gas workshop heating radiator  Heat bank and panes x 2  Heat pump  Heater light  Heater light in bathroom  Hydronic  Kerosene  Metho  Panel heating and ceiling heating  Passive solar  Passive solar - house is well heated..  Pellet fire  Pellet heater  Reject heater  Slow combustion wood  Solar  Solar boosted gas hydronic floor  Tastic ceiling heater  Wood  Wood canara  Wood fire between ages 0-22years  Wood fire closed  Wood heater | 1  1  1  1  1  1  1  1  1  10  10  1  1  1  1  1  1  1    3  3  1  1  1  1  1  2  1  1  1  1 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | No heating | B1\_9 | 0 = Not indicated  1 = Indicated | 0  1 | 3517  92 | |  |
| B2 | What kind of stove do you mostly use for cooking? | B2 | 1 = Gas  2 = Electric  3 = Coal, coke or wood  4 = Other (please specify) | 1  2  3  4  . | 998  2482  19  21  89 | |  |
|  | Other specified | B2OTH | 22 unique values | Barbecue  Barbeque  BBQ  Both  Both gas and electric 50% each  Convection  Cooktop-gas, oven-electric  Dual gas and electric  Electric oven, gas cooker  Gas and electric  Gas BBQ  Gas cook tops  Gas cooktop with electric oven  Gas cooktop, electric oven  Gas hot plates, electric oven  Induction  Microwave  Microwave/convection  Never cooks (food provided)  None  Wood and gas | | 1  2  1  1  1  1  1  1  1  2  2  1  1  1  1  8  3  1  1  2  1 |  |
| B2A | Do you have an exhaust fan over the stove? | B2A | 0 = No  1 = Yes | 0  1  . | 446  3147  16 | |  |
| B2B | When cooking how often do you use the fan? | B2B | 1 = All of the time  2 = Some of the time | 1  2 | 1637  1373 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 3 = None of the time | 3  . | 124  475 |  |
| B2C | Does the fan take the fumes outside the house? | B2C | 0 = No  1 = Yes | 0  1  . | 830  2170  609 |  |
| B3 | Has there ever been mould or mildew on any surface, other than food, in your home? | B3 | 0 = No  1 = Yes | 0  1  . | 1698  1903  8 |  |
|  | Bathrooms | B3A\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 2130  1479 |  |
|  | Living rooms | B3A\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 3396  213 |  |
|  | Your bedroom | B3A\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 2886  723 |  |
|  | Kitchen | B3A\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3474  135 |  |
|  | Other bedrooms | B3A\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 2977  632 |  |
|  | Any other area/s | B3A\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 3470  139 |  |
| B3B | Has there ever been mould or mildew on any surface, other than food, in your home in the last 12 months? | B3B | 0 = No  1 = Yes | 0  1  . | 672  1212  1725 |  |
| B4 | How old is the mattress on your bed? | B4 | 1 = Less than 12 months old  2 = 1 to 5 years old  3 = More than 5 years old  4 = Don't know  5 = Not relevant (e.g. waterbed) | 1  2  3  4  5  . | 318  1669  1523  45  40  14 |  |
| B5 | Is there fitted carpet in the bedroom? | B5 | 0 = No  1 = Yes | 0  1  . | 656  2936  17 |  |
| B5A | What is the age of the carpet? | B5A | 1 = Less than 12 months old | 1 | 138 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 2 = 1 to 5 years old  3 = More than 5 years old  4 = Don't know | 2  3  4  . | 696  1889  150  736 |  |
| B6 | Do you keep or own any cats? | B6 | 0 = No  1 = Yes | 0  1  . | 2359  1238  12 |  |
| B6A | How many cats? | B6A | 0-15 | 0  1  2  3  4  5  6  9  15  . | 5  407  176  41  9  2  1  2  1  2965 |  |
| B6B | Are the cats allowed indoors? | B6B | 0 = No  1 = Yes | 0  1  . | 109  1133  2367 |  |
| B6C | Are the cats allowed in the bedroom? | B6C | 0 = No  1 = Yes | 0  1  . | 323  865  2421 |  |
| B7 | Has there been a cat in the house in the last 12 months? | B7 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2263  1299  21  26 |  |
| B8 | Do you keep or own any dogs? | B8 | 0 = No  1 = Yes | 0  1  . | 1617  1980  12 |  |
| B8A | How many dogs? | B8A | 0-38 | 0  1  2  3  4  5  6 | 1  575  305  41  6  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 7  8  10  38  . | 2  1  2  1  2673 |  |
| B8B | Are the dogs allowed indoors? | B8B | 0 = No  1 = Yes | 0  1  . | 399  1583  1627 |  |
| B8C | Are the dogs allowed in the bedroom? | B8C | 0 = No  1 = Yes | 0  1  . | 775  982  1852 |  |
| B9 | Has there been a dog in the house in the last 12 months? | B9 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1479  2065  20  45 |  |

**SECTION C: CHILDHOOD ENVIRONMENT**

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| C1 | What term best describes the place you lived most of the time when you were under the age of five years? | C1 | 1 = Farm  2 = Country town  3 = Suburb of a city  4 = Inner city  5 = Don't know | 1  2  3  4  5  . | 600  1146  1759  80  12  12 |  |
| C2 | How many of your brothers, sisters or other children regularly slept in your bedroom before you were five years old, not including yourself? | C2 | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  12  99  . | 1030  1667  598  183  49  13  7  3  2  1  3  1  3  49 |  |
| C3 | Did you have serious respiratory infection before the age of five years? | C3 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2536  376  674  23 |  |
| C4 | Did you go to school, pre-school, kindergarten, or a day care centre before the age of five years? | C4 | 0 = No  1 = Yes | 0  1  . | 2247  1318  44 |  |
| C5 | At what age did you first attend a school, pre-school, kindergarten, or day care? | C5 | 0-48 | 0  1  2  3  4  5  6  7 | 2  4  10  113  951  1608  813  45 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 8  10  25  35  45  48  . | 4  1  2  1  1  1  53 |  |
| C6 | Did your father smoke during the first year of your life? | C6A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1168  2149  282  10 |  |
|  | Did your father smoke when you were aged 1 to 4 years? | C6B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1154  2078  250  127 |  |
|  | Did your father smoke when you were aged 5 to 15 years? | C6C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1379  2015  81  134 |  |
| C7 | Did your mother smoke during the first year of your life? | C7A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2140  1207  236  26 |  |
|  | Did your mother smoke when you were aged 1 to 4 years? | C7B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2057  1213  192  147 |  |
|  | Did your mother smoke when you were aged 5 to 15 years? | C7C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2082  1322  46  159 |  |
| C8 | Was there a cat in your home during the first year of your life? | C8A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1726  1251  590  42 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Was there a cat in your home when you were aged 1 to 4 years? | C8B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1643  1415  396  155 |  |
|  | Was there a cat in your home when you were aged 5 to 15 years? | C8C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1204  2203  37  165 |  |
| C9 | Was there a dog in your home during the first year of your life? | C9A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1837  1287  418  67 |  |
|  | Was there a dog in your home when you were aged 1 to 4 years? | C9B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1744  1423  275  167 |  |
|  | Was there a dog in your home when you were aged 5 to 15 years? | C9C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1244  2172  23  170 |  |
| C10 | Did you have a carpet (or a rug) covering the floor in your bedroom during the first year of your life? | C10A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 653  1782  1139  35 |  |
|  | Did you have a carpet (or a rug) covering the floor in your bedroom when you were aged 1 to 4 years? | C10B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 640  1994  845  130 |  |
|  | Did you have a carpet (or a rug) covering the floor in your bedroom when you were aged 5 to 15 years? | C10C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 366  3009  91  143 |  |
| C11 | As a child did you live on a farm that was run by your family during the first year of your life? | C11A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2963  591  36  19 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | As a child did you live on a farm that was run by your family when you were aged 1 to 4 years? | C11B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2848  599  23  139 |  |
|  | As a child did you live on a farm that was run by your family when you were aged 5 to 15 years? | C11C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2818  631  9  151 |  |
| C12 | As a child did you have regular contact with farm animals e.g. horses, cows, pigs, sheep and/or poultry during the first year of your life? | C12A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2487  854  246  22 |  |
|  | As a child did you have regular contact with farm animals e.g. horses, cows, pigs, sheep and/or poultry when you were aged 1 to 4 years? | C12B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2248  1104  121  136 |  |
|  | As a child did you have regular contact with farm animals e.g. horses, cows, pigs, sheep and/or poultry when you were aged 5 to 15 years? | C12C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2043  1411  17  138 |  |
| C13 | As a child did you consume any farm milk during the first year of your life? | C13A | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1570  1111  908  20 |  |
|  | As a child did you consume any farm milk when you were aged 1 to 4 years? | C13B | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1429  1466  589  125 |  |
|  | As a child did you consume any farm milk when you were aged 5 to 15 years? | C13C | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1533  1739  203  134 |  |
| C14 | What was the main type of heating your home had when |  |  |  |  |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | you were under the age of five years? |  |  |  | | |  |
|  | Gas ducted central heating | C14\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3596  13 | |  |
|  | Coal or wood fire | C14\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 597  3012 | |  |
|  | Gas room heater | C14\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3543  66 | |  |
|  | Electric heater (e.g. radiator, fan or dimplex-type) | C14\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 2946  663 | |  |
|  | Other central heating (e.g. electric, hydronic, slab floor) | C14\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 3588  21 | |  |
|  | Reverse cycle air-conditioning | C14\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 3601  8 | |  |
|  | Oil Heater | C14\_7 | 0 = Not indicated  1 = Indicated | 0  1 | 3151  458 | |  |
|  | Other | C14\_8 | 0 = Not indicated  1 = Indicated | 0  1 | 3446  163 | |  |
|  | Other specified | C14OTH | 42 unique values | Can't remember  Can't remember if there was heating  Chip heater  Combustion oven  Convection  Do not know  Does not know  Doesn't know  Don't know  Don't remember  Ducted oil central heating  Electric off peak  External wood fire-ducted  Fire place  Heat bank  I don't know  Kero  Kero heater | | 1  1  1  1  1  1  2  2  36  1  1  1  1  2  1  1  1  2 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Kerosene  Kerosene !!  Kerosene heater  Kerosene heaters  Kerosene heating  Kerosine  Kerpsene heater  Maybe kerosene  NIL  Not sure  Off peak electrical  Oil ducted central heating  Oil fired central heating  Open fire  Open wood fire  Probably wood-fired, radiator common..  Slow combustion coal and brickettes  Unknown  Wood  Wood fire  Wood fired combustion stove  Wood heater  Wood stove | | 68  1  13  1  1  1  1  1  1  2  1  1  1  9  4  1  1  1  5  3  1  1  1 |  |
|  | No heating | C14\_9 | 0 = Not indicated  1 = Indicated | 0  1 | 3599  10 | |  |
| C15 | When you were a child, how often did you eat vegetables that your family (or friends) had grown? | C15 | 1 = Never/rarely  2 = Every week  3 = Several times a week  4 = Daily  5 = Several times a day | 1  2  3  4  5  . | 818  659  784  1167  159  22 | |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| C16 | Currently, how often do you eat potatoes or vegetables that you (or your family or friends) have grown yourself? | C16 | 1 = Never  2 = Rarely  3 = Almost every week in summer/autumn season  4 = Almost daily  5 = Almost daily in summer/autumn season | 1  2  3  4  5  . | 782  1258  750  484  316  19 |  |

**SECTION D: SMOKING AND ALCOHOL USE**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| D1 | In your lifetime, have you smoked at least 100 cigarettes or equal amounts of cigars, pipes or any tobacco product? | D1 | 0 = No  1 = Yes | 0  1  . | 1564  2038  7 | |  |
| D1A | How old were you when you started smoking? | D1A | 0-88 | 0  2  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18 | 2  1  1  1  2  7  17  12  49  30  90  127  248  354  363  235  222 | | There are 2 who started smoking at the age of 0 years |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 19  20  21  22  23  24  25  26  27  28  29  30  32  33  34  35  36  37  39  40  41  42  43  45  46  47  48  50  85  88  . | | 69  60  40  14  13  10  15  3  3  8  2  10  2  2  1  1  2  1  2  3  2  2  1  1  1  1  3  2  1  1  1572 |  |
| D1B | Do you currently smoke (within the last 4 weeks)? | D1B | 1 = Not at all  2 = Yes, daily  3 = Yes, at least weekly  4 = Yes, less than weekly | 1  2  3  4  . | | 1470  548  31  37  1523 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| D1C | On average how much (per day) do you currently smoke? | D1C1 | 1-60 | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  20  22  24  25  26  30  40  50  60  . | 4  4  6  18  23  17  9  20  4  95  1  33  3  7  103  1  3  5  113  1  1  46  1  31  5  1  1  3053 |  |
|  | On average how much (per week) do you currently smoke? | D1C2 | 0-80 | 0  1  2  3  4  6  7  8  10 | 1  1  3  2  3  1  1  1  5 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 12  15  20  25  30  33  40  49  50  60  70  80  . | 1  4  1  2  1  1  4  1  3  3  2  1  3567 |  |
|  | On average how much (per month) do you currently smoke? | D1C3 | 0-90 | 0  1  2  3  5  6  8  10  15  20  28  30  40  80  90  . | 1  11  7  1  2  3  2  5  1  1  1  2  2  2  1  3567 |  |
| D1D | How old were you when you stopped smoking? | D1D | 0-95 | 0  4  10  11  13  14  15  16 | 14  1  1  1  4  2  9  12 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  |  | 17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53 | | 18  31  25  44  53  50  36  44  72  56  42  49  26  85  23  39  17  22  57  30  20  38  31  91  19  40  24  24  40  26  26  34  25  42  42  42  17 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  |  | 54  55  80  95  . | | | 13  4  1  1  2146 |  |
| D1E | Number of cigarettes | D1E | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  20  22  23  24  25  30  35  37  40  45  50  60  65  70 | | | 9  23  45  35  50  132  51  11  42  4  285  1  48  4  3  160  4  5  4  358  1  1  3  124  113  6  1  40  2  26  9  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  |  | 75  80  90  99  . | | | 1  3  1  1  2001 |  |
|  | Number of cigarettes - Frequency | D1E1 | 1 = Per day  2 = Per week  3 = Per month | 1  2  3  . | | | 1232  197  70  2110 |  |
| D2 | Not counting yourself, how many people in your household currently smoke regularly (most days of the week) inside the house? | D2 | 0-80 | 0  1  2  3  4  6  8  60  80  . | | | 3276  226  41  12  4  1  1  1  2  45 |  |
| D3 | On average, how many hours per day are you exposed to other people’s tobacco smoke (home as well as outside home)? | D3 | 0-60 | 0  1  2  3  4  5  6  7  8  9  10  12  13  14  15  16  24  30  51 | | | 2946  281  116  42  40  32  25  2  35  2  10  16  2  1  3  3  1  3  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  |  | 60  . | | | 1  47 |  |
| D4 | Over the last 12 months, how often did you drink beer, wine and/or spirits? |  |  |  | | |  |  |
|  | Beer (low alcohol) | D4A | 1 = Never  2 = Less than once a month  3 = 1 to 3 times per month  4 = 1 day per week  5 = 2 days per week  6 = 3 days per week  7 = 4 days per week  8 = 5 days per week  9 = 6 days per week  10 = Every day | 1  2  3  4  5  6  7  8  9  10  . | | | 2030  610  263  124  105  59  31  30  20  46  291 |  |
|  | Beer (full strength) | D4B | 1 = Never  2 = Less than once a month  3 = 1 to 3 times per month  4 = 1 day per week  5 = 2 days per week  6 = 3 days per week  7 = 4 days per week  8 = 5 days per week  9 = 6 days per week  10 = Every day | 1  2  3  4  5  6  7  8  9  10  . | | | 1684  534  326  185  201  164  87  71  39  82  236 |  |
|  | Red wine | D4C | 1 = Never  2 = Less than once a month  3 = 1 to 3 times per month  4 = 1 day per week  5 = 2 days per week  6 = 3 days per week  7 = 4 days per week | 1  2  3  4  5  6  7  8  9 | | | 1551  658  403  215  159  144  77  52  27 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  | 8 = 5 days per week  9 = 6 days per week  10 = Every day | 10  . | 59  264 | | |  |
|  | White wine (including sparkling wines) | D4D | 1 = Never  2 = Less than once a month  3 = 1 to 3 times per month  4 = 1 day per week  5 = 2 days per week  6 = 3 days per week  7 = 4 days per week  8 = 5 days per week  9 = 6 days per week  10 = Every day | 1  2  3  4  5  6  7  8  9  10  . | 1238  767  509  230  208  161  90  59  27  73  247 | | |  |
|  | Fortified wines, port, sherry etc | D4E | 1 = Never  2 = Less than once a month  3 = 1 to 3 times per month  4 = 1 day per week  5 = 2 days per week  6 = 3 days per week  7 = 4 days per week  8 = 5 days per week  10 = Every day | 1  2  3  4  5  6  7  8  10  . | 2500  597  112  24  9  5  6  2  2  352 | | |  |
|  | Spirits, liqueurs, etc | D4F | 1 = Never  2 = Less than once a month  3 = 1 to 3 times per month  4 = 1 day per week  5 = 2 days per week  6 = 3 days per week  7 = 4 days per week  8 = 5 days per week  9 = 6 days per week  10 = Every day | 1  2  3  4  5  6  7  8  9  10  . | 1406  1004  506  184  123  63  30  16  15  30  232 | | |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| D5 | Over the last 12 months, on days when you were drinking, how many glasses of beer, wine and/or spirits did you usually drink? |  |  |  | |  |
|  | Beer (low alcohol) | D5A | 1-10 | 1  2  3  4  5  6  7  8  9  10 or more  . | 493  412  169  98  44  59  9  11  6  23  2285 | 9 non-missing values are not labelled |
|  | Beer (full strength) | D5B | 1-10 | 1  2  3  4  5  6  7  8  9  10 or more  . | 453  414  288  197  81  131  19  47  20  53  1906 | 9 non-missing values are not labelled |
|  | Red wine | D5C | 1-10 | 1  2  3  4  5  6  7  8  9  10 or more | 727  671  243  76  13  11  4  9  1  4 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | . | 1850 |  |
|  | White wine (including sparkling wines) | D5D | 1-10 | 1  2  3  4  5  6  7  8  10 or more  . | 760  783  356  108  27  24  5  8  6  1532 | 8 non-missing values are not labelled |
|  | Fortified wines, port, sherry etc | D5E | 1-10 | 1  2  3  4  5  6  8  10 or more  . | 587  125  19  9  2  4  1  2  2860 | 7 non-missing values are not labelled |
|  | Spirits, liqueurs, etc | D5F | 1-10 | 1  2  3  4  5  6  7  8  9  10 or more  . | 809  548  223  110  42  52  7  11  2  25  1780 | 9 non-missing values are not labelled |
|  | Total number of glasses | D5G | 1-10 | 1  2  3  4  5  6  7 | 446  732  510  312  160  183  47 | 9 non-missing values are not labelled |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 8  9  10 or more  . | 68  33  130  988 |  |
| D6 | Over the last 12 months, what was the maximum number of glasses of beer, wine and/or spirits that you drank in 24 hours? | D6 | 1-10 | 1  2  3  4  5  6  7  8  9  10 or more  . | 230  436  449  437  283  385  101  189  47  715  337 | 9 non-missing values are not labelled |

**SECTION E: SUN EXPOSURE AND AIR POLLUTION**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| E1 | If you went out in the sun without any protection in summer for 30 minutes during the middle of the day would you: | E1 | 1 = Just burn and not tan afterwards  2 = Burn first and then tan afterwards  3 = Not burn at all, just tan | 1  2  3  . | 638  2083  825  63 |  |
| E2 | How many hours a day do you spend outdoors on a usual work and non-work day? |  |  |  |  |  |
|  | Time outdoors in summer. Usual work day - Hours | E2A1H | 0-99 | 0  1  2  3  4  5 | 522  727  685  339  290  126 | There is one value higher than 24 hours |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 6  7  8  9  10  11  12  13  14  15  16  17  22  99  . | 130  47  159  25  107  16  56  7  19  6  4  1  1  1  341 |  |
|  | Time outdoors in summer. Usual work day - Minutes | E2A1M | 0-99 | 0  1  5  6  10  15  20  25  30  36  40  45  50  55  60  75  90  99  . | 1601  1  4  1  16  38  51  1  605  2  23  25  11  2  9  1  1  1  1216 |  |
|  | Time outdoors in summer. Usual non-work day - Hours | E2A2H | 0-99 | 0  1  2 | 55  254  465 | There are 6 values higher than 24 hours |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  22  33  42  65  99  . | 443  566  383  492  104  387  50  159  13  87  5  13  11  4  1  1  1  1  2  2  1  109 |  |
|  | Time outdoors in summer. Usual non-work day - Minutes | E2A2M | 0-99 | 0  1  2  3  5  6  8  10  15  20  25  30  40  45  50  60 | 1809  1  1  1  2  5  1  5  9  13  3  313  14  12  3  9 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 80  90  99  . | 1  3  1  1403 |  |
|  | Time outdoors in winter. Usual work day - Hours | E2B1H | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  20  22  24  88  99  . | 708  962  495  215  186  101  99  49  166  34  61  9  21  1  5  1  1  1  1  1  1  1  490 |  |
|  | Time outdoors in winter. Usual work day - Minutes | E2B1M | 0-99 | 0  5  6  10  15  20  25  30  35  40  45 | 1522  11  3  48  65  63  3  650  4  21  40 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 46  50  55  60  90  99  . | 1  8  1  5  2  1  1161 |  |
|  | Time outdoors in winter. Usual non-work day - Hours | E2B2H | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  15  16  20  22  24  60  63  66  99  . | 175  649  739  465  509  238  321  46  156  23  52  3  9  1  2  2  1  1  1  1  1  1  1  212 |  |
|  | Time outdoors in winter. Usual non-work day - Minutes | E2B2M | 0-99 | 0  1  3  5  6  9  10 | 1721  2  1  6  3  2  24 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 15  20  25  30  35  36  40  45  50  60  80  86  90  99  . | 32  27  1  413  1  1  7  17  4  14  2  1  1  1  1328 |  |
| E3 | During working days (Monday to Friday) is the traffic noise at home so intense that you would have to close the windows so that you are not disturbed | E3 | 1 = Constantly  2 = Frequently  3 = Seldom  4 = Never  5 = Don't know (never at home during working hours) | 1  2  3  4  5  . | 70  116  472  2721  226  4 |  |
| E4 | During working days (Monday to Friday), how often do heavy vehicles such as trucks or buses pass your house? | E4 | 1 = Constantly  2 = Frequently  3 = Seldom  4 = Never  5 = Don't know (never at home during working hours) | 1  2  3  4  5  . | 171  619  1565  1055  189  10 |  |

**SECTION F: SLEEPINESS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| F1 | How likely are you to doze off or fall asleep in the following situations, in contrast to feeling just tired? |  |  |  |  |  |
|  | Sitting and reading | F1A | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 1303  1361  626  299  20 |  |
|  | Watching TV | F1B | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 939  1532  734  384  20 |  |
|  | Sitting, inactive in a public place (e.g. a theatre or a meeting) | F1C | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 2548  793  193  53  22 |  |
|  | As a passenger in a car for an hour without a break | F1D | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 2040  1024  329  187  29 |  |
|  | Lying down to rest in the afternoon when circumstances permit | F1E | 1 = Would never doze  2 = Slight chance of dozing | 1  2  3  4 | 578  1182  958  865 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 3 = Moderate chance of dozing  4 = High chance of dozing | . | 26 |  |
|  | Sitting and talking to someone | F1F | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 3395  170  16  8  20 |  |
|  | Sitting quietly after lunch without alcohol | F1G | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 2332  932  241  81  23 |  |
|  | In a car, while stopped for a few minutes in the traffic | F1H | 1 = Would never doze  2 = Slight chance of dozing  3 = Moderate chance of dozing  4 = High chance of dozing | 1  2  3  4  . | 3477  99  12  5  16 |  |
| F2 | Do you snore? | F2 | 0 = No  1 = Yes | 0  1  . | 941  2648  20 |  |
| F2A | Your snoring is | F2A | 1 = Slightly louder than breathing  2 = As loud as talking  3 = Louder than talking  4 = Very loud - can be heard in adjacent rooms | 1  2  3  4  . | 1056  925  277  347  1004 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| F3 | How often do you snore? | F3 | 1 = Nearly every day  2 = 3 to 4 times a week  3 = 1 to 2 times a week  4 = 1 to 2 times a month  5 = Never or nearly never | 1  2  3  4  5  . | 715  576  814  405  180  919 |  |
| F4 | Has your snoring ever bothered other people? | F4 | 0 = No  1 = Yes | 0  1  . | 957  1743  909 |  |
| F5 | Has anyone noticed that you stop breathing during your sleep? | F5 | 1 = Nearly every day  2 = 3 to 4 times a week  3 = 1 to 2 times a week  4 = 1 to 2 times a month  5 = Never or nearly never | 1  2  3  4  5  . | 107  69  138  198  3025  72 |  |
| F6 | During your waking time, do you feel tired, fatigued, or not up to par? | F6 | 1 = Nearly every day  2 = 3 to 4 times a week  3 = 1 to 2 times a week  4 = 1 to 2 times a month  5 = Never or nearly never | 1  2  3  4  5  . | 450  414  885  1029  788  43 |  |
| F7 | How often do you feel tired or fatigued after your sleep? | F7 | 1 = Nearly every day  2 = 3 to 4 times a week  3 = 1 to 2 times a week  4 = 1 to 2 times a month  5 = Never or nearly never | 1  2  3  4  5  . | 415  378  772  956  1059  29 |  |
| F8 | Have you ever nodded off or fallen asleep while driving a vehicle? | F8 | 0 = No  1 = Yes | 0  1  . | 3166  424  19 |  |
| F8A | How often does this occur? | F8A | 1 = Nearly every day  2 = 3 to 4 times a week  3 = 1 to 2 times a week  4 = 1 to 2 times a month | 1  2  3  4 | 1  1  4  49 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 5 = Never or nearly never | 5  . | 379  3175 |  |
| F9 | Do you have high blood pressure? | F9 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2652  747  188  22 |  |

**SECTION G: PHYSICAL ACTIVITY AND DIET**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| G1 | During the last 7 days, on how many days did you do vigorous physical activities like heavy lifting, digging, aerobics, or fast bicycling? | G1 | 0-8 | 0  1  2  3  4  5  6  7  8  . | 185  377  460  332  236  267  111  139  2  1500 | There are 2 values higher than 7 |
|  | No vigorous physical activities | G1\_1 | 0 = Field not filled  1 = No vigorous physical activities | 0  1 | 2006  1603 |  |
| G2 | How much time did you usually spend doing vigorous physical activities on one of those days? |  |  |  |  |  |
|  | How much time did you usually spend doing vigorous physical activities on one of those days? Hours | G2H | 0-41 | 0  1  2  3  4  5  6  7 | 258  613  296  130  119  52  54  11 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 8  9  10  11  12  14  20  41  . | 27  7  4  1  1  2  2  1  2031 |  |
|  | How much time did you usually spend doing vigorous physical activities on one of those days? Minutes | G2M | 0-90 | 0  8  10  12  15  20  25  26  27  28  30  34  35  40  45  50  55  60  90  . | 574  1  29  1  42  53  7  1  1  1  405  1  8  64  95  25  1  12  2  2286 |  |
|  | Don’t know/Not sure | G2\_1 | 0 = Field not filled  1 = Don't know/Not sure | 0  1  . | 3468  139  2 |  |
| G3 | During the last 7 days, on how many days did you do moderate physical activities? | G3 | 0-9 | 0  1  2  3  4  5 | 158  374  468  332  212  373 | There are 3 values higher than 7 |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 6  7  8  9  . | 108  346  2  1  1235 |  |
|  | No moderate physical activities | G3\_1 | 0 = Field not filled  1 = No moderate physical activities | 0  1  . | 2314  1293  2 |  |
| G4 | How much time did you usually spend doing moderate physical activities on one of those days? |  |  |  |  |  |
|  | How much time did you usually spend doing moderate physical activities on one of those days? Hours | G4H | 0-30 | 0  1  2  3  4  5  6  7  8  9  10  12  15  16  20  21  30  . | 295  539  369  153  167  70  67  21  49  6  3  4  1  1  4  1  1  1858 |  |
|  | How much time did you usually spend doing moderate physical activities on one of those days? Minutes | G4M | 0-60 | 0  1  5  7  10  13  15  18 | 706  1  3  1  56  1  57  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 20  22  25  28  30  35  40  45  50  54  55  60  . | 88  1  11  1  457  4  37  60  14  1  1  13  2095 |  |
|  | Don’t know/Not sure | G4\_1 | 0 = Field not filled  1 = Don't know/Not sure | 0  1  . | 3428  180  1 |  |
| G5 | During the last 7 days, on how many days did you walk for at least 10 minutes at a time? | G5 | 0-8 | 0  1  2  3  4  5  6  7  8  . | 44  175  294  305  263  497  201  1515  2  313 | There are 2 values higher than 7 |
|  | No walking | G5\_1 | 0 = Field not filled  1 = No walking | 0  1  . | 3291  316  2 |  |
| G6 | How much time did you usually spend walking on one of those days? (Hours) | G6H | 0-45 | 0  1  2  3  4  5  6  7  8 | 618  719  290  118  117  70  57  31  65 | There are 3 values higher than 24 hours |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 9  10  12  14  15  16  20  28  40  45  . | 15  20  10  1  1  1  2  1  1  1  1471 |  |
|  | How much time did you usually spend walking on one of those days? (Minutes) | G6M | 0-90 | 0  3  5  6  10  11  12  15  20  25  30  35  40  45  50  55  60  70  75  90  . | 656  1  4  4  80  1  1  158  256  20  907  18  116  155  42  1  13  1  1  4  1170 |  |
|  | Don’t know/Not sure | G6\_1 | 0 = Field not filled  1 = Don't know/Not sure | 0  1  . | 3387  221  1 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| G7 | During the last 7 days, how much time did you spend sitting on a week day? (Hours) | G7H | 0-98 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  27  28  29  30  32  34  35  36  37  38  40  41 | 17  88  300  413  484  367  326  194  295  114  240  35  94  15  31  20  15  2  6  2  25  16  2  1  8  9  1  12  1  17  1  1  5  3  1  3  16  1 | There are values higher than 24 hours |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 42  45  46  48  50  55  56  60  70  75  98  . | 1  4  1  2  9  3  1  4  7  1  1  394 |  |
|  | During the last 7 days, how much time did you spend sitting on a week day? (Minutes) | G7M | 0-80 | 0  2  4  5  6  8  10  14  15  20  25  28  30  33  35  40  45  50  80  . | 1517  1  2  2  1  1  3  1  4  7  1  1  240  1  1  3  10  2  1  1810 |  |
|  | Don’t know/Not sure | G7\_1 | 0 = Field not filled  1 = Don't know/Not sure | 0  1  . | 3243  364  2 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| G8 | During a normal week how many hours a day (24 hours) do you watch television? | G8 | 1 = Don't watch TV  2 = Less than 1 hour  3 = More than 1 hour but less than 3 hours  4 = More than 3 hours but less than 5 hours  5 = 5 hours or more | 1  2  3  4  5  . | | 72  350  2055  864  222  46 |  |
| G9 | How often do you: |  |  |  | |  |  |
|  | Eat fried food with batter or breadcrumb coating | G9A | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 9  88  680  2333  480  19 |  |
|  | Eat gravy, cream sauces or cheese sauces | G9B | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 19  258  1086  1867  356  23 |  |
|  | Add butter, margarine, oil or sour cream to vegetables, rice, spaghetti | G9C | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 274  631  910  1011  754  29 |  |
|  | Eat vegetables that are fried or roasted with fat or oil | G9D | 1 = 6+ times per week  2 = 3 to 5 times per week | 1  2  3  4 | | 30  161  861  1837 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  | 3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 5  . | | 690  30 |  |
|  | Eat meat pies, sausages, salami, burgers or bacon | G9E | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 31  172  959  2054  372  21 |  |
|  | Eat pastries, cakes, sweet biscuits or croissants | G9F | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 170  530  1059  1479  345  26 |  |
|  | Eat hot chips | G9G | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 9  89  723  2338  422  28 |  |
| G10 | How is your meat usually cooked? | G10 | 1 = Fried  2 = Stewed  3 = Grilled/roasted with added fat/oil  4 = Grilled/roasted without fat/oil  5 = Eat meat occasionally or never | 1  2  3  4  5  . | | 416  154  801  1775  268  195 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| G11 | How do you spread butter/margarine on bread? | G11 | 1 = Thickly  2 = Medium  3 = Thinly  4 = Never use butter/margarine | 1  2  3  4  . | | 248  1305  1643  366  47 |  |
| G12 | How often do you eat: |  |  |  | |  |  |
|  | Chocolate or sweet snack bar | G12A | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 315  644  1066  1361  206  17 |  |
|  | Crisps, corn chips or nuts | G12B | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 156  392  1110  1658  273  20 |  |
|  | Cream | G12C | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 21  61  397  2255  838  37 |  |
|  | More than a small serve of ice cream | G12D | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 26  147  553  2122  740  21 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | More than a small piece of cheese (exclude low fat cheese) | G12E | 1 = 6+ times per week  2 = 3 to 5 times per week  3 = 1 to 2 times per week  4 = Less than once a week  5 = Never | 1  2  3  4  5  . | | 149  709  1326  1149  259  17 |  |
| G13 | What type of milk do you use on breakfast cereal or in cooking? | G13 | 1 = Cow  2 = Goat  3 = Soy  4 = Other | 1  2  3  4 | | 3294  7  167  141 |  |
| G13A | What form of milk in G13 do you consume? | G13A | 1 = Condensed or evaporated  2 = Full cream  3 = Full cream and reduced fat  4 = Reduced fat  5 = Skim | 1  2  3  4  5  . | | 9  1208  383  1258  542  209 |  |
| G14 | How much skin or chicken do you eat? | G14 | 1 = Most or all of the skin  2 = Some of the skin  3 = None of the skin /I am vegetarian | 1  2  3  . | | 821  1818  954  16 |  |
| G15 | How much of the fat on meat do you eat? | G15 | 1 = Most or all of the fat  2 = Some of the fat  3 = None of the fat/I am vegetarian | 1  2  3  . | | 319  1902  1371  17 |  |
| G16 | How many serves do you usually eat each day of: |  |  |  | |  |  |
|  | Fruit (fresh, canned, frozen) | G16A | 1 = I don't eat fruit/vegetables  2 = Less than 1 serving per day  3 = 1 serving per day  4 = 2 servings per day  5 = 3 servings per day | 1  2  3  4  5  6  . | | 90  705  1214  1028  421  131  20 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  | 6 = 4+ servings per day |  | |  |  |
|  | Vegetables (fresh, canned, frozen) | G16B | 1 = I don't eat fruit/vegetables  2 = Less than 1 serving per day  3 = 1 serving per day  4 = 2 servings per day  5 = 3 servings per day  6 = 4+ servings per day | 1  2  3  4  5  6  . | 11  224  1072  742  919  623  18 | |  |

**SECTION H: GENERAL HEALTH**

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| H1 | Which of the following dental hygiene tools do you use, and how often? |  |  |  |  |  |
|  | Tooth brush | H1A | 1 = Never/rarely  2 = Once a week  3 = Once a day  4 = Twice a day  5 = More than twice a day | 1  2  3  4  5  . | 24  31  911  2263  367  13 |  |
|  | Fluoride dental paste | H1B | 1 = Never/rarely  2 = Once a week  3 = Once a day  4 = Twice a day  5 = More than twice a day | 1  2  3  4  5  . | 441  57  780  1914  305  112 |  |
|  | Dental floss | H1C | 1 = Never/rarely  2 = Once a week  3 = Once a day  4 = Twice a day  5 = More than twice a day | 1  2  3  4  5  . | 1634  814  780  198  60  123 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Tooth picks | H1D | 1 = Never/rarely  2 = Once a week  3 = Once a day  4 = Twice a day  5 = More than twice a day | 1  2  3  4  5  . | 2365  571  390  79  58  146 |  |
|  | Mouth wash | H1E | 1 = Never/rarely  2 = Once a week  3 = Once a day  4 = Twice a day  5 = More than twice a day | 1  2  3  4  5  . | 2548  391  380  139  35  116 |  |
| H2 | Over the last two weeks how often have you been bothered by the following problems? |  |  |  |  |  |
|  | Feeling nervous, anxious or on edge | H2A | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2130  1042  218  201  18 |  |
|  | Not being able to stop or control worrying | H2B | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2495  744  189  161  20 |  |
|  | Worrying too much about different things | H2C | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 1971  1188  217  212  21 |  |
|  | Trouble relaxing | H2D | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2217  928  244  189  31 |  |
|  | Being so restless that it is hard to sit still | H2E | 1 = Not at all  2 = Several days | 1  2  3 |  |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 3 = More than half the days  4 = Nearly every day | 4  . |  |  |
|  | Becoming easily annoyed or irritable | H2F | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2054  1194  213  127  21 |  |
|  | Feeling afraid as if something awful might happen | H2G | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 3010  401  98  80  20 |  |
| H3 | Over the last two weeks how often have you been bothered by the following problems? |  |  |  |  |  |
|  | Little interest or pleasure in doing things | H3A | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2724  653  140  77  15 |  |
|  | Feeling down, depressed or hopeless | H3B | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2749  642  105  90  23 |  |
|  | Trouble falling or staying asleep or sleeping too much | H3C | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 1885  1102  312  289  21 |  |
|  | Feeling tired or having little energy | H3D | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 1583  1447  299  239  41 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Poor appetite or overeating | H3E | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2579  687  192  115  36 |  |
|  | Feeling bad about yourself – or that you are a failure or have let yourself or your family down | H3F | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2963  448  89  85  24 |  |
|  | Trouble concentrating on things, such as reading the newspaper or watching television | H3G | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 2926  480  100  89  14 |  |
|  | Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual | H3H | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 3335  174  45  44  11 |  |
|  | Thoughts that you would be better off dead or of hurting yourself in some way | H3I | 1 = Not at all  2 = Several days  3 = More than half the days  4 = Nearly every day | 1  2  3  4  . | 3461  101  20  16  11 |  |
| H4 | Has a doctor ever told you that you have/had any of the following conditions? |  |  |  |  |  |
|  | Angina, heart attack or myocardial infarction | H4\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3500  109 |  |
|  | Anxiety | H4\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 2959  650 |  |
|  | Cancer | H4\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3339  270 |  |
|  | Celiac disease | H4\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3580  29 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Crohn’s disease/ulcerative colitis | H4\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 3552  57 |  |
|  | Depression | H4\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 2803  806 |  |
|  | Diabetes or high sugar levels in the blood or urine | H4\_7 | 0 = Not indicated  1 = Indicated | 0  1 | 3365  244 |  |
|  | Gastro-oesophageal Reflux Disease (GORD) | H4\_8 | 0 = Not indicated  1 = Indicated | 0  1 | 3212  397 |  |
|  | High blood pressure or Hypertension | H4\_9 | 0 = Not indicated  1 = Indicated | 0  1 | 2698  911 |  |
|  | High levels of cholesterol/triglycerides | H4\_10 | 0 = Not indicated  1 = Indicated | 0  1 | 2800  809 |  |
|  | Lupus/Systemic Lupus Erythematosus | H4\_11 | 0 = Not indicated  1 = Indicated | 0  1 | 3589  20 |  |
|  | Multiple Sclerosis | H4\_12 | 0 = Not indicated  1 = Indicated | 0  1 | 3590  19 |  |
|  | Other Psychiatric/mental health problems | H4\_13 | 0 = Not indicated  1 = Indicated | 0  1 | 3532  77 |  |
|  | Rheumatoid arthritis | H4\_14 | 0 = Not indicated  1 = Indicated | 0  1 | 3426  183 |  |
|  | Thyroid problems | H4\_15 | 0 = Not indicated  1 = Indicated | 0  1 | 3338  271 |  |
|  | Transient ischemic attack (TIA) or a stroke | H4\_16 | 0 = Not indicated  1 = Indicated | 0  1 | 3579  30 |  |
|  | Type 1 Diabetes Mellitus | H4\_17 | 0 = Not indicated  1 = Indicated | 0  1 | 3584  25 |  |
|  | None of the above | H4\_18 | 0 = Not indicated  1 = Indicated | 0  1 | 2410  1199 |  |
| I1 | Have you ever had a menstrual period? | I1 | 0 = No  1 = Yes | 0  1  . | 26  1823  1760 |  |
| I1A | Do you have regular periods? | I1A | 1 = Yes  2 = No, they have never been regular  3 = No, they have been irregular for a few months | 1  2  3  4  . | 232  29  239  1324  1785 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 4 = No, my periods have now stopped |  |  |  |
| I1B | What is/was the usual interval between your periods? | I1B | 1 = Less than 24 days  2 = 24 to 26 days  3 = 27 to 29 days  4 = 30 to 32 days  5 = 33 to 35 days  6 = More than 35 days | 1  2  3  4  5  6  . | 204  271  946  228  36  82  1842 |  |
| I2 | Has a doctor ever told you that you have any of the following: |  |  |  |  |  |
|  | Ovarian cyst/s | I2A | 0 = No  1 = Yes | 0  1  . | 1449  366  1794 |  |
|  | If Yes: Age doctor diagnosed | I2A1 | 11-99 | 11  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34 | 1  3  2  7  10  2  9  13  14  6  15  9  12  24  8  8  12  5  14  5  3  6  4 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 35  36  37  38  39  40  42  43  44  45  46  47  48  49  50  51  52  53  54  60  79  99  . | 9  11  5  11  5  21  8  6  4  20  6  3  11  6  7  12  6  6  1  1  1  1513  1744 |  |
|  | Polycystic ovaries or polycystic ovarian syndrome (PCOS) | I2B | 0 = No  1 = Yes | 0  1  . | 1753  40  1816 |  |
|  | If Yes: Age doctor diagnosed | I2B1 | 16-99 | 16  18  19  20  21  25  27  28  30  34  35  36 | 1  3  1  1  1  3  2  3  5  1  3  2 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 38  40  42  45  48  99  . | 1  5  4  1  1  1826  1745 |  |
|  | Fibroids | I2C | 0 = No  1 = Yes | 0  1  . | 1449  366  1794 |  |
|  | If Yes: Age doctor diagnosed | I2C1 | 20-99 | 20  21  22  23  24  25  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48 | 1  1  3  1  1  5  3  5  2  16  3  5  4  5  18  9  6  16  9  39  5  10  11  7  31  14  11  31 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 49  50  51  52  53  54  84  88  99  . | 17  18  15  20  5  1  1  1  1515  1744 |  |
|  | Endometriosis | I2D | 0 = No  1 = Yes | 0  1  . | 1621  181  1807 |  |
|  | If Yes: Age doctor diagnosed | I2D1 | 15-99 | 15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39 | 2  1  1  5  4  7  3  2  5  5  11  7  3  4  3  14  4  6  2  7  7  4  4  10  4 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 40  41  42  43  44  45  46  47  48  49  50  51  52  53  82  93  99  . | 10  2  4  1  3  6  3  4  3  2  3  4  2  1  1  1  1692  1742 |  |
| I3 | Please fill in the date of the first day of your last period (or the year if you cannot remember the exact date) even if you are no longer menstruating | I3 | 678 unique values.  Missing = 1742 |  |  |  |
| I4 | Have you had periods in the last 12 months? | I4 | 0 = No  1 = Yes | 0  1  . | 1231  598  1780 |  |
| I4A | How many periods have you had in the last 12 months? | I4A | 0-99 | 0  1  2  3  4  5  6  7  8  9 | 3  50  57  46  50  24  42  13  30  24 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 10  11  12  13  14  15  16  17  18  20  24  99  . | 42  22  158  14  8  7  3  4  1  3  1  1262  1745 |  |
| I4B | Is your menstrual cycle often more than 35 days? | I4B | 0 = No  1 = Yes | 0  1  . | 416  180  3013 |  |
| I4C | Have your periods been irregular over the last 12 months? | I4C | 0 = No  1 = Yes | 0  1  . | 197  403  3009 |  |
| I4D | For how long have your periods been irregular? (months) | I4D | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  14  15  16  18  20  22 | 24  3  11  12  6  4  22  4  9  4  1  1  113  3  3  4  37  5  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 24  25  26  28  30  36  48  56  60  72  84  96  99  . | 95  1  1  2  5  26  8  1  7  3  2  2  1445  1744 |  |
| I5 | What statement best describes the reason you have not had a period in the last 12 months? | I5 | 1 = Because I have been taking treatments (hormonal IUD, contraceptive implants, chemotherapy)  2 = Menopause  3 = Ovaries removed  4 = Womb removed  5 = Other (please specify) | 1  2  3  4  5  . | 93  1001  31  272  84  2128 |  |
|  | Other specified: | I5OTH | 84 unique values  Missing = 1742 |  |  |  |
| I6 | Some women experience hot flushes, flashes and/or night sweats around the time of the menopause, even when they are having menstrual cycles. Have you ever had either of these symptoms at a time which could be related to the menopause? | I6 | 0 = No  1 = Yes | 0  1  . | 397  1433  1779 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I6A | How old were you when these symptoms started? (years) | I6A | 0-99 | 0  1  2  5  13  18  20  24  25  28  29  30  31  32  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  99  . | 1  3  2  1  1  1  1  1  2  1  1  8  1  6  4  15  6  8  17  8  47  15  32  19  23  92  51  74  138  159  295  212  129  47  9  435  1744 | Few participants have given very young ages |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I6B | How old were you when you last experienced these symptoms? (years) | I6B | 1-99 | 1  2  22  30  32  33  37  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  57  99  . | 2  2  1  1  1  1  2  2  1  2  1  3  10  5  13  17  22  53  124  268  215  97  8  1  1010  1747 | Few participants have given very young ages |
| I6B1 | Currently having symptoms | I6B1 | 0 = Field not filled  1 = Currently having symptoms | 0  1  . | 884  983  1742 |  |
| I6C | How often have you had hot flushes/night sweats in the past 6 months? | I6C | 1 = Never  2 = Less than once a week  3 = More than once a week, but not everyday  4 = Every day | 1  2  3  4  . | 229  342  515  353  2170 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I7 | Have you ever taken hormonal treatment for the menopause (tablets, cream, patches, vaginal creams or vaginal pessaries)? | I7 | 0 = No  1 = Yes | 0  1  . | 1423  408  1778 |  |
| I7A | How old were you when you first took hormonal treatments for the menopause? (years) | I7A | 0-99 | 0  3  18  25  26  27  30  31  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  99  . | 1  1  1  2  1  2  3  1  2  2  6  5  5  8  2  11  2  8  6  11  16  17  16  32  40  64  56  56  30  5  1453  1744 | Few participants have given very young ages |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I7B | At the time you started taking hormonal treatment for the menopause, how often were your periods? | I7B | 1 = I had not had period in the previous 12 months  2 = I had at least one period in previous 12 months, but my cycles had become irregular  3 = My periods were regular during the previous 12 months | 1  2  3  . | 218  106  86  3199 |  |
| I7C | At the time you started medication, were you experiencing hot flushes/flashes/night sweats? | I7C | 0 = No  1 = Yes | 0  1  . | 82  326  3201 |  |
| I7D | How old were you when you last took hormonal treatments for the menopause? (years) | I7D | 31-99 | 31  38  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  99  . | 1  1  5  6  4  2  2  6  4  3  9  12  20  37  73  58  40  1  1575  1750 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I7D1 | Currently taking hormonal treatments for the menopause | I7D1 | 0 = Field not filled  1 = Currently taking hormonal treatments for the menopause | 0  1  . | 1643  224  1742 |  |
| I7E | How long in total have you taken/did you take the following types of hormonal treatments for the menopause? |  |  |  |  |  |
|  | Oral preparations – Ever used | I7E\_A | 0 = No  1 = Yes | 0  1  . | 99  298  3212 |  |
|  | Oral preparations – Years used | I7E\_A1 | 0-49 | 0  1  2  3  4  5  6  7  8  9  10  12  13  14  15  18  19  20  25  26  27  29  30  49  . | 15  72  58  21  29  28  15  6  6  4  6  2  1  6  1  2  2  3  1  1  1  1  1  2  3325 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Patches – Ever used | I7E\_B | 0 = No  1 = Yes | 0  1  . | 276  81  3252 |  |
|  | Patches – Years used | I7E\_B1 | 0-14 | 0  1  2  3  4  5  7  8  9  10  11  14  . | 9  31  12  8  8  4  1  2  1  3  1  1  3528 |  |
|  | Vaginal preparations – Ever used | I7E\_C | 0 = No  1 = Yes | 0  1  . | 286  77  3246 |  |
|  | Vaginal preparations – Years used | I7E\_C1 | 0-51 | 0  1  2  3  4  5  6  10  30  31  49  51  . | 9  42  5  5  4  3  2  1  1  1  1  1  3534 |  |
| I8 | Have you ever taken hormonal contraceptives (e.g. the pill, patches, injections, implants, coil impregnated with hormone e.g. Mirena)? | I8 | 0 = No  1 = Yes | 0  1  . | 201  1632  1776 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I8A | How old were you when you first took hormonal contraceptives? | I8A | 0-99 | 0  1  3  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  39  40  42  45  47  48  49 | 1  1  1  2  6  20  40  72  259  286  389  161  135  82  41  16  23  28  14  8  6  1  4  1  1  2  1  5  4  1  2  3  2  2  2  3  4 | Few participants have given very young ages |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 50  51  52  99  . | 2  5  1  228  1744 |  |
| I8B | Were your periods irregular before you started taking hormonal contraceptives? | I8B | 0 = No  1 = Yes | 0  1  . | 1020  611  1978 |  |
| I8C | Which of the following reasons were the main reasons for taking the hormonal contraceptives (e.g. the pill, hormonal coil)? |  |  |  |  |  |
|  | Acne | I8C\_1 | 0 = Not indicated  1 = Indicated | 0  1  . | 1816  51  1742 |  |
|  | Contraception | I8C\_2 | 0 = Not indicated  1 = Indicated | 0  1  . | 532  1335  1742 |  |
|  | Endometriosis | I8C\_3 | 0 = Not indicated  1 = Indicated | 0  1  . | 1832  35  1742 |  |
|  | Heavy menstrual bleeding | I8C\_4 | 0 = Not indicated  1 = Indicated | 0  1  . | 1575  292  1742 |  |
|  | Irregular periods | I8C\_5 | 0 = Not indicated  1 = Indicated | 0  1  . | 1602  265  1742 |  |
|  | Painful periods | I8C\_6 | 0 = Not indicated  1 = Indicated | 0  1  . | 1551  316  1742 |  |
|  | Polycystic ovarian syndrome | I8C\_7 | 0 = Not indicated  1 = Indicated | 0  1  . | 1860  7  1742 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I8D | How old were you when you last took hormonal contraceptives? | I8D | 0-99 | 0  5  8  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49 | 1  1  1  1  6  7  6  23  12  29  30  33  60  51  65  80  40  115  49  65  37  45  111  43  20  55  27  116  13  27  25  16  50  20  24  28  31 | Few participants have given very young ages |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 50  51  52  53  54  55  99  . | 56  47  52  25  14  1  304  1747 |  |
|  | Currently taking hormonal contraceptives | I8D1 | 0 = Field not filled  1 = Currently taking hormonal contraceptives | 0  1  . | 1741  126  1742 |  |
| I8E | How long in total have you/did you take the following types of hormonal contraceptives? |  |  |  |  |  |
|  | Tablets – Ever used | I8E\_A | 0 = No  1 = Yes | 0  1  . | 34  1569  2006 |  |
|  | Tablets – Years used | I8E\_A1 | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17 | 5  35  46  43  43  69  72  51  59  60  140  40  65  66  58  93  39  50 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  44  53  54  60  75  87  99  . | 46  21  114  22  27  36  21  55  23  18  10  17  59  14  17  15  8  11  3  2  2  1  1  1  1  1  1  1  285  1742 |  |
|  | Patches – Ever used | I8E\_B | 0 = No  1 = Yes | 0  1  . | 1370  10  2229 |  |
|  | Patches – Years used | I8E\_B1 | 0-99 | 0  1  2  4 | 4  5  3  1 |  |

|  |  |  |  |  |  |  |
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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 6  36  99  . | 1  1  1850  1744 |  |
|  | Vaginal ring – Ever used | I8E\_C | 0 = No  1 = Yes | 0  1  . | 1363  22  2224 |  |
|  | Vaginal ring – Years used | I8E\_C1 | 0-99 | 0  1  2  4  5  6  10  12  99  . | 4  8  6  2  3  1  1  1  1839  1744 |  |
|  | Injections/implants – Ever used | I8E\_D | 0 = No  1 = Yes | 0  1  . | 1256  144  2209 |  |
|  | Injections/implants – Years used | I8E\_D1 | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16 | 5  32  22  15  7  15  7  4  4  4  18  3  4  1  2  2  1 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 17  18  20  25  27  99  . | 1  1  2  1  1  1714  1743 |  |
|  | Coil impregnated with hormones – Ever used | I8E\_E | 0 = No  1 = Yes | 0  1  . | 1195  208  2206 |  |
|  | Coil impregnated with hormones – Years used | I8E\_E1 | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  14  15  17  18  20  22  27  99  . | 7  38  22  18  15  33  12  15  17  3  18  1  2  2  1  1  1  3  1  1  1652  1746 |  |
| I9 | Have you ever been pregnant in the past? | I9 | 0 = No  1 = Yes | 0  1  . | 223  1624  1762 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| I10 | How many live births have you had? | I10 | 0-99 | 0  1  2  3  4  5  6  7  8  9  99  . | 241  215  760  421  144  36  6  3  5  1  34  1743 |  |
| I11 | How many miscarriages or abortions have you had? | I11 | 0-99 | 0  1  2  3  4  5  6  7  8  9  99  . | 1099  438  175  63  28  10  7  1  1  3  42  1742 |  |

**PART 2**

**SECTION J: ECZEMA**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| J1 | Have you ever had eczema or any kind of skin allergy? | J1 | 0 = No  1 = Yes | 0  1  . | 2143  1461  5 |  |
| J1A | Was this eczema or skin allergy confirmed by a doctor? | J1A | 0 = No  1 = Yes | 0  1  . | 346  1084  2179 |  |
| J2 | Have you ever had an itchy rash that was coming and going for at least 6 months? | J2 | 0 = No  1 = Yes | 0  1  . | 2734  860  15 |  |
| J2A | How old were you when you first had this itchy rash? (years) | J2A | 0-95 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25 | 7  58  17  14  14  33  17  24  23  8  24  1  17  16  17  15  12  10  18  8  24  7  8  7  5  19 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 26  27  28  29  30  31  32  33  34  35  36  37  38  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  95  . | 13  9  12  3  37  4  6  7  6  29  7  3  6  57  3  10  11  7  35  12  9  32  18  40  27  23  10  5  1  2744 |  |
| J2B | Have you had this itchy rash in the last 12 months? | J2B | 0 = No  1 = Yes | 0  1  . | 399  519  2691 |  |
| J2C | Has this rash at any time affected any of the following places: |  |  |  |  |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Folds of the elbows | J2C\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3347  262 |  |
|  | Behind the knees | J2C\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 3364  245 |  |
|  | In front of the ankles | J2C\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3470  139 |  |
|  | Under the buttocks | J2C\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3527  82 |  |
|  | Around the neck, ears or eyes | J2C\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 3343  266 |  |
|  | None of the above | J2C\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 3269  340 |  |
| J3 | Have you used any medicines including creams and ointments for rash or eczema during the last 12 months? | J3 | 0 = No  1 = Yes | 0  1  . | 2707  828  74 |  |

**SECTION K: HAY FEVER AND RHINOSINUSITIS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| K1 | Have you ever had hay fever or nasal allergies (that is sneezing, running or blocked nose when you do not have a cold or the flu)? | K1 | 0 = No  1 = Yes | 0  1  . | 1618  1985  6 |  |
| K1A | Have you had this problem in the last 12 months? | K1A | 0 = No  1 = Yes | 0  1  . | 537  1447  1625 |  |
| K1B | Was this problem accompanied by itchy or watery eyes? | K1B | 0 = No  1 = Yes | 0  1  . | 504  1478  1627 |  |
| K1C | How old were you when you first had hay fever or nasal allergies? (years) | K1C | 0-99 | 0  1  2  3 | 2  28  15  31 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40 | 44  88  60  58  75  32  109  20  54  52  59  65  43  29  46  14  77  20  28  18  11  60  20  11  24  6  99  13  26  7  10  60  9  9  15  7  110 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  59  68  99  . | 8  26  12  8  64  13  25  37  22  67  24  21  9  3  1  1  1  5  1698 |  |
| K2 | Has your nose been blocked for more than 12 weeks during the last 12 months? | K2 | 0 = No  1 = Yes | 0  1  . | 3347  250  12 |  |
| K3 | Have you had pain or pressure around the forehead, nose or eyes for more than 12 weeks during the last 12 months? | K3 | 0 = No  1 = Yes | 0  1  . | 3334  258  17 |  |
| K4 | Have you had discoloured nasal discharge or discoloured mucus in the throat for more than 12 weeks during the last 12 months? | K4 | 0 = No  1 = Yes | 0  1  . | 3402  192  15 |  |
| K5 | Has your sense of smell been reduced or absent for more than 12 weeks during the last 12 months? | K5 | 0 = No  1 = Yes | 0  1  . | 3342  254  13 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| K6 | Has a doctor ever told you that you have chronic sinusitis? | K6 | 0 = No  1 = Yes | 0  1  . | 3338  247  24 |  |

**SECTION L: SYMPTOMS OF ALLERGY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| L1 | When you are near animals, such as cats, dogs, or horses; near feathers, including pillows, quilts or doonas; or in a dusty part of the house, do you ever: |  |  |  |  |  |
|  | Start to cough | L1\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3216  393 |  |
|  | Start to wheeze | L1\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 3271  338 |  |
|  | Get a feeling of tightness in the chest | L1\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3365  244 |  |
|  | Start to feel short of breath | L1\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3341  268 |  |
|  | Get a runny or stuffy nose or start to sneeze | L1\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 2415  1194 |  |
|  | Get itchy or watery eyes | L1\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 2790  819 |  |
|  | None of the above | L1\_7 | 0 = Not indicated  1 = Indicated | 0  1 | 1390  2219 |  |
| L2 | When you are near trees, grass or flowers, or when there is a lot of pollen about, do you ever: |  |  |  |  |  |
|  | Start to cough | L2\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3293  316 |  |
|  | Start to wheeze | L2\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 3312  297 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Get a feeling of tightness in the chest | L2\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3393  216 |  |
|  | Start to feel short of breath | L2\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3346  263 |  |
|  | Get a runny or stuffy nose or start to sneeze | L2\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 2167  1442 |  |
|  | Get itchy or watery eyes | L2\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 2390  1219 |  |
|  | None of the above | L2\_7 | 0 = Not indicated  1 = Indicated | 0  1 | 1639  1970 |  |
| L2A | If yes to any of the above – At which time of the year does this happen? |  |  |  |  |  |
|  | Winter | L2A\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3293  316 |  |
|  | Spring | L2A\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 2168  1441 |  |
|  | Summer | L2A\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 2695  914 |  |
|  | Autumn | L2A\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3215  394 |  |

**SECTION M: FOOD ALLERGY**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| M1 | Have you ever had any food allergies? | M1 | 0 = No  1 = Yes | 0  1  . | 3020  551  38 |  |
|  | What foods are you allergic to? |  |  |  |  |  |
|  | **Peanut** | M1A | 1 = Peanut | 1  . | 35  3574 |  |
|  | Was the allergy confirmed by a doctor? | M1B | 0 = No  1 = Yes | 0  1  . | 24  12  3573 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | At what age did you develop the allergy? | M1C | 1-53 | 1  4  5  7  14  15  19  20  21  25  30  38  40  41  42  43  44  45  48  50  53  . | 3  2  3  1  1  1  1  3  1  1  2  1  3  1  1  1  1  1  1  2  3577 | |  |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M1D\_1 | 0  1 | 0  1 | 3601  8 | |  |
|  | Diarrhoea or vomiting | M1D\_2 | 0  1 | 0  1 | 3600  9 | |  |
|  | Runny or stuffy nose | M1D\_3 | 0  1 | 0  1 | 3604  5 | |  |
|  | Severe headaches | M1D\_4 | 0  1 | 0  1 | 3604  5 | |  |
|  | Breathless | M1D\_5 | 0  1 | 0  1 | 3603  6 | |  |
|  | Other reaction | M1D\_6 | 0  1 | 0  1 | 3596  13 | |  |
|  | Specify | M1DOTH | 18 unique values | Abdo cramp  Anaphylactic reaction  Burning sensation in throat | | 1  1  1 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Don't know (mother told him about it)  Face edema  Itchy mouth  Itchy mouth, minimal breathing diffic..  Itchy throat  Mucous in bowels  Nausea and bloating  Palpatations, fainting  Positive skin prick test  Stinging sensation in mouth  Stomach pains  Swelling in throat, heat rash on face  Tight chest  Tightening throat | | 1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |
|  | Are you still allergic to it? | M1E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 3  19  10  3577 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M1F | 0 = No  1 = Yes | 0  1  . | 34  3  3572 | |  |
|  | **Tree nut** | M2A | 0  1 = Tree nut | 0  1 | 3583  26 | |  |
|  | Specify | M2AOTH | 22 unique values | -  -  1  All  All nuts  Almond, cashew  Almonds  Almonds, hazel nuts, macadamias  Almonds, walnuts, hazelnut | | 2  1  1  1  1  1  3  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Cashews  Cashews, walnuts, pecans  Hazelnut  Macadamia walnut  Pine nut  Pine nuts  Unknown variety - among mixed  Wallnut, all nuts, nut oils  Walnut  Walnut almond brazil  Walnuts  Walnuts, cashews | | 1  1  1  1  1  2  1  1  4  1  1  1 |  |
|  | Was the allergy confirmed by a doctor? | M2B | 0 = No  1 = Yes | 0  1  . | 15  12  3582 | |  |
|  | At what age did you develop the allergy? | M2C | 1-53 | 1  5  7  8  12  14  16  19  21  24  25  33  34  38  43  45  48  51  53  . | 1  2  1  1  1  1  1  1  1  1  2  1  1  2  1  3  1  1  2  3584 | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M2D\_1 | 0  1 | 0  1 | 3600  9 | |  |
|  | Diarrhoea or vomiting | M2D\_2 | 0  1 | 0  1 | 3605  4 | |  |
|  | Runny or stuffy nose | M2D\_3 | 0  1 | 0  1 | 3607  2 | |  |
|  | Severe headaches | M2D\_4 | 0  1 | 0  1 | 3605  4 | |  |
|  | Breathless | M2D\_5 | 0  1 | 0  1 | 3604  5 | |  |
|  | Other reaction | M2D\_6 | 0  1 | 0  1 | 3593  16 | |  |
|  | Specify | M2DOTH | 19 unique values | -  .  1  Abdo pain  Chest pain, burning tongue, swollen t..  Gum inflammation  Increased BP  Itchy lips  Itchy mouth  Nausea, itchy lips  Scratchy throat  Sore throat  Stomach pain  Swelling of feet and fingers  Swollen face  Tachycardia  Tight chest  Tingling sensation on tongue | | 1  1  1  1  1  1  1  1  2  1  1  1  1  1  1  1  1  1 |  |
|  | Are you still allergic to it? | M2E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1  17  7  3584 | |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Have you been prescribed an Epipen/Anapen? | M2F | 0 = No  1 = Yes | 0  1  . | 24  1  3584 | |  |
|  | **Shellfish** | M3A | 0  1 = Shellfish | 0  1 | 3508  101 | |  |
|  | Was the allergy confirmed by a doctor? | M3B | 0 = No  1 = Yes | 0  1  . | 69  36  3504 | |  |
|  | At what age did you develop the allergy? | M3C | 1-54 | 1  5  7  8  10  11  12  14  15  16  17  18  20  21  22  23  24  25  26  27  28  29  30  31  32  34  35  36  37  40 | 1  1  2  2  4  1  3  3  4  3  2  5  5  6  2  3  1  3  2  1  4  1  3  2  1  1  7  1  1  4 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 42  43  44  45  46  47  48  50  51  54  . | 2  1  1  6  1  1  2  3  4  1  3508 | |  |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M3D\_1 | 0  1 | 0  1 | 3575  34 | |  |
|  | Diarrhoea or vomiting | M3D\_2 | 0  1 | 0  1 | 3560  49 | |  |
|  | Runny or stuffy nose | M3D\_3 | 0  1 | 0  1 | 3605  4 | |  |
|  | Severe headaches | M3D\_4 | 0  1 | 0  1 | 3600  9 | |  |
|  | Breathless | M3D\_5 | 0  1 | 0  1 | 3591  18 | |  |
|  | Other reaction | M3D\_6 | 0  1 | 0  1 | 3565  44 | |  |
|  | Specify | M3DOTH | 49 unique values | Abdo pain  Anaphylactic  Anaphylactic reaction  Blisters  Body swelling  Chest tightness  Delirious  Discomfort and irritated abdomen  General "hangover"  Gout pain in left foot  Headache  Hives on face and face swelling | | 1  2  1  1  1  1  1  1  1  1  1  1 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Hot sweats, cramps in stomach  Hypotension  Itchy lips  Itchy mouth tightness in the chest  Itchy throat  Lip and mouth swelling, itching  Lips and eyes swell  Lips tingle  Lump in throat, swollen tingly lips  Numbness in mouth and throat  Numbness of mouth and throat  Oedema  Pain in stomach  Puffy lips  Red, watery eyes  Severe abdo pain, clammy/sweaty  Skin lumps and nauseous  Slight swelling in mouth  Stomach cramp  Stomach cramps  Swelling  Swelling in the face  Swelling of throat, lips and tongue  Swelling tongue  Swelling toungue and mouth  Swollen and tingly lips  Swollen face, neck, eyes  Swollen lips | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Swollen tongue and throat  Tachycardia  Throat and ear canal swelled, palpita..  Throat and tongue swelling, sweating  Tightness in throat  Tingling in the mouth  Tingling skin (all over)  Welts | | 1  1  1  1  1  1  1  1 |  |
|  | Are you still allergic to it? | M3E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 10  47  44  3508 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M3F | 0 = No  1 = Yes | 0  1  . | 95  5  3509 | |  |
|  | **Fish** | M4A | 0  1 = Fish | 0  1 | 3589  20 | |  |
|  | Was the allergy confirmed by a doctor? | M4B | 0 = No  1 = Yes | 0  1  . | 12  9  3588 | |  |
|  | At what age did you develop the allergy? | M4C | 1-52 | 1  5  7  8  12  17  20  22  24  32  38  40  45  50  51 | 1  2  1  1  1  1  1  1  1  1  1  1  1  2  1 | |  |

|  |  |  |  |  |  |  |  |
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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 52  . | 1  3591 | |  |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M4D\_1 | 0  1 | 0  1 | 3602  7 | |  |
|  | Diarrhoea or vomiting | M4D\_2 | 0  1 | 0  1 | 3601  8 | |  |
|  | Runny or stuffy nose | M4D\_3 | 0  1 | 0  1 | 3607  2 | |  |
|  | Severe headaches | M4D\_4 | 0  1 | 0  1 | 3608  1 | |  |
|  | Breathless | M4D\_5 | 0  1 | 0  1 | 3606  3 | |  |
|  | Other reaction | M4D\_6 | 0  1 | 0  1 | 3604  5 | |  |
|  | Specify | M4DOTH | 10 unique values | Anaphylaxis  Facial swelling  Itchy and swollen lips  Lump in the throat  Painful joints  Smell of cooking fish  Swelling throat  Swollen tongue  Throat and tongue swelling | | 1  1  1  1  1  1  1  1  1  1 |  |
|  | Are you still allergic to it? | M4E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1  12  7  3589 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M4F | 0 = No  1 = Yes | 0  1  . | 18  2  3589 | |  |
|  | **Cow’s milk** | M5A | 0  1 = Cow's milk | 0  1 | 3504  105 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Was the allergy confirmed by a doctor? | M5B | 0 = No  1 = Yes | 0  1  . | 59  45  3505 |  |
|  | At what age did you develop the allergy? | M5C | 0-99 | 0  1  2  3  4  5  6  7  9  10  12  13  15  16  17  18  20  21  25  26  27  28  30  35  36  37  38  40  42  44  45  46  47  48  49 | 3  12  3  2  3  3  1  3  1  2  1  1  2  2  2  3  3  1  2  2  1  1  2  3  2  2  1  6  2  3  6  2  2  5  4 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 50  51  52  53  99  . | 2  2  1  1  1  3508 | |  |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M5D\_1 | 0  1 | 0  1 | 3592  17 | |  |
|  | Diarrhoea or vomiting | M5D\_2 | 0  1 | 0  1 | 3560  49 | |  |
|  | Runny or stuffy nose | M5D\_3 | 0  1 | 0  1 | 3588  21 | |  |
|  | Severe headaches | M5D\_4 | 0  1 | 0  1 | 3594  15 | |  |
|  | Breathless | M5D\_5 | 0  1 | 0  1 | 3602  7 | |  |
|  | Other reaction | M5D\_6 | 0  1 | 0  1 | 3567  42 | |  |
|  | Specify | M5DOTH | 43 unique values | Abdo pain  Abdominal bloating  Abdominal cramping  Acne  Bloated  Bloating  Bloating pain in stomach  Bloating, feel unwell  Bloating, nausea  Bloating, tiredness  Cough  Coughing for short time  Doesn't know. Grew out of it when young  Don't know  Ear ache  Eczema  IBS | | 1  1  1  1  2  6  1  1  1  1  1  1  1  1  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Indigestion  Leaky gut, candida  Lots of mucus  Mucous in the lungs  Mucous in throat  Mucus in throat  Mucus throat, nose  Nausea  Nausea, wheezing  Nauseous  Not breastfed. Allergy to cows milk. .  Pains in stomach  Palpatations, fainting  Phlegm  Positive blood test  Puffy eyes  Sinus  Sleepiness and abdominal bloating  Slight headache  Stomach ache  Stomach cramping, bloating, excruciat..  Stomach cramps  Tired  Visual disturbance, nausea  Wheeze | | 1  1  1  1  1  1  1  2  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |
|  | Are you still allergic to it? | M5E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 16  71  13  3509 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M5F | 0 = No  1 = Yes | 0  1  . | 97  2  3510 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | **Egg** | M6A | 0  1 = Egg | 0  1 | 3561  48 |  |
|  | Was the allergy confirmed by a doctor? | M6B | 0 = No  1 = Yes | 0  1  . | 17  32  3560 |  |
|  | At what age did you develop the allergy? | M6C | 1-52 | 1  2  3  4  5  6  7  8  10  15  17  20  24  30  31  32  40  44  45  48  49  52  . | 9  4  3  2  4  1  2  3  3  1  1  1  1  2  1  1  1  1  2  2  1  1  3562 |  |
|  | What was the reaction? |  |  |  |  |  |
|  | A rash or itchy skin | M6D\_1 | 0  1 | 0  1 | 3583  26 |  |
|  | Diarrhoea or vomiting | M6D\_2 | 0  1 | 0  1 | 3589  20 |  |
|  | Runny or stuffy nose | M6D\_3 | 0  1 | 0  1 | 3604  5 |  |
|  | Severe headaches | M6D\_4 | 0  1 | 0  1 | 3603  6 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Breathless | M6D\_5 | 0  1 | 0  1 | 3603  6 | |  |
|  | Other reaction | M6D\_6 | 0  1 | 0  1 | 3596  13 | |  |
|  | Specify | M6DOTH | 17 unique values | Abdominal bloating  Bloated  Eyes and lips swell  Eyes swell up, throat blocks off  Hot ,sweaty  Itchy mouth, ears, bloated, pain  Jaundice  Nausea  Nausea, discomfort  Pains in stomach  Really nauseous, must eat parsley  Sneezing  Swelling of face, protruding eyes  Swollen face  Unknown  Wheeze | | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |
|  | Are you still allergic to it? | M6E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 20  15  11  3563 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M6F | 0 = No  1 = Yes | 0  1  . | 44  2  3563 | |  |
|  | **Wheat** | M7A | 0  1 = Wheat | 0  1  . | 3548  59  2 | |  |
|  | Was the allergy confirmed by a doctor? | M7B | 0 = No  1 = Yes | 0  1  . | 29  30  3550 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | At what age did you develop the allergy? | M7C | 1-51 | 1  7  8  10  15  17  18  21  25  27  28  30  31  32  34  35  38  40  42  44  45  46  47  48  49  50  51  . | 3  1  1  2  1  1  1  1  1  1  1  2  3  1  1  3  2  6  3  2  5  1  2  2  4  3  2  3553 |  |
|  | What was the reaction? |  |  |  |  |  |
|  | A rash or itchy skin | M7D\_1 | 0  1 | 0  1 | 3595  14 |  |
|  | Diarrhoea or vomiting | M7D\_2 | 0  1 | 0  1 | 3581  28 |  |
|  | Runny or stuffy nose | M7D\_3 | 0  1 | 0  1 | 3601  8 |  |
|  | Severe headaches | M7D\_4 | 0  1 | 0  1 | 3603  6 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Breathless | M7D\_5 | 0  1 | 0  1 | 3603  6 | |  |
|  | Other reaction | M7D\_6 | 0  1 | 0  1 | 3583  26 | |  |
|  | Specify | M7DOTH | 32 unique values | Abdominal bloating  Abdominal cramping  Abdominal cramps and bloating  Abdominal discomfort  Anaemia  Bloated constipated  Bloated stomach  Bloated, constipated, wind  Bloated, cramping abdomen  Bloating  Bloating and joint inflamation, fatigue  Bloating, constipation  Bloating, depression, foggy thinking  Bloating, nausea  Bloating, tiredness  Bloating, weight gain, fluid retentio..  Coeliac disease  Eczema, bloating  Extreme vomiting and lethargy  Full body hive then unconsciousness  Gas in stomach  Headache, constipation  Heart burn  Hives  IBS  Indigestion and reflux | | 1  1  1  1  1  1  1  1  1  6  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Pain, bloating  Severe bloating  Stomach pain  Tired  Wheeziness. Moderate headache | | 1  1  1  1  1 |  |
|  | Are you still allergic to it? | M7E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 6  48  2  3553 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M7F | 0 = No  1 = Yes | 0  1  . | 53  3  3553 | |  |
|  | **Sesame** | M8A | 0  1 = Sesame | 0  1 | 3605  4 | |  |
|  | Was the allergy confirmed by a doctor? | M8B | 0 = No  1 = Yes | 0  1  . | 4  3  3602 | |  |
|  | At what age did you develop the allergy? | M8C | 21-52 | 21  25  48  52  . | 1  1  1  1  3605 | |  |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M8D\_1 | 0  1 | 0  1 | 3608  1 | |  |
|  | Diarrhoea or vomiting | M8D\_2 | 0 | 0 | 3609 | |  |
|  | Runny or stuffy nose | M8D\_3 | 0 | 0 | 3609 | |  |
|  | Severe headaches | M8D\_4 | 0 | 0 | 3609 | |  |
|  | Breathless | M8D\_5 | 0  1 | 0  1 | 3608  1 | |  |
|  | Other reaction | M8D\_6 | 0  1 | 0  1 | 3608  1 | | 3605 specified as “ ” |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Specify | M8OTH | 5 unique values | 1  Anaphylactic reaction  Itchy mouth  No symptoms | | 1  1  1  1 |  |
|  | Are you still allergic to it? | M8E | 1 = Yes  2 = Don't know | 1  2  . | 2  2  3605 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M8F | 0 = No  1 = Yes | 0  1  . | 2  2  3605 | |  |
|  | Other | M9A | 0  1 = Other | 0  1 | 3277  332 | |  |
|  | Specify | M9AOTH | 238 unique values |  |  | |  |
|  | Was the allergy confirmed by a doctor? | M9B | 0 = No  1 = Yes | 0  1  . | 217  118  3274 | |  |
|  | At what age did you develop the allergy? | M9C | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21 | 1  7  7  6  2  9  11  8  9  4  6  1  7  2  1  12  2  2  7  1  24  6 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 22  23  24  25  26  27  28  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  99  . | 8  4  2  12  2  2  3  16  3  10  4  2  11  1  2  4  1  24  2  3  6  1  22  2  3  12  4  11  11  5  3  2  3276 | |  |
|  | What was the reaction? |  |  |  |  | |  |
|  | A rash or itchy skin | M9D\_1 | 0  1 | 0  1 | 3492  117 | |  |
|  | Diarrhoea or vomiting | M9D\_2 | 0  1 | 0  1 | 3521  88 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Runny or stuffy nose | M9D\_3 | 0  1 | 0  1 | 3574  35 | |  |
|  | Severe headaches | M9D\_4 | 0  1 | 0  1 | 3550  59 | |  |
|  | Breathless | M9D\_5 | 0  1 | 0  1 | 3543  66 | |  |
|  | Other reaction | M9D\_6 | 0  1 | 0  1 | 3461  148 | |  |
|  | Specify | M9DOTH | 160 unique values |  |  | |  |
|  | Are you still allergic to it? | M9E | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 49  219  74  3267 | |  |
|  | Have you been prescribed an Epipen/Anapen? | M9F | 0 = No  1 = Yes | 0  1  . | 328  12  3269 | |  |

**SECTION N: RESPIRATORY SYMPTOMS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| N1 | Have you, at any time in your life, suffered from attacks of asthma of wheezy breathing? | N1 | 0 = No  1 = Yes | 0  1  . | 2419  1187  3 |  |
| N1A | How old were you when you had your first attack of asthma or wheezy breathing? | N1A | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11 | 5  57  31  43  43  78  57  51  47  10  39  14 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48 | 17  18  18  19  9  11  11  13  29  16  15  9  12  35  16  14  16  8  56  6  21  9  5  40  11  7  11  9  62  10  16  13  4  26  6  7  13 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 49  50  51  52  53  54  77  99  . | 13  23  15  11  7  3  1  2  2441 |  |
| N1B | How old were you when you had your most recent attack of asthma or wheezy breathing? | N1B | 0-69 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27 | 2  7  5  3  5  15  6  11  2  5  21  6  12  12  15  22  17  7  2  6  6  5  4  3  3  16  6  9 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  58  69  . | 7  5  23  3  13  11  7  21  7  9  8  3  29  14  16  9  5  43  14  14  27  25  85  130  188  151  60  6  1  1  2441 |  |
| N1C | Have you had an attack of asthma or wheezy breathing in the last 12 months? | N1C | 0 = No  1 = Yes | 0  1  . | 720  473  2416 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| N1D | Have you taken any medicines including inhalers or tablets for asthma or wheezy breathing in the last 12 months? | N1D | 0 = No  1 = Yes | 0  1  . | 723  464  2422 |  |
| N2 | Have you had wheezing or whistling in your chest in the last 12 months? | N2 | 0 = No  1 = Yes | 0  1  . | 2836  748  25 |  |
| N2A | Have you been at all breathless when the wheezing noise was present? | N2A | 0 = No  1 = Yes | 0  1  . | 342  425  2842 |  |
| N2B | Have you had this wheezing or whistling when you did not have a cold? | N2B | 0 = No  1 = Yes | 0  1  . | 231  536  2842 |  |
| N3 | Have you, at any time in the last 12 months? |  |  |  |  |  |
|  | Had an attack of shortness of breath at rest | N3A | 0 = No  1 = Yes | 0  1  . | 3287  286  36 |  |
|  | Had an attack of shortness of breath after exercise | N3B | 0 = No  1 = Yes | 0  1  . | 2885  693  31 |  |
|  | Woken due to a feeling of tightness in your chest | N3C | 0 = No  1 = Yes | 0  1  . | 3292  284  33 |  |
|  | Been woken at night by an attack of shortness of breath | N3D | 0 = No  1 = Yes | 0  1  . | 3295  279  35 |  |

**SECTION O: SNORING AND SLEEPINESS**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| O1 | During the last month, do you or have you been told you snore loudly in sleep? | O1 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 1636  1786  182  5 |  |
| O1A | On average, how often? | O1A | 1 = Rarely, less than once a week  2 = 1 to 2 times per week  3 = 3 to 4 times per week  4 = 5 to 7 times per week  5 = Don't know | 1  2  3  4  5  . | 327  516  312  480  150  1824 |  |
| O2 | During the last month, do you or have you been told you snort or gasp in sleep? | O2 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 2752  614  226  17 |  |
| O2A | On average, how often? | O2A | 1 = Rarely, less than once a week  2 = 1 to 2 times per week  3 = 3 to 4 times per week  4 = 5 to 7 times per week  5 = Don't know | 1  2  3  4  5  . | 171  190  89  108  70  2981 |  |
| O3 | During the last month, do you or have you been told you choke or stop breathing in sleep? | O3 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 3089  329  179  12 |  |
| O3A | On average, how often? | O3A | 1 = Rarely, less than once a week  2 = 1 to 2 times per week  3 = 3 to 4 times per week | 1  2  3  4  5  . | 112  83  21  59  60  3274 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 4 = 5 to 7 times per week  5 = Don't know |  |  |  |
| O4 | During the last month, have you had excessive sleepiness during the day? | O4 | 0 = No  1 = Yes | 0  1  . | 2821  769  19 |  |
| O5 | Has your doctor ever told you that you have or had obstructive sleep apnoea? | O5 | 0 = No  1 = Yes | 0  1  . | 3409  175  25 |  |
| O5A | How old were you when you were told you had obstructive sleep apnoea? | O5A | 0-54 | 0  29  30  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  . | 1  1  2  3  1  1  5  1  2  2  2  9  5  11  2  1  13  9  8  14  7  25  15  22  12  2  3433 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| O5B | How old were you when you had your first overnight sleep study? | O5B | 0-53 | 0  29  30  32  33  35  36  37  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  . | 4  1  1  2  1  3  1  3  1  8  5  10  1  2  12  9  5  16  6  24  15  17  13  3449 |  |
| O5C | Are you currently being treated for obstructive sleep apnoea with any of the following? |  |  |  |  |  |
|  | CPAP | O5C\_1 | 0 = Not indicated  1 = Indicated | 0  1 | 3527  82 |  |
|  | Surgery | O5C\_2 | 0 = Not indicated  1 = Indicated | 0  1 | 3595  14 |  |
|  | Weight loss | O5C\_3 | 0 = Not indicated  1 = Indicated | 0  1 | 3588  21 |  |
|  | Oral splint | O5C\_4 | 0 = Not indicated  1 = Indicated | 0  1 | 3595  14 |  |
|  | Positional device | O5C\_5 | 0 = Not indicated  1 = Indicated | 0  1 | 3605  4 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Other | O5C\_6 | 0 = Not indicated  1 = Indicated | 0  1 | 3591  18 |  |
| O6 | How many hours in 24 do you sleep? | O6 | 1-67 | 1  2  3  4  5  6  7  8  9  10  11  12  13  67  . | 1  3  8  51  162  679  1200  1115  246  70  4  17  1  1  51 |  |

**SECTION P: COUGH AND PHLEGM**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| P1 | 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 “rattly” cough)? | P1 | 0 = No  1 = Yes | 0  1  . | 1592  2006  11 |  |
| P1A | How long is it since the last attack? | P1A | 1 = Within the last 6 months  2 = Within the last year but longer than the last 6 months  3 = Less or equal to 2 years but more than 1 year | 1  2  3  4  . | 316  208  202  1252  1631 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  | 4 = More than 2 years |  |  |  |
| P1B | At what age did these attacks begin? | P1B | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35 | 3  53  27  43  59  121  110  65  93  27  131  17  67  42  40  59  26  18  33  12  70  16  30  10  18  65  11  10  16  3  78  9  19  9  7  46 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  77  99  . | 4  4  11  4  67  6  12  8  4  29  12  12  22  23  36  26  23  10  7  2  1  1823 |  |
| P2 | Do you usually cough when you do not have a cold? | P2 | 0 = No  1 = Yes | 0  1  . | 2713  881  15 |  |
| P2A | Are there months in which you cough on most days? | P2A | 0 = No  1 = Yes | 0  1  . | 505  432  2672 |  |
| P2B | Do you cough on most days for at least three months of each year? | P2B | 0 = No  1 = Yes | 0  1  . | 87  367  3155 |  |
| P2C | For how many years have you had this cough? | P2C | 1 = Less than 2 years  2 = 2 to 5 years  3 = More than 5 years | 1  2  3  . | 46  114  279  3170 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| P3 | Do you usually have phlegm in your chest when you do not have a cold? | P3 | 0 = No  1 = Yes | 0  1  . | 3133  457  19 |  |
| P3A | Are there months in which you have phlegm in your chest on most days? | P3A | 0 = No  1 = Yes | 0  1  . | 229  265  3115 |  |
| P3B | Do you bring up this phlegm on most days for at least three months of each year? | P3B | 0 = No  1 = Yes | 0  1  . | 74  213  3322 |  |
| P3C | For how many years have you had this phlegm? | P3C | 1 = Less than 2 years  2 = 2 to 5 years  3 = More than 5 years | 1  2  3  . | 42  55  179  3333 |  |
| P4 | Have you, at any time in your life, suffered from cough with phlegm in the chest (with or without a cold)? | P4 | 0 = No  1 = Yes | 0  1  . | 883  2714  12 |  |
| P4A | Have you had this cough with phlegm on most days for at least three months and for two years in a row? | P4A | 0 = No  1 = Yes | 0  1  . | 2427  275  907 |  |

**SECTION Q: CHEST COLDS AND CHEST ILLNESS**

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| Q1 | If you get a cold, does it usually go to your chest? | Q1 | 0 = No  1 = Yes  2 = Do not get colds | 0  1  2  . | 2207  1306  87  9 |  |
| Q2 | During the past three years, have you had any chest illnesses that have kept you off work, indoors at home, or in bed? | Q2 | 0 = No  1 = Yes | 0  1  . | 2697  893  19 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| Q2A | Did you produce phlegm with any of the chest illnesses? | Q2A | 0 = No  1 = Yes | 0  1  . | 85  823  2701 |  |
| Q2B | In the last three years, how many such illnesses, with increased phlegm, did you have which lasted a week or more? | Q2B | 0-61 | 0  1  2  3  4  5  6  7  8  9  10  12  18  30  61  . | 159  343  204  104  33  16  19  4  5  2  2  2  1  1  1  2713 |  |
| Q3 | Have you ever had Pneumonia? | Q3 | 0 = No  1 = Yes | 0  1  . | 2926  671  12 |  |
| Q3A | Was this confirmed by a doctor? | Q3A | 0 = No  1 = Yes | 0  1  . | 11  656  2942 |  |
| Q3B | At what age did you first have it? | Q3B | 0-56 | 0  1  2  3  4  5  6  7  8  9  10  11  12 | 2  29  12  6  27  26  29  22  20  10  14  5  14 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49 | 8  9  6  5  9  9  9  11  11  13  6  2  12  10  7  16  5  24  10  11  11  6  15  8  7  6  5  35  9  10  5  6  23  6  14  16  13 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 50  51  52  53  54  56  . | 15  11  13  10  5  1  2950 | |  |
| Q3C | How many times have you had it? | Q3C | 0-99 | 0  1  2  3  4  5  6  7  8  10  12  15  18  25  40  50  99  . | 1  486  94  31  13  7  10  1  5  7  1  1  1  1  1  1  1  2947 | |  |
| Q3D | Have you ever been hospitalised for Pneumonia? | Q3D | 0 = No  1 = Yes | 0  1  . | 443  229  2937 | |  |
| Q4 | Have you ever been hospitalised for any other chest illness? | Q4 | 0 = No  1 = Yes | 0  1  . | 3418  155  36 | |  |
|  | 1. If Yes, please specify diagnosis | Q4\_1 | 74 unique values | 3 weeks in ICU on ventilator for 2 we..  ? Whooping cough - was diagnosed with..  Aspercilliosis  Asthma  Asthma when pregnant | | 1  1  1  25  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Atrial fibrillation  Bacterial lung infection  BI pulmonary oedema  Bird flu (influenza)  Blood clot  Bronchial pneumonia  Bronchialitis  Bronchitis  Carcinoid tumour  Chest infection  Chest pain (unknown)  Chest pain at mine site (2005)  Chronic bronchitis  Collapsed lung  Collapsed lung (accident)  Collapsed lung following car accident  COPD  Croup  Don't remember  Golden staph infection of lungs at bi..  Hart arrhythmia  Heart - M.I.  Heart attack  Heart palpitations  Heart V virus - heart attack symptoms..  Hyperbaric chamber treatment for the ..  Infection in lining of lung  Influenza  Inhaled "folic acid" in welding accid..  Lung infection – unspecified | 1  1  1  1  1  1  1  14  1  1  1  1  1  10  1  1  1  3  1  1  1  1  2  1  1  1  1  4  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Metastatic lung cancer (melanoma) - R..  MI  Not diagnosed  Not stated  Not sure  Other  Pericarditis (not on list)  Pericarditis, pleuraleffusion  Pinched lung/inflamed lung lobe  Pleurisy  Pleurisy (age 17)  Pleurisy (not hospitalised) but confi..  Pleurisy(and pericarditis)  Pneumonia  Pneumothorax  Pneumothorax (after crush injury)  Pulminary embolism  Pulmonary embolism  Pulmonary emboolysm (after motor cycl..  Punctured and collapsed lung, haemopn..  Punctured lung  Punctured lung, broken ribs (road acc..  Rheumatic fever  Sarcoidosis  Sarcoidosis, affecting lungs, lasted ..  Severe cough during pregnancy  Shadow on long-88 | 1  1  1  1  1  1  1  1  1  8  1  1  1  1  8  1  1  5  1  1  1  1  2  3  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Shortness of breath  Spontaneous pneumothorax  Staph infection, bronchiectasis  Staphylococcal pneumonia  Tightness in the chest  Tracheobronchiomalacia  Tuberculosis  Viral tract infection  Whooping cough  Whooping cough at 6 weeks old  Whooping cough-pertussis | | 2  9  1  1  1  1  1  1  5  1  1 |  |
|  | Office Use Only | Q4\_1A | 3-99 | 3  5  6  7  9  11  12  13  14  18  20  23  24  25  26  29  30  32  88  99  . | 21  1  1  13  3  1  16  1  3  5  1  8  10  1  8  4  13  1  25  1  3472 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Age at first occurrence | Q4\_1B | 0-53 | 0  1  2  3  4  5  6  7  8  10  11  14  15  16  17  18  19  20  21  22  25  26  27  28  29  30  31  32  35  36  38  39  40  42  43  44  45 | 1  11  3  1  9  6  4  5  4  3  2  3  1  1  3  4  3  4  2  1  4  2  2  3  4  5  3  1  2  4  3  3  5  4  1  1  5 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 46  47  48  49  50  51  52  53  . | 3  5  1  2  12  2  3  1  3457 | |  |
|  | Number of occurrences | Q4\_1C | 0-15 | 0  1  2  3  4  5  6  10  12  15  . | 1  109  18  6  4  4  2  3  1  2  3459 | |  |
|  | 2. If Yes, please specify diagnosis | Q4\_2 | 11 unique values | Angina  Asthma  Bronchial pneumonia  Bronchitis  Chest infection  Empyema  Partial removal (R) lung (MVA)  Pleurisy  Pulmonary embolism  Saltwater fever (from near drowning) | | 1  1  1  1  1  1  1  1  1  1 |  |
|  | Office use only | Q4\_2A | 3-88 | 3  7  9  24  25 | 1  1  1  2  1 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 26  88  . | 1  3  3599 | |  |
|  | Age at first occurrence | Q4\_2B | 1-51 | 1  4  7  19  23  25  27  28  35  40  51  . | 1  1  1  1  1  1  1  1  1  1  1  3598 | |  |
|  | Number of occurrences | Q4\_2C | 1-10 | 1  4  10  . | 8  2  1  3598 | |  |
|  | 3. If Yes, please specify diagnosis | Q4\_3 | 3 unique values | Bronchitis  Pneumonia | | 3607  1  1 | 3607 participants have specified as “ “ |
|  | Office use only | Q4\_3A | 7-25 | 7  25  . | 1  1  3607 | |  |
|  | Age at first occurrence | Q4\_3B | 19-30 | 19  30  . | 1  1  3607 | |  |
|  | Number of occurrences | Q4\_3C | 3-6 | 3  6  . | 1  1  3607 | |  |
| R1 | Have you ever had asthma? | R1 | 0 = No  1 = Yes | 0  1  . | 2825  776  8 | |  |
| R2 | How old were you when you had your first symptoms of asthma? | R2 | 0-54 | 0  1  2 | 3  44  32 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40 | 37  33  55  45  34  36  5  23  7  15  8  13  15  6  7  11  8  16  7  13  6  12  25  12  10  11  5  33  3  10  6  2  27  4  2  6  9  34 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 41  42  43  44  45  46  47  48  49  50  51  52  53  54  . | 8  9  6  2  10  5  3  5  7  9  3  2  1  1  2848 |  |
| R3 | Was this confirmed by a doctor? | R3 | 0 = No  1 = Yes | 0  1  . | 63  713  2833 |  |
| R3A | How old were you when this was confirmed? | R3A | 0-99 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18 | 2  38  30  29  26  39  35  29  32  7  18  5  11  7  7  12  5  6  10 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  95 | 10  14  9  13  7  16  26  10  11  11  4  33  4  12  7  3  22  2  4  8  6  36  9  12  6  2  16  3  3  6  8  7  3  5  3  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 99  . | 4  2904 |  |
| R4 | How old were you when you had your most recent symptoms of asthma? | R4 | 0-96 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35 | 2  3  3  1  5  9  7  4  2  3  14  5  6  13  12  9  14  6  2  2  3  2  6  3  3  9  6  4  1  3  14  2  8  6  4  17 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 36  37  38  39  40  41  42  43  44  45  46  47  48  49  50  51  52  53  54  55  96  . | 3  3  3  1  13  5  8  4  3  24  10  9  14  22  42  83  126  110  51  6  1  2855 |  |
| R5 | Have you been woken from your sleep by your asthma in the last 12 months? | R5\_1 | 0 = No  1 = Yes | 0  1  . | 631  139  2839 |  |
|  | Have you been woken from your sleep by your asthma in the last 1 month? | R5\_2 | 0 = No  1 = Yes | 0  1  . | 613  56  2940 |  |
| R5A | How many nights were you woken from sleep by your asthma in the last week? | R5A | 0-7 | 0  1  2  3  4  5  6  7  . | 22  12  15  2  1  1  1  3  3552 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| R6 | Have you had asthma symptoms when you wake in the morning in the last 12 months? | R6\_1 | 0 = No  1 = Yes | 0  1  . | 603  165  2841 |  |
|  | Have you had asthma symptoms when you wake in the morning in the last 1 month? | R6\_2 | 0 = No  1 = Yes | 0  1  . | 584  93  2932 |  |
| R6A | How many mornings in the last week? | R6A | 0-7 | 0  1  2  3  4  5  7  . | 21  13  23  9  5  2  17  3519 |  |
| R7 | Have you been limited in any of the following activities because of asthma? |  |  |  |  |  |
|  | All activities - Last 12 months | R7A1 | 0 = No  1 = Yes | 0  1  . | 723  35  2851 |  |
|  | All activities - Last 1 month | R7B1 | 0 = No  1 = Yes | 0  1  . | 571  21  3017 |  |
|  | When dressing - Last 12 months | R7A2 | 0 = No  1 = Yes | 0  1  . | 723  22  2864 |  |
|  | When dressing - Last 1 month | R7B2 | 0 = No  1 = Yes | 0  1  . | 576  16  3017 |  |
|  | Walking on level ground - Last 12 months | R7A3 | 0 = No  1 = Yes | 0  1  . | 712  33  2864 |  |
|  | Walking on level ground - Last 1 month | R7B3 | 0 = No  1 = Yes | 0  1  . | 567  23  3019 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Hurrying on level ground - Last 12 months | R7A4 | 0 = No  1 = Yes | 0  1  . | 646  100  2863 | |  |
|  | Hurrying on level ground - Last 1 month | R7B4 | 0 = No  1 = Yes | 0  1  . | 530  68  3011 | |  |
|  | Walking up stairs or up hills - Last 12 months | R7A5 | 0 = No  1 = Yes | 0  1  . | 576  171  2862 | |  |
|  | Walking up stairs or up hills - Last 1 month | R7B5 | 0 = No  1 = Yes | 0  1  . | 484  115  3010 | |  |
|  | Active sports - Last 12 months | R7A6 | 0 = No  1 = Yes | 0  1  . | 604  140  2865 | |  |
|  | Active sports - Last 1 month | R7B6 | 0 = No  1 = Yes | 0  1  . | 499  94  3016 | |  |
|  | Other specified | R7OTH | 35 unique values | -  1  Aerobic exercise  All activities limited by emphysema  Bronchitis/swimming  Can't exercise in cold weather  Cleaning  Cold air <10 degrees C  Cold weather  Cycling hard  Diving  Exercise  Exertion e.g. gardening  Gardening  Gardening or walking in cold weather  Heavy exertion | | 1  4  1  1  1  1  1  1  1  1  1  1  1  2  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Heavy lifting  Heavy lifting and labour  Highly active work task  Lifting  Lifting in garden  Makes it harder to smoke  Morning shower brings it on  Most activities take longer  Moving heavy items  Only when eating/because of nissen fu..  Playing instrument (wind)  Pre-season training  Running  Sex  Showering  Sleep  Sleeping  Wet days | | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |
|  | Other - Last 12 months | R7A7 | 0 = No  1 = Yes | 0  1  . | 466  29  3114 | |  |
|  | Other - Last 1 month | R7B7 | 0 = No  1 = Yes | 0  1  . | 381  21  3207 | |  |
| R8 | Would you agree or disagree with the following statement: |  |  |  |  | |  |
|  | My asthma has not limited any of my activities - Last 12 months | R8\_1 | 1 = Agree  2 = Disagree | 1  2  . | 568  64  2977 | |  |
|  | My asthma has not limited any of my activities - Last 1 month | R8\_2 | 1 = Agree  2 = Disagree | 1  2  . | 505  42  3062 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| R9 | How frequent have your asthma symptoms (of any severity) been? | R9 | 1 = No asthma in the past 12 months  2 = Asthma symptoms in the past months but not in the last month  3 = Asthma symptoms in the last month, but not frequent (less than once per week)  4 = Frequent (once per week or more but not daily) in the last 1 month  5 = Persistent (daily) | 1  2  3  4  5  . | 400  160  102  71  31  2845 |  |
| R10 | How frequent have your asthma attacks/flare ups been over the past 12 months? | R10 | 1 = None in the past 12 months  2 = 3 or less in the past 12 months  3 = 4 or more but less than monthly  4 = More than monthly in the last 12 months  5 = More than weekly or persistent  6 = Not sure | 1  2  3  4  5  6  . | 477  178  55  25  12  18  2844 |  |
| R11 | Have you had an episode of asthma which has made you unable to speak or severe enough to limit your speech to only 1 or 2 words between breaths? - Last 12 months | R11\_1 | 0 = No  1 = Yes | 0  1  . | 707  60  2842 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Have you had an episode of asthma which has made you unable to speak or severe enough to limit your speech to only 1 or 2 words between breaths? – Last 1 month | R11\_2 | 0 = No  1 = Yes | 0  1  . | 654  18  2937 |  |
| R12 | On average, how would you rate the severity of your asthma? |  |  |  |  |  |
|  | On average, how would you rate the severity of your asthma? – Last 12 months | R12A | 1 = Not severe at all  2 = Mild  3 = Moderate  4 = Severe  5 = Not sure | 1  2  3  4  5  . | 490  187  64  6  9  2853 |  |
|  | On average, how would you rate the severity of your asthma? – Last 1 month | R12B | 1 = Not severe at all  2 = Mild  3 = Moderate  4 = Severe  5 = Not sure | 1  2  3  4  5  . | 487  121  50  9  8  2934 |  |
| R13 | Have you lost any days from work, school or usual activities because of your asthma? |  |  |  |  |  |
|  | Have you lost any days from work, school or usual activities because of your asthma? – Last 12 months | R13\_1 | 0 = No  1 = Yes | 0  1  . | 716  50  2843 |  |
| R13A | Number of days – Last 12 months | R13A | 0-365 | 0  1  2  3  4  5  6  7  8  10 | 5  6  6  7  3  4  4  2  1  5 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 12  14  15  21  30  60  365  . | 1  5  1  1  2  1  1  3554 |  |
|  | Have you lost any days from work, school or usual activities because of your asthma? – Last 1 month | R13\_2 | 0 = No  1 = Yes | 0  1  . | 652  14  2943 |  |
| R13B | Number of days – Last 1 month | R13B | 0-30 | 0  1  2  3  4  5  6  10  30  . | 8  2  4  1  3  3  1  1  1  3585 |  |
| R14 | Have you had an attack or symptoms of asthma that was so bad, you needed to call your general practitioner, ambulance, emergency locum or 24 hour clinic? |  |  |  |  |  |
|  | Have you had an attack or symptoms of asthma that was so bad, you needed to call your general practitioner, ambulance, emergency locum or 24 hour clinic? – Last 12 months | R14\_1 | 0 = No  1 = Yes | 0  1  . | 740  25  2844 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| R14A | Number of days – Last 12 months | R14A | 0-10 | 0  1  2  3  10  . | 5  15  7  1  1  3580 |  |
|  | Have you had an attack or symptoms of asthma that was so bad, you needed to call your general practitioner, ambulance, emergency locum or 24 hour clinic? – Last 1 month | R14\_2 | 0 = No  1 = Yes | 0  1  . | 658  7  2944 |  |
| R14B | Number of days – Last 1 month | R14B | 0-2 | 0  1  2  . | 5  4  2  3598 |  |
| R15 | Have you had an attack or symptoms of asthma that was so bad you had to go to a hospital emergency or casualty department? |  |  |  |  |  |
|  | Have you had an attack or symptoms of asthma that was so bad you had to go to a hospital emergency or casualty department? – Last 12 months | R15\_1 | 0 = No  1 = Yes | 0  1  . | 752  10  2847 |  |
| R15A | Number of days – Last 12 months | R15A | 0-2 | 0  1  2  . | 4  7  2  3596 |  |
| R16 | Have you ever been admitted to a hospital because of your asthma? | R16 | 0 = No  1 = Yes | 0  1  . | 648  117  2844 |  |
| R16A | In the past 12 months? | R16A | 0 = No  1 = Yes | 0  1  . | 123  1  3485 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| R16B | How many times in the last 12 months? | R16B | 0-2 | 0  2  . | 4  1  3604 |  |
| R16C | How many times in the last 1 month? | R16C | 0-0 | 0  . | 4  3605 |  |
| R17 | Have you ever had an attack or symptoms of asthma that resulted in an admission to a hospital intensive care unit? | R17 | 0 = No  1 = Yes | 0  1  . | 746  20  2843 |  |
| R18 | How frequently have you seen the following health professionals for your asthma in the last 12 months? |  |  |  |  |  |
|  | 1. General Practitioner (number of times in the last 12 months) | R18\_1 | 0-62 | 0  1  2  3  4  5  6  7  8  10  12  20  26  60  62  . | 533  118  50  22  12  4  9  1  3  2  1  1  1  1  1  2850 |  |
|  | 2. Respiratory specialist (number of times in the last 12 months) | R18\_2 | 0-5 | 0  1  2  3  4  5  . | 732  6  4  1  3  1  2862 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | 3. Nurse/Asthma educator (number of times in the last 12 months) | R18\_3 | 0-8 | 0  1  2  3  8  . | 733  10  1  1  1  2863 |  |
|  | 4. Pharmacist (number of times in the last 12 months) | R18\_4 | 0-52 | 0  1  2  3  4  5  6  8  9  12  26  52  . | 645  48  13  13  11  5  7  1  1  6  1  1  2857 |  |
| R19 | Have you ever been given a demonstration on the correct use of your metered dose inhaler? | R19 | 0 = No  1 = Yes | 0  1  . | 192  579  2838 |  |
| R19A | In the last 12 months? | R19A | 0 = No  1 = Yes | 0  1  . | 482  81  3046 |  |
| R20 | Has your doctor ever checked your inhaler technique? | R20 | 0 = No  1 = Yes | 0  1  . | 526  244  2839 |  |
| R20A | In the last 12 months? | R20A | 0 = No  1 = Yes | 0  1  . | 205  45  3359 |  |
| R21 | Do you have written instructions from your doctor on how to manage your asthma if it gets worse or if you have an attack? | R21 | 0 = No  1 = Yes | 0  1  . | 661  108  2840 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| R21A | In the last 12 months? | R21A | 0 = No  1 = Yes | 0  1  . | 83  33  3493 |  |
| R22 | Has your doctor given you a verbal plan telling you how to manage your asthma if it gets worse or if you have an attack? | R22 | 0 = No  1 = Yes | 0  1  . | 465  304  2840 |  |
| R22A | In the last 12 months? | R22A | 0 = No  1 = Yes | 0  1  . | 214  83  3312 |  |
| R23 | Do you have a peak flow meter of your own? | R23 | 0 = No  1 = Yes | 0  1  . | 686  82  2841 |  |
| R23A | How often have you used it in the last 3 months? | R23A | 1 = Never  2 = Some days  3 = Most days | 1  2  3  . | 74  14  1  3520 |  |
| R24 | Has your doctor ever measured your breathing in his/her surgery (including peak flows/spirometry/bronchodilator response)? | R24 | 0 = No  1 = Yes | 0  1  . | 414  355  2840 |  |
| R24A | In the last 12 months? | R24A | 0 = No  1 = Yes | 0  1  . | 300  58  3251 |  |

**SECTION S: MEDICINES SND INHALERS (See Medication Code List)**

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| S1 | Have you used any inhaled medicines to help your breathing in the last 12 months? | S1 | 0 = No  1 = Yes | 0  1  . | 3112  422  75 |  |
| a) | **In the last 12 months. Which one? – Medication 1** | S1A1 | 5-177 | 5  6  9  12  14  15  17  20  27  29  31  32  64  65  83  85  110  119  120  121  123  124  138  139  140  141  142  143  154  158  159  160 | 2  1  3  1  71  1  2  1  1  2  2  12  3  2  1  1  1  1  1  6  2  3  5  14  5  15  7  3  8  20  40  14 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 169  172  173  176  177  . | 1  196  1  1  1  3158 |  |
| b) | In the last 12 months. Which type of inhaler device? – Medication 1 | S1B1 | 0-177 | 0  1  5  11  14  17  29  32  64  81  83  85  121  138  139  140  141  154  158  159  160  169  172  176  177  . | 4  1  1  1  18  1  2  4  1  1  1  1  1  1  3  1  3  1  7  8  6  1  66  1  1  3473 |  |
| c) | In the last 12 months. Strength/dose per puff (mcg)? – Medication 1 | S1C1 | 0-500 | 0  2  5  6  18 | 3  1  1  1  4 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 20  21  50  100  106  108  125  158  159  172  200  250  350  400  500  . | 1  1  5  210  1  1  12  1  2  3  30  13  1  17  13  3288 |  |
| d) | In the last 12 months. Are you currently using this medication? – Medication 1 | S1D1 | 0 = No  1 = Yes | 0  1  . | 115  350  3144 |  |
| e) | In the last 12 months. How long have you been using this medication? – Medication 1 | S1E1 | 1-50 | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  17  18  20  21 | 20  37  36  27  28  9  18  16  4  46  6  21  8  10  17  1  9  21  3 | S1E1A is the unit of the S1E1 variable |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 22  23  24  25  26  28  29  30  31  32  33  34  35  36  38  39  40  41  42  43  44  45  48  50  . | 3  4  2  10  3  4  2  26  1  2  3  5  9  3  6  1  20  1  1  1  1  3  3  4  3154 |  |
|  | In the last 12 months. Frequency – Medication 1 | S1E1A | 1 = Days  2 = Months  3 = Years | 1  2  3  . | 30  51  369  3159 |  |
| f) | In the last 12 months. Average number of puffs per month – Medication 1 | S1F1A | 0-300 | 0  1  2  3  4  5  6  7  8 | 4  25  39  9  17  3  9  2  11 | When needed |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 9  10  12  13  14  15  16  18  20  24  28  30  31  32  36  40  42  56  60  68  92  100  112  120  180  240  250  300  . | 3  21  5  1  2  2  1  1  7  2  5  9  1  2  1  9  1  4  10  1  1  4  4  1  2  1  1  1  3387 |  |
|  | In the last 12 months. Number of courses in last 12 months – Medication 1 | S1F1B | 0-365 | 0  1  2  3  4  5  6  10  12 | 15  56  30  28  11  7  10  2  4 | In short courses |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 16  24  25  26  30  50  52  90  120  365  . | 1  1  1  1  1  1  2  1  1  1  3435 |  |
|  | In the last 12 months. Average number of puffs per day during flare-up – Medication 1 | S1F1C | 0-20 | 0  1  2  3  4  5  6  7  8  10  12  20  . | 7  20  65  19  33  1  12  1  14  3  4  1  3429 | In short courses |
|  | In the last 12 months. Average number of days of the flare–up – Medication 1 | S1F1D | 0-200 | 0  1  2  3  4  5  6  7  10  12  14  15  20  21 | 9  50  25  19  12  5  1  14  10  2  14  2  1  1 | In short courses |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 24  28  30  42  60  90  120  200  . | 1  2  6  1  1  1  1  1  3430 |  |
|  | In the last 12 months. Average number of puffs per day – Medication 1 | S1F1E | 0-180 | 0  1  2  3  4  6  8  10  16  25  30  180  . | 25  36  50  5  34  4  4  1  1  1  1  1  3446 | Continuously |
|  | In the last 12 months. Not at all – Medication 1 | S1F1F | 0 = Field not filled  1 = Not at all | 0  1 | 3597  12 |  |
| g) | In the last month. Average number of puffs per month – Medication 1 | S1G1A | 0-300 | 0  1  2  3  4  5  6  7  8  9  10  12  15 | 24  17  15  5  13  1  7  2  10  2  14  3  3 | When needed |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 16  18  20  24  28  30  31  32  36  40  45  56  60  80  92  100  112  120  250  300  . | 1  1  4  1  1  7  1  1  3  9  1  2  5  1  1  1  2  1  1  1  3448 |  |
|  | In the last month. Number of courses in last 12 months – Medication 1 | S1G1B | 0-52 | 0  1  2  3  4  5  6  12  30  52  . | 28  18  8  5  2  3  3  3  2  1  3536 | In short courses |
|  | In the last month. Average number of puffs per day during flare-up – Medication 1 | S1G1C | 0-10 | 0  1  2  3  4  6 | 23  6  25  6  11  3 | In short courses |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 8  10  . | 3  1  3531 |  |
|  | In the last month. Average number of days of flare-up – Medication 1 | S1G1D | 0-30 | 0  1  2  3  4  5  7  10  12  30  . | 24  23  10  7  5  3  6  3  1  1  3526 | In short courses |
|  | In the last month. Average number of puffs per day – Medication 1 | S1G1E | 0-180 | 0  1  2  3  4  6  8  12  16  24  25  180  . | 23  33  51  6  30  2  6  1  1  1  1  1  3453 | Continuously |
|  | In the last month. Not at all – Medication 1 | S1G1F | 0 = Field not filled  1 = Not at all | 0  1  . | 3443  165  1 |  |
| h) | Is this medication the same type as prescribed by your doctor? – Medication 1 | S1H1 | 0 = No  1 = Yes | 0  1  . | 25  441  3143 |  |
| i) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 1 | S1I1 | 0 = No  1 = Yes | 0  1  . | 61  404  3144 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| j) | If No to h) or i) why not the same: (Please choose **ALL** that apply) |  |  |  |  | |  |
|  | Cost – Medication 1 | S1J1\_1 | 0-1 | 0  1 | 3605  4 | |  |
|  | Side effects – Medication 1 | S1J1\_2 | 0-1 | 0  1 | 3606  3 | |  |
|  | Symptoms resolved – Medication 1 | S1J1\_3 | 0-1 | 0  1 | 3579  30 | |  |
|  | Forget to take – Medication 1 | S1J1\_4 | 0-1 | 0  1 | 3604  5 | |  |
|  | Other – Medication 1 | S1J1\_5 | 0-1 | 0  1 | 3584  25 | |  |
|  | Other specified – Medication 1 | S1J1OTH | 27 unique values | 1  1 per day sufficient  As needed  Attacks may vary  Didn't help  Doesn't work  Don't like medications  Husband's medication  Husbands medication  Husbands Ventolin  I use my sons  Laziness  Needs higher dose than prescribed  Never diagnosed with asthma. Never se..  No effect  No prescription  Not prescribed  Not prescribed by doctor  Not required, was croup  One puff is enough  Recommended but not prescribed  Requires another script | | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  2  1  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Self diagnosed  Sens medication  Son's medication, not mine  Using wife's medication-never seen a .. | | 1  1  1  1 |  |
| a) | **In the last 12 months. Which one? Medication 2** | S1A2 | 5-175 | 5  9  10  14  16  29  32  62  64  65  100  101  114  115  119  120  121  123  124  126  138  139  140  141  142  143  154  158  159  160  169 | 1  2  1  18  1  2  8  1  2  5  1  1  2  1  1  2  3  1  2  1  5  12  7  11  9  1  5  7  15  9  1 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 172  173  174  175  . | 36  1  1  1  3432 |  |
| b) | In the last 12 months. Which type of inhaler device? – Medication 2 | S1B2 | 0-801 | 0  9  14  32  64  65  114  121  138  139  140  142  154  158  159  160  172  173  175  801  . | 1  1  1  3  1  2  1  1  3  5  1  2  2  2  3  5  9  1  1  1  3563 |  |
| c) | In the last 12 months. Strength/dose per puff (mcg)? – Medication 2 | S1C2 | 0-500 | 0  1  5  18  21  25  32  50  100  125  135 | 1  1  1  4  1  2  2  1  48  6  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 150  160  200  250  400  500  . | 1  1  15  17  10  7  3490 |  |
| d) | In the last 12 months. Are you currently using this medication? – Medication 2 | S1D2 | 0 = No  1 = Yes | 0  1  . | 32  132  3445 |  |
| e) | In the last 12 months. How long have you been using this medication? – Medication 2 | S1E2 | 1-50 | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  18  19  20  21  23  24  25  26  29  30  32  33 | 5  17  10  8  18  8  11  5  4  24  5  3  4  5  6  1  1  7  1  3  1  2  3  1  7  2  2 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 34  35  37  40  42  44  46  48  50  . | 1  1  1  3  1  1  2  1  1  3433 |  |
|  | In the last 12 months. Frequency – Medication 2 | S1E2A | 1 = Days  2 = Months  3 = Years | 1  2  3  . | 10  19  143  3437 |  |
| f) | In the last 12 months. Average number of puffs per month – Medication 2 | S1F2A | 1-120 | 1  2  3  4  5  6  8  9  10  12  15  16  20  24  28  30  32  40  48  56  60  64  75 | 7  13  3  6  2  3  5  2  4  3  1  2  7  1  2  5  1  3  1  2  4  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 80  112  120  . | 2  1  1  3526 |  |
|  | In the last 12 months. Number of courses in last 12 months – Medication 2 | S1F2B | 0-104 | 0  1  2  3  4  5  6  12  104  . | 3  18  13  3  6  1  3  2  1  3559 |  |
|  | In the last 12 months. Average number of puffs per day during flare-up – Medication 2 | S1F2C | 1-12 | 1  2  3  4  6  8  9  12  . | 11  15  3  16  1  1  1  4  3557 |  |
|  | In the last 12 months. Average number of days of flare–up – Medication 2 | S1F2D | 0-200 | 0  1  2  3  4  5  7  10  11  14  21  30  60  90  104 | 1  6  4  7  3  4  7  1  1  5  1  4  2  2  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 200  . | 1  3559 |  |
|  | In the last 12 months. Average number of puffs per day – Medication 2 | S1F2E | 0-604 | 0  1  2  3  4  60  120  365  604  . | 3  16  34  2  14  1  1  1  1  3536 |  |
|  | In the last 12 months. Not at all – Medication 2 | S1F2F | 0 = Field not filled  1 = Not at all | 0  1 | 3602  7 |  |
| g) | In the last month. Average number of puffs per month – Medication 2 | S1G2A | 0-112 | 0  1  2  4  5  6  7  8  9  10  12  16  20  28  30  32  40  48  56  60  64  112  . | 8  1  8  6  1  2  1  6  2  3  3  2  5  1  1  1  3  1  1  4  1  1  3547 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | In the last month. Number of courses in last 12 months – Medication 2 | S1G2B | 0-6 | 0  1  2  4  6  . | 8  4  2  2  1  3592 |  |
|  | In the last month. Average number of puffs per day during flare-up – Medication 2 | S1G2C | 0-12 | 0  1  2  3  4  9  12  . | 7  1  5  1  1  1  3  3590 |  |
|  | In the last month. Average number of days of flare-up – Medication 2 | S1G2D | 0-30 | 0  1  2  3  4  5  7  11  30  . | 7  1  1  2  3  1  2  1  1  3590 |  |
|  | In the last month. Average number of puffs per day – Medication 2 | S1G2E | 0-120 | 0  1  2  3  4  120  . | 5  16  35  2  15  1  3535 |  |
|  | In the last month. Not at all – Medication 2 | S1G2F | 0 = Field not filled  1 = Not at all | 0  1 | 3559  50 |  |
| h) | Is this medication the same type as prescribed by your doctor? – Medication 2 | S1H2 | 1 = Yes  . | 1  . | 182  3427 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| i) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 2 | S1I2 | 0 = No  1 = Yes | 0  1  . | 20  163  3426 | |  |
| j) | If No to h) or i) why not the same: (Please choose **ALL** that apply) |  |  |  | | |  |
|  | Cost – Medication 2 | S1J2\_1 | 1 unique value | 0 | 3609 | |  |
|  | Side effects – Medication 2 | S1J2\_2 | 0-1 | 0  1 | 3607  2 | |  |
|  | Symptoms resolved – Medication 2 | S1J2\_3 | 0-1 | 0  1 | 3596  13 | |  |
|  | Forget to take – Medication 2 | S1J2\_4 | 0-1 | 0  1 | 3608  1 | |  |
|  | Other – Medication 2 | S1J2\_5 | 0-1 | 0  1 | 3605  4 | |  |
|  | Other specified – Medication 2 | S1J2OTH | 4 unique values | 1  As needed  Seretide seems to be enough to control asthma | | 3604  3  1  1 |  |
| a) | **In the last 12 months. Which one? Medication 3** | S1A3 | 3-172 | 3  14  20  26  124  138  139  154  158  160  172  . | 1  2  1  1  1  1  1  7  1  1  4  3588 | |  |
| b) | In the last 12 months. Which type of inhaler device? – Medication 3 | S1B3 | 14-160 | 14  26  154  160 | 1  1  2  1 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | . | 3604 | |  |
| c) | In the last 12 months. Strength/dose per puff (mcg)? – Medication 3 | S1C3 | 18-500 | 18  100  125  250  400  500  . | 2  8  1  1  1  1  3595 | |  |
| d) | In the last 12 months. Are you currently using this medication? – Medication 3 | S1D3 | 0 = No  1 = Yes | 0  1  . | 6  12  3591 | |  |
| e) | In the last 12 months. How long have you been using this medication? – Medication 3 | S1E3 | 1-30 | 1  2  3  5  6  7  8  10  14  15  20  30  . | 1  1  1  2  2  1  1  5  1  2  1  2  3589 | |  |
|  | In the last 12 months. Frequency – Medication 3 | S1E3A | 1 = Days  2 = Months  3 = Years | 1  2  3  . | 1  1  17  3590 | |  |
| f) | In the last 12 months. Average number of puffs per month – Medication 3 | S1F3A | 0-30 | 0  2  8  20  30  . | 1  3  1  1  1  3602 | |  |
|  | In the last 12 months. Number of courses in last 12 months – Medication 3 | S1F3B | 1-12 | 1  2  4  6 | 2  2  1  1 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 12  . | 1  3602 | |  |
|  | In the last 12 months. Average number of puffs per day during flare-up – Medication 3 | S1F3C | 1-24 | 1  2  4  24  . | 3  4  1  1  3600 | |  |
|  | In the last 12 months. Average number of days of the flare–up – Medication 3 | S1F3D | 1-30 | 1  2  3  10  30  . | 2  1  1  1  1  3603 | |  |
|  | In the last 12 months. Average number of puffs per day – Medication 3 | S1F3E | 1-365 | 1  2  4  365  . | 5  1  1  1  3601 | |  |
|  | In the last 12 months. Not at all – Medication 3 | S1F3F | 0 = Field not filled | 0  . | 3607  2 | |  |
| g) | In the last month. Average number of puffs per month – Medication 3 | S1G3A | 0-14 | 0  1  6  8  14  . | 2  2  1  1  1  3602 | |  |
|  | In the last month. Number of courses in last 12 months – Medication 3 | S1G3B | 1-2 | 1  2  . | 1  1  3607 | |  |
|  | In the last month. Average number of puffs per day during flare-up – Medication 3 | S1G3C | 2-4 | 2  4  . | 1  1  3607 | |  |
|  | In the last month. Average number of days of flare-up – Medication 3 | S1G3D | 3-30 | 3  30  . | 1  1  3607 | |  |
|  | In the last month. Average number of puffs per day – Medication 3 | S1G3E | 1 unique value | 1  . | 5  3604 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | In the last month. Not at all – Medication 3 | S1G3F | 0 = Field not filled  1 = Not at all | 0  1 | 3602  7 | |  |
| h) | Is this medication the same type as prescribed by your doctor? – Medication 3 | S1H3 | 0 = No  1 = Yes | 0  1  . | 1  20  3588 | |  |
| i) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 3 | S1I3 | 0 = No  1 = Yes | 0  1  . | 2  19  3588 | |  |
| j) | If No to h) or i) why not the same: (Please choose **ALL** that apply) |  |  |  | | |  |
|  | Cost – Medication 3 | S1J3\_1 | 1 unique value | 0 | 3609 | |  |
|  | Side effects – Medication 3 | S1J3\_2 | 1 unique value | 0 | 3609 | |  |
|  | Symptoms resolved – Medication 3 | S1J3\_3 | 0-1 | 0  1 | 3608  1 | |  |
|  | Forget to take – Medication 3 | S1J3\_4 | 1 unique value | 0 | 3609 | |  |
|  | Other – Medication 3 | S1J3\_5 | 0-1 | 0  1 | 3607  2 | |  |
|  | Other specified – Medication 3 | S1J3OTH | 4 unique values | 1  Borrowed  Don't need it | | 3606  1  1  1 | One specified as “ “ |
| a) | **In the last 12 months. Which one? Medication 4** | S1A4 | 32-154 | 32  154  . | 1  1  3607 | |  |
| b) | In the last 12 months. Which type of inhaler device? – Medication 4 | S1B4 | Missing values = 3609 |  | | | no observations |
| c) | In the last 12 months. Strength/dose per puff (mcg)? – Medication 4 | S1C4 | 1 unique value | 500  . | 1  3608 | |  |
| d) | In the last 12 months. Are you currently using this medication? – Medication 4 | S1D4 |  |  | | | no observations |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| e) | In the last 12 months. How long have you been using this medication? – Medication 4 | S1E4 | 3-9 | 3  9  . | 1  1  3607 |  |
|  | In the last 12 months. Frequency – Medication 4 | S1E4A | 2 = Months  3 = Years | 2  3  . | 1  1  3607 |  |
| f) | In the last 12 months. Average number of puffs per month – Medication 4 | S1F4A |  |  | | no observations |
|  | In the last 12 months. Number of courses in last 12 months – Medication 4 | S1F4B | 3-4 | 3  4  . | 1  1  3607 |  |
|  | In the last 12 months. Average number of puffs per day during flare-up – Medication 4 | S1F4C | 1-4 | 1  4  . | 1  1  3607 |  |
|  | In the last 12 months. Average number of days of the flare–up – Medication 4 | S1F4D | 1-2 | 1  2  . | 1  1  3607 |  |
|  | In the last 12 months. Average number of puffs per day – Medication 4 | S1F4E |  |  | | no observations |
|  | In the last 12 months. Not at all – Medication 4 | S1F4F | 0 = Field not filled | 0 | 3609 |  |
| g) | In the last month. Average number of puffs per month – Medication 4 | S1G4A |  |  | | no observations |
|  | In the last month. Number of courses in last 12 months – Medication 4 | S1G4B |  |  | | no observations |
|  | In the last month. Average number of puffs per day during flare-up – Medication 4 | S1G4C |  |  | | no observations |
|  | In the last month. Average number of days of flare-up – Medication 4 | S1G4D |  |  | | no observations |
|  | In the last month. Average number of puffs per day – Medication 4 | S1G4E |  |  | | no observations |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | In the last month. Not at all – Medication 4 | S1G4F | 0 = Field not filled  1 = Not at all | 0  1 | 3607  2 |  |
| h) | Is this medication the same type as prescribed by your doctor? – Medication 4 | S1H4 | 1 = Yes | 1  . | 2  3607 |  |
| i) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 4 | S1I4 | 1 = Yes | 1  . | 2  3607 |  |
| j) | If No to h) or i) why not the same: (Please choose **ALL** that apply) |  |  |  | |  |
|  | Cost – Medication 4 | S1J4\_1 | 1 unique value | 0 | 3609 |  |
|  | Side effects – Medication 4 | S1J4\_2 | 1 unique value | 0 | 3609 |  |
|  | Symptoms resolved – Medication 4 | S1J4\_3 | 1 unique value | 0 | 3609 |  |
|  | Forget to take – Medication 4 | S1J4\_4 | 1 unique value | 0 | 3609 |  |
|  | Other – Medication 4 | S1J4\_5 | 1 unique value | 0 | 3609 |  |
|  | Other specified – Medication 4 | S1J4OTH | 1 unique value |  | 3609 | 3609 specified as “ “ |
| S2 | Have you used any pills, capsules, tablets or medicines, other than inhaled medicines to help your breathing at any time in the last 12 months? | S2 | 0 = Yes  1 = No | 0  1  . | 47  3522  40 |  |
| a) | **In the last 12 months. Which one? Medication 1** | S2A1 | 2-186 | 2  6  17  43  48  91  94  103  104  105  108  110 | 1  1  1  6  1  1  1  1  2  2  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 146  150  151  152  153  154  162  186  . | 1  6  1  1  2  2  5  1  3571 |  |
| b) | In the last 12 months. Strength/dose per tablet (mg)? – Medication 1 | S2B1 | 0-250 | 0  1  5  10  18  20  25  50  180  200  250  . | 1  1  6  3  2  1  8  1  5  1  1  3579 |  |
| c) | In the last 12 months. Are you currently using this medication? – Medication 1 | S2C1 | 0 = No  1 = Yes | 0  1  . | 26  22  3561 |  |
| d) | In the last 12 months. How long have you been using this medication? – Medication 1 | S2D1 | 0-46 | 0  1  2  3  4  5  6  7  8  10  14  15  18  20 | 1  2  5  4  3  8  2  2  1  6  2  1  1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 30  46  . | 1  1  3568 |  |
|  | In the last 12 months. Frequency – Medication 1 | S2D1A | 1 = Days  2 = Months  3 = Years | 1  2  3  . | 8  1  34  3566 |  |
| e) | In the last 12 months. Average number of tablets per month – Medication 1 | S2E1A | 0-120 | 0  1  2  3  8  9  10  14  28  30  56  120  . | 1  3  1  4  1  1  1  1  1  2  1  1  3591 | When needed |
|  | In the last 12 months. Number of courses in last 12 months – Medication 1 | S2E1B | 1-6 | 1  2  3  4  6  . | 9  5  3  2  1  3589 | In short courses |
|  | In the last 12 months. Average number of tablets per day during flare-up – Medication 1 | S2E1C | 1-5 | 1  2  3  4  5  . | 10  5  3  1  1  3589 | In short courses |
|  | In the last 12 months. Average number of days of the flare–up – Medication 1 | S2E1D | 1-90 | 1  3  4  6  7  9 | 1  4  2  3  1  2 | In short courses |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 10  11  12  14  28  40  90  . | 1  1  2  1  1  1  2  3587 |  |
|  | In the last 12 months. Average number of tablets per day – Medication 1 | S2E1E | 0-90 | 0  1  2  4  40  90  . | 1  11  2  1  1  1  3592 | Continuously |
|  | In the last 12 months. Not at all – Medication 1 | S2E1F | 0 = Field not filled  1 = Not at all | 0  1 | 3608  1 |  |
| f) | In the last month. Average number of tablets per month – Medication 1 | S2F1A | 0-30 | 0  1  2  3  6  8  25  30  . | 1  4  3  2  1  1  1  1  3595 | When needed |
|  | In the last month. Number of courses in last 12 months – Medication 1 | S2F1B | 0-30 | 0  1  2  4  30  . | 1  5  2  1  1  3599 | In short courses |
|  | In the last month. Average number of tablets per day during flare-up – Medication 1 | S2F1C | 0-2 | 0  1  2  . | 1  5  3  3600 | In short courses |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | In the last month. Average number of days of flare-up – Medication 1 | S2F1D | 0-90 | 0  1  3  4  6  9  30  90  . | 1  2  1  1  1  1  1  1  3600 | | In short courses |
|  | In the last month. Average number of tablets per day – Medication 1 | S2F1E | 1-90 | 1  2  4  90  . | 9  1  1  1  3597 | | Continuously |
|  | In the last month. Not at all – Medication 1 | S2F1F | 0 = Field not filled  1 = Not at all | 0  1  . | 3590  18  1 | |  |
| g) | Is this medication the same type as prescribed by your doctor? – Medication 1 | S2G1 | 0 = No  1 = Yes | 0  1  . | 10  32  3567 | |  |
| h) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 1 | S2H1 | 0 = No  1 = Yes  2 = Don't know | 0  1  2  . | 7  30  2  3570 | |  |
| i) | If No to g) or h) why not the same: (Please choose **ALL** that apply) |  |  |  |  | |  |
|  | Cost – Medication 1 | S2I1\_1 | 1 unique value | 0 | 3609 | |  |
|  | Side effects – Medication 1 | S2I1\_2 | 2 unique values | 0  1 | 3608  1 | |  |
|  | Symptoms resolved – Medication 1 | S2I1\_3 | 2 unique values | 0  1 | 3607  1 | |  |
|  | Forget to take – Medication 1 | S2I1\_4 | 1 unique value | 0 | 3609 | |  |
|  | Other – Medication 1 | S2I1\_5 | 2 unique values | 0  1 | 3604  5 | |  |
|  | Other specified – Medication 1 | S2I1OTH | 8 unique values | 1  Insomnia. Take it in am only | | 2  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | No diagnosis  No medication prescribed by Dr  Not prescription  Over the counter  Recognises symptoms whenever they app.. | | 1  1  2  2  1 |  |
| a) | **In the last 12 months. Which one? Medication 2** | S2A2 | 93-162 | 93  149  162  . | 1  1  1  3606 | |  |
| b) | In the last 12 months. Strength/dose per tablet (mg)? – Medication 2 | S2B2 | 90-200 | 90  120  200  . | 1  1  1  3606 | |  |
| c) | In the last 12 months. Are you currently using this medication? – Medication 2 | S2C2 | 0 = No  1 = Yes | 0  1  . | 2  1  3606 | |  |
| d) | In the last 12 months. How long have you been using this medication? – Medication 2 | S2D2 | 2-10 | 2  5  6  10  . | 1  1  1  1  3605 | |  |
|  | In the last 12 months. Frequency – Medication 2 | S2D2A | 2 = Months  3 = Years | 2  3  . | 2  2  3605 | |  |
| e) | In the last 12 months. Average number of tablets per month – Medication 2 | S2E2A | 6-20 | 6  20  . | 1  1  3607 | | When needed |
|  | In the last 12 months. Number of courses in last 12 months – Medication 2 | S2E2B | 1 unique value | 2  . | 1  3608 | | In short courses |
|  | In the last 12 months. Average number of tablets per day during flare-up – Medication 2 | S2E2C | 1 unique value | 1  . | 1  3608 | | In short courses |
|  | In the last 12 months. Average number of days of the flare–up – Medication 2 | S2E2D | 1 unique value | 20  . | 1  3608 | | In short courses |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | In the last 12 months. Average number of tablets per day – Medication 2 | S2E2E | 1 unique value | 1  . | 2  3607 | | Continuously |
|  | In the last 12 months. Not at all – Medication 2 | S2E2F | 0 = Field not filled  1 = Not at all | 0  1 | 3608  1 | |  |
| f) | In the last month. Average number of tablets per month – Medication 2 | S2F2A | 0-4 | 0  4  . | 1  1  3607 | | When needed |
|  | In the last month. Number of courses in last 12 months – Medication 2 | S2F2B | 1 unique value | 1  . | 1  3608 | | In short courses |
|  | In the last month. Average number of tablets per day during flare-up – Medication 2 | S2F2C | 1 unique value | 1  . | 1  3608 | | In short courses |
|  | In the last month. Average number of days of flare-up – Medication 2 | S2F2D | 1 unique value | 4  . | 1  3608 | | In short courses |
|  | In the last month. Average number of tablets per day – Medication 2 | S2F2E | 1 unique value | 1  . | 2  3607 | | Continuously |
|  | In the last month. Not at all – Medication 2 | S2F2F | 0 = Field not filled  1 = Not at all | 0  1 | 3607  2 | |  |
| g) | Is this medication the same type as prescribed by your doctor? – Medication 2 | S2G2 | 0 = No  1 = Yes | 0  1  . | 1  3  3605 | |  |
| h) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 2 | S2H2 | 0 = No  1 = Yes | 0  1  . | 1  3  3605 | |  |
| i) | If No to g) or h) why not the same: (Please choose **ALL** that apply) |  |  |  |  | |  |
|  | Cost – Medication 2 | S2I2\_1 | 1 unique value | 0 | 3609 | |  |
|  | Side effects – Medication 2 | S2I2\_2 | 1 unique value | 0 | 3609 | |  |
|  | Symptoms resolved – Medication 2 | S2I2\_3 | 1 unique value | 0 | 3609 | |  |
|  | Forget to take – Medication 2 | S2I2\_4 | 1 unique value | 0 | 3609 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Other – Medication 2 | S2I2\_5 | 1 unique value | 0 | 3609 | |  |
|  | Other specified – Medication 2 | S2I2OTH | 2 unique values | 1 | 3605  4 | |  |
| a) | **In the last 12 months. Which one? Medication 3** | S2A3 | 1 unique value | 110  . | 1  3608 | |  |
| b) | In the last 12 months. Strength/dose per tablet (mg)? – Medication 3 | S2B3 | 1 unique value | 15  . | 1  3608 | |  |
| c) | In the last 12 months. Are you currently using this medication? – Medication 3 | S2C3 | 0 = No | 0  . | 1  3608 | |  |
| d) | In the last 12 months. How long have you been using this medication? – Medication 3 | S2D3 | 1 unique value | 10  . | 1  3608 | |  |
|  | In the last 12 months. Frequency – Medication 3 | S2D3A | 3 = Years | 3  . | 1  3608 | |  |
| e) | In the last 12 months. Average number of tablets per month – Medication 3 | S2E3A | Missing values = 3609 |  | | | no observations |
|  | In the last 12 months. Number of courses in last 12 months – Medication 3 | S2E3B | Missing values = 3609 |  | | | no observations |
|  | In the last 12 months. Average number of tablets per day during flare-up – Medication 3 | S2E3C | Missing values = 3609 |  | | | no observations |
|  | In the last 12 months. Average number of days of the flare–up – Medication 3 | S2E3D | Missing values = 3609 |  | | | no observations |
|  | In the last 12 months. Average number of tablets per day – Medication 3 | S2E3E | 1 unique value | 1  . | 1  3608 | | Continuously |
|  | In the last 12 months. Not at all – Medication 3 | S2E3F | 0 = Field not filled | 0 | 3609 | |  |
| f) | In the last month. Average number of tablets per month – Medication 3 | S2F3A | Missing values = 3609 |  | | | no observations |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | In the last month. Number of courses in last 12 months – Medication 3 | S2F3B | Missing values = 3609 |  | | no observations |
|  | In the last month. Average number of tablets per day during flare-up – Medication 3 | S2F3C | Missing values = 3609 |  | | no observations |
|  | In the last month. Average number of days of flare-up – Medication 3 | S2F3D | Missing values = 3609 |  | | no observations |
|  | In the last month. Average number of tablets per day – Medication 3 | S2F3E | 1 unique value | 1  . | 1  3608 | Continuously |
|  | In the last month. Not at all – Medication 3 | S2F3F | 0 = Field not filled | 0  . | 3607  2 |  |
| g) | Is this medication the same type as prescribed by your doctor? – Medication 3 | S2G3 | 1 = Yes | 1  . | 1  3608 |  |
| h) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 3 | S2H3 | 1 = Yes | 1  . | 1  3608 |  |
| i) | If No to g) or h) why not the same: (Please choose **ALL** that apply) |  |  |  |  |  |
|  | Cost – Medication 3 | S2I3\_1 | 1 unique value | 0 | 3609 |  |
|  | Side effects – Medication 3 | S2I3\_2 | 1 unique value | 0 | 3609 |  |
|  | Symptoms resolved – Medication 3 | S2I3\_3 | 1 unique value | 0 | 3609 |  |
|  | Forget to take – Medication 3 | S2I3\_4 | 1 unique value | 0 | 3609 |  |
|  | Other – Medication 3 | S2I3\_5 | 1 unique value | 0 | 3609 |  |
|  | Other specified – Medication 3 | S2I3OTH | 2 unique values | 1 | 3601  8 | Variable has leading and trailing blanks |
| a) | **In the last 12 months. Which one? Medication 4** | S2A4 |  |  | | no observations |
| b) | In the last 12 months. Strength/dose per tablet (mg)? – Medication 4 | S2B4 |  |  | | no observations |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| c) | In the last 12 months. Are you currently using this medication? – Medication 4 | S2C4 |  |  | | no observations |
| d) | In the last 12 months. How long have you been using this medication? – Medication 4 | S2D4 |  |  | | no observations |
|  | In the last 12 months. Frequency – Medication 4 | S2D4A |  |  | | no observations |
| e) | In the last 12 months. Average number of tablets per month – Medication 4 | S2E4A |  |  | | no observations |
|  | In the last 12 months. Number of courses in last 12 months – Medication 4 | S2E4B |  |  | | no observations |
|  | In the last 12 months. Average number of tablets per day during flare-up – Medication 4 | S2E4C |  |  | | no observations |
|  | In the last 12 months. Average number of days of the flare–up – Medication 4 | S2E4D |  |  | | no observations |
|  | In the last 12 months. Average number of tablets per day – Medication 4 | S2E4E |  |  | | no observations |
|  | In the last 12 months. Not at all – Medication 4 | S2E4F | 0 = Field not filled | 0 | 3609 |  |
| f) | In the last month. Average number of tablets per month – Medication 4 | S2F4A |  |  | | no observations |
|  | In the last month. Number of courses in last 12 months – Medication 4 | S2F4B |  |  | | no observations |
|  | In the last month. Average number of tablets per day during flare-up – Medication 4 | S2F4C |  |  | | no observations |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | In the last month. Average number of days of flare-up – Medication 4 | S2F4D |  |  | | no observations |
|  | In the last month. Average number of tablets per day – Medication 4 | S2F4E |  |  | | no observations |
|  | In the last month. Not at all – Medication 4 | S2F4F | 0 = Field not filled | 0  . | 3606  3 |  |
| g) | Is this medication the same type as prescribed by your doctor? – Medication 4 | S2G4 |  |  | | no observations |
| h) | Are you taking this medication at the same dose as prescribed your doctor? – Medication 4 | S2H4 | 2 = Don't know | 2  . | 1  3608 |  |
| i) | If No to g) or h) why not the same: (Please choose **ALL** that apply) |  |  |  |  |  |
|  | Cost – Medication 4 | S2I4\_1 | 1 unique value | 0 | 3609 |  |
|  | Side effects – Medication 4 | S2I4\_2 | 1 unique value | 0 | 3609 |  |
|  | Symptoms resolved – Medication 4 | S2I4\_3 | 1 unique value | 0 | 3609 |  |
|  | Forget to take – Medication 4 | S2I4\_4 | 1 unique value | 0 | 3609 |  |
|  | Other – Medication 4 | S2I4\_5 | 1 unique value | 0 | 3609 |  |
|  | Other specified – Medication 4 | S2I4OTH | 2 unique values | 1 | 3605  4 | 3605 specified as “ “ |
| S3 | Have you ever used inhaled steroids to help your breathing? | S3 | 0 = No  1 = Yes | 0  1  . | 3117  457  35 |  |
| S3A | At what age did you start using inhaled steroids? (years) | S3A | 1-99 | 1  3  4  5  6  7  8  10 | 2  3  1  4  3  2  3  4 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 11  12  13  14  15  16  17  18  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48 | 1  4  4  2  5  6  1  2  12  3  8  6  6  11  6  3  7  2  29  5  10  5  5  21  2  3  15  4  35  7  24  12  3  22  9  14  23 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 49  50  51  52  53  54  59  99  . | 23  22  18  14  11  2  1  1  3158 |  |
| S3B | In the past 5 years, how many months would you have used inhaled steroids on most days? (months) | S3B | 0-72 | 0  1  2  3  4  5  6  7  9  10  12  13  14  15  18  20  24  25  26  30  36  40  41  42  48  49  57  59 | 220  39  22  16  6  4  5  1  2  4  16  1  1  3  1  2  7  1  1  2  8  2  2  1  4  1  1  3 |  |

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 60  64  66  72  . | 68  1  1  1  3162 |  |
| S4 | Have you ever been prescribed home oxygen therapy? | S4 | 0 = No  1 = Yes | 0  1  . | 3565  9  35 |  |
| S4A | Are you currently using oxygen therapy at home? | S4A | 0 = No  1 = Yes | 0  1  . | 22  3  3584 |  |
| S4B | For how many years have you been using oxygen therapy at home? (years) | S4B | 0-11 | 0  1  11  . | 5  3  1  3600 |  |
| S4C | How have you used oxygen therapy during the last month? |  |  |  |  |  |
| 1) | For relief of symptoms or when needed | S4C1 | 0 = No  1 = Yes | 0  1  . | 9  2  3598 |  |
| 2) | For flare-ups or attacks | S4C2 | 0 = No  1 = Yes | 0  1  . | 10  1  3598 |  |
| 3) | Regularly, on daily basis | S4C3 | 0 = No  1 = Yes | 0  1  . | 10  2  3597 |  |
| S5 | Have you ever had an influenza vaccination? | S5 | 0 = No  1 = Yes | 0  1  . | 1271  2302  36 |  |
| S5A | Have you been vaccinated for influenza in the last 12 months? | S5A | 0 = No  1 = Yes | 0  1  . | 872  1415  1322 |  |
| S6 | Have you ever had a pneumonia vaccination? | S6 | 0 = No  1 = Yes | 0  1  . | 3438  126  45 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| S6A | Have you been vaccinated for pneumonia in the last 5 years? | S6A | 0 = No  1 = Yes | 0  1  . | 68  83  3458 | |  |
| S7 | Have you ever been vaccinated or desensitised for allergy? | S7 | 0 = No  1 = Yes | 0  1  . | 3398  165  46 | |  |
| S7A | Have you been vaccinated for allergy in the last 12 months? | S7A | 0 = No  1 = Yes | 0  1  . | 169  8  3432 | |  |
| S8 | Have you had any other injections to help your breathing at any time in the last 12 months? | S8 | 0 = No  1 = Yes | 0  1  . | 3545  2  62 | |  |
| S8OTH | Yes, specified: | S8OTH | 5 unique values | \_ \_ \_ \_ \_ \_ \_ \_  Adrenaline and oxygen for anaphylacti..  Cortisone injection for hayfever  Whooping cough vaccine | | 1  1  1  1 | 3605 specified as “ “ |

**SECTION T: SCREENING QUESTIONNAIRE FOR LAB TESTING**

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
| T1 | Have you used a puffer or inhaler in the last 24 hours? | T1 | 0 = No  1 = Yes | 0  1  . | 2709  78  822 | |  |
|  | 1. If Yes, what inhaler(s) did you use and how many hours ago was the last dose taken? | T1\_1 | 55 unique values | Asmol  Asmol 100mg  Asmol 3 puffs (daily)  Asmol CFC - free inhaler 100mg  Asmol/ventolin  Becotide 100  Bricanyl | | 6  1  1  1  1  1  2 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Bricanyl turbohaler 500mcg x 1 puff a..  Flixotide  Flixotide 125mcg TT OD  Oxis  Qvar  Qvar 100 CFC-free inhaler 100mcg (124)  Seratide  Seretide  Seretide 100.50  Seretide 125/25  Seretide 125mcg  Seretide 125mg MDI  Seretide 125mg/25mg  Seretide 250/25 code 142  Seretide 250/50  Seretide 500/50 ??  Seretide accuhaler 250/50 code 139  Seretide MDI 125/25  Seretide MDI 125/25 (141)  Seretide MDI 50/25  Spiriva  Symbicort  Symbicort (red)  Symbicort 1 puff x 400mcg/12  Symbicort 100mcg  Symbicort 200/6 159  Symbicort 200/6ug  Symbicort 200mcg  Symbicort 200mcg x1 mane  Symbicort 200mg  Symbicort 200mg/6mcg  Symbicort 280 1 puff | 1  2  1  1  2  1  1  3  1  2  1  1  1  1  1  1  1  1  1  2  1  3  1  1  1  1  1  1  1  2  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Symbicort 400/12 - 2 puffs 9 hours  Symbicort 400mg  Symbicort turbihaler 200/6mcg  Symbicort turbuhaler  Symbicort turbuhaler 400/12  Ventolin  Ventolin (172)  Ventolin (Asmol)  Ventolin (here at lab testing)  Ventolin 1 puff  Ventolin 100mg  Ventolin 2 puffs  Ventolin CFC-free inhaler 100mcg  Ventolin CFC-free inhaler 100mg  Ventolin x 2 puff | | 1  1  1  1  1  11  1  1  1  1  1  1  1  1  1 |  |
|  | Office Use Only | T1\_1A | 24 unique values | H  S  U  X  AJ  AK  BJ  BU  BV  CJ  CK  CL  CM  CN  CO  CR  CV | 8  1  1  1  1  2  1  1  2  1  2  1  10  1  2  1  3 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | CW  CX  DE  H  OE  X | 10  5  17  3  1  1 | |  |
|  | Number of hours | T1\_1B | 1-29 | 1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  22  24  25  29  . | 2  4  2  3  1  5  2  5  1  2  3  6  5  8  5  8  2  4  4  3  1  1  1  1  3530 | |  |
|  | 2. If Yes, what inhaler(s) did you use and how many hours ago was the last dose taken? | T1\_2 | 16 unique values | Asmol  Atrovent  Bricanyl  Pulmicort  Qvar  Seretide | | 4  1  1  1  1  2 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Seretide 2 puffs (mane)  Seretide MDI 250/25 (142)  Spiriva  Spiriva 18mcg  Symbicort 200mg  Symbicort turbuhaler 100mcg/6mcg  Ventolin  Ventolin 100mcg  Ventolin 100mg | | 1  1  1  1  1  1  5  1  1 |  |
|  | Office Use Only | T1\_2A | 14 unique values | H  K  U  BL  BX  CJ  CL  CN  CR  CV  CW  DE  H | 4  1  1  1  1  1  1  1  2  1  1  6  1 | |  |
|  | Number of hours | T1\_2B | 1-29 | 1  2  3  4  6  10  14  16  17  18  19  20  24  25  29 | 1  2  1  1  4  1  3  2  2  1  1  1  1  1  1 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | . | 3586 | |  |
|  | 3. If Yes, what inhaler(s) did you use and how many hours ago was the last dose taken? | T1\_3 | 2 unique values | Symbicort | 3608  1 | | 3608 specified as “ “ |
|  | Office Use Only | T1\_3A | 2 unique values | CX | 3608  1 | | 3608 specified as “ “ |
|  | Number of hours | T1\_3B | 1 unique value | 20  . | 1  3608 | |  |
| T2 | Have you taken any medication for breathing (other than inhalers) in the last 24 hours? | T2 | 0 = No  1 = Yes | 0  1  . | 2732  12  865 | |  |
|  | 1. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T2\_1 | 13 unique values | Capsule see note  Codral cold and flu tablets x 2  Codral-cold and flu (2 capsules)  Nasonex  Neulin SR 250mg  Omnaris  Prednisolone 10mg  Prednisolone 5mg (day 9 of nine day c..  Rhinocort nasal spray  Singlair 10mg x 1, twice daily  Singular  Telnase | | 1  1  1  2  1  1  1  1  1  1  1  1 |  |
|  | Office Use Only | T2\_1A | 9 unique values | N  X  AB  AD  AX  AZ  BB  BF | 3599  1  2  1  1  2  1  1  1 | | 3599 specified as “ “ |

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| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  | Number of hours | T2\_1B | 10 unique values | 2  3  4  5  6  9  10  12  14  15  . | 3  2  1  1  1  1  1  1  1  1  3596 | | |  |
|  | 2. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T2\_2 | 3 unique values | Imuran 10mg  Rhinocort 64mcg | | 3607  1  1 | | 3607 specified as “ “ |
|  | Office Use Only | T2\_2A | 2 unique values | BB | 3608  1 | | | 3608 specified as “ “ |
|  | Number of hours | T2\_2B | 1 unique value | 3  . | 2  3607 | | |  |
|  | 3. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T2\_3 | 2 unique values | Livostin 10ml | | 3608  1 | | 3608 specified as “ “ |
|  | Office Use Only | T2\_3A | 2 unique values | AV | 3608  1 | | | 3608 specified as “ “ |
|  | Number of hours | T2\_3B | 1 unique value | 16  . | 1  3608 | | |  |
| T3 | Have you had a cigarette (or any other tobacco product) in the last 24 hours? | T3 | 0 = No  1 = Yes | 0  1  . | 2361  377  871 | | |  |
| T3A | How many hours ago was your last smoke? | T3A | 0-30 | 0  1  2  3  4  5  6 | 11  97  47  42  60  29  5 | | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  |  | 7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  24  25  30  . | 4  6  5  6  7  21  8  7  4  7  3  4  1  1  1  1  1  1  1  3229 | | |  |
| T4 | Have you taken an antihistamine (a medication for allergy including hay fever) or cough medicine in the last 72 hours? | T4 | 0 = No  1 = Yes | 0  1  . | 2667  60  882 | | |  |
|  | 1. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T4\_1 | 47 unique values | Aerius 5mg  Aerius 5mg x 1 prn  Albalon eye drops  Anti histamine: claratyne 10mg x 1 prh  Avanza (mirtazapine) 30mg  Avil  Beconase 12hr nasal spray  Bromhexine/guaiphenesin 8/200mg  Cetirizine | | | 1  1  1  1  1  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Cetirizine hcl (czine)  Cetirizine/zyrtec  Clar  Clarantyne  Claratyne  Claratyne 10mg  Codral cold and flu (not strictly on ..  Cold and flu (paracetamol,codeine pho..  Cold and flue/unable to code antihist..  Fenagon (injection at the doctors cli..  Fexofenadine (1 pill per 24 hrs)  Fexofenadine 180mg  Fexofenadine hydrochloride  Fexofenadine hydrochloride 180mg 2 x..  Fexofenadine x 1 (180mg)  Fexotabs  Fexotabs 180  Generic cold and flu tab  Imdur 60mg daily  Loratadine  Loratadine 10mg  Loratidine 10mg  Nasonex nasal spray  Phenergan 10mg x 1  Phenergen 10mg  Pheniramine maleate 0.3% and naphazol..  Polaramine  Restavit | 1  1  1  2  4  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  4  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Senegar and ammonia 15ml  Taken - midday 15th feb 2015) zyrtec  Telfast  Telfast (162)  Telfast 180mg  Telfast 60mg (three times weekly)  Telfast decongestant  Zyrtec  Zyrtec x2 ? | | 1  1  6  1  1  1  1  4  1 |  |
|  | Office Use Only | T4\_1A | 24 unique values | C  D  E  F  J  Q  R  X  Y  Z  g  AC  AD  AK  AW  AX  B  BE  C  G  J  U  X | 1  1  1  1  6  1  2  1  1  4  1  3  8  7  1  1  2  1  1  2  2  1  1 | |  |
|  | Number of hours | T4\_1B | 1-162 | 1  2 | 2  2 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 5  6  7  8  10  11  12  15  16  18  19  21  23  24  25  26  27  28  31  34  36  40  41  42  48  60  64  68  70  162  . | 2  4  1  1  2  2  2  1  1  4  3  1  2  3  1  3  2  3  1  1  3  1  1  1  4  1  1  1  1  1  3550 | |  |
|  | 2. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T4\_2 | 9 unique values | .  ..-.---  ...  Albalon a drops | | 3601  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | | | Comment |
|  |  |  |  | Fluticasone proprionate 50mcg  Perindopril  Robitussin - guaiphenesin and bromhexine hydrochloride  Telfast 180mg x 2, twice daily | | | 1  1  1  1 |  |
|  | Office Use Only | T4\_2A | 2 unique values | AD | 3608  1 | | | 3608 specified as “ “ |
|  | Number of hours | T4\_2B | 0-48 | 0  1  2  27  48  . | 1  1  1  1  1  3604 | | |  |
|  | 3. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T4\_3 | 2 unique values | Telfast 90mg | | 3608  1 | | 3608 specified as “ “ |
|  | Office Use Only | T4\_3A | 2 unique values | AD | 3608  1 | | | 3608 specified as “ “ |
|  | Number of hours | T4\_3B | 1 unique value | 3  . | 1  3608 | | |  |
| T5 | Have you taken any medication for high blood pressure or a heart condition, or used eye drops to treat glaucoma in the last 72 hours? | T5 | 0 = No  1 = Yes | 0  1  . | 2204  518  887 | | |  |
|  | 1. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T5\_1 | 375 unique values |  | | | | Mainly Amlodipine, Atacand, Avapro, Coveram, Coversyl, Exforge, Irbesartan, Karvea, Metoprolol, Micardis, Olmetec, Perindopril, Ramipril, Tritace, etc. |
|  | Office Use Only | T5\_1A | 150 unique values |  | | | |  |
|  | Number of hours | T5\_1B | 34 unique values | 0  1 | 1  32 | | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  35  36  . | 60  60  55  40  42  38  28  14  17  8  10  6  11  8  8  5  10  2  7  1  3  1  18  1  6  2  3  1  2  2  1  1  3105 | |  |
|  | 2. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T5\_2 | 101 unique values | (Progesterone)  .  ..  Addos XR 60mg daily | | 1  1  1  1 | Variable has leading, embedded, and trailing blanks |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Amlo  Amlodipine  Amlodipine sandoz tablets (10mg)  Another unknown  Aspirin 100mg  Asprin  Atacand 16mg  Atenolol  Atenolol 50mg daily  Avapro  Avapro 300/25 1/2 daily  Avarstatin 20mg/day  Bimatoprost x 1 nocte? (in each eye)  Bisoprolol  Bisoprolol 10mg x 1 daily  Blood thinner - sundrum? Twice (morn ..  Caduet  Caduet 10.80  Caduet 10/80mg  Candesartan cilexetil 32mg  Carbasyl plus  Cardizem cd capsule 180mg  Cartia  Carvedilol  Coplavix 75mg/100mg  Cosopt 1 drop am and pm  Coveram 10/5mg x 1 daily  Coveram 10mg  Coversyl  Coversyl 2.5mg x 1 daily  Coversyl 5mg 1 daily  Crestor 5mg | | 2  3  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  4  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Crestor rosuvastatin 10mg  Deralin 40mg  Exforge 10mg/320mcg  Felodur tablet  Flecainide 200mg  Indosyl combi 4/1.25  Irbesartan sandoz tablets 75mg  Karvea  Karveside 300/12.5  Labetolol 200 bld  Lipitor 20mg  Metohexal  Metohexal tablets (metoprolol)  Metoprolol (50mg for arrhythmia)  Metoprolol 50mg (minax)  Micardis+ 80/25  Minax (?25mg)  Minax tablet  Minax tablets (metoprolol tartrate 50..  Mmetohexal tablets  Monoplus 30mg  Monopril  Natrilix 1mg x 1 daily  Nifedipine (addos x 4 60mg) x 1 daily  Noten  Noten ?50  Noten tablets  Olmetec  Olmetec (Olmesartan)  Olmetec 20mg  Olmetec plus 40/12.5mg tablets | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | Olmetec tablets  Ozlodip 5mg  Perindo 8mg  Perindopril 4mg x 1 daily  Perindopril 8mg x 1 daily  Perindopril arginine 10mg  Plendil 5mg  Propanolol  Ramipril 10mg 1 per day  Ramipril sandoz 10mg x 1 daily  Renitec 10mg daily  Saflutan (prostaglandin analogue)  Sotalol  Sotalol 80mg BD  Spironolactone  Telmisartan 40mg x 1 daily  Tenolten (?50mg)  Tenormin  Tenormin 25mg daily  Tensig x 1 daily  Thyroxine 100mcg x 1 daily  U  Uremide 80mg 7hrs  Vascardol CD 360mg  Veracaps SR 240mg  Verapamil SR  Verapmil 240mg x 1 mane  Xalatan - 1 drop in each eye daily  Zaindip 20mg  Zandip 20mg  Zanidip | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Office Use Only | T5\_2A | 64 unique values | G  AF  AH  AU  AW  AX  BA  BM  CE  CH  CR  DE  DQ  DS  DX  DZ  EC  FF  FM  G  GF  GI  GR  GU  GV  GW  GY  H  HL  HR  HS  HT  HU  HW  HY  ID  IE | 1  2  1  1  1  1  1  1  1  2  1  1  1  1  1  6  1  1  1  1  1  1  1  1  1  1  1  1  3  1  1  3  1  1  1  1  3 | Variable has leading and trailing blanks |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | IH  IJ  IL  IN  IW  J  JI  JJ  KB  KM  KQ  KS  KU  KX  L  NJ  NN  OI  OJ  OK  ON  OU  OW  OZ  PC  PJ | 1  3  1  1  1  1  1  2  1  2  1  2  1  1  1  1  1  2  1  2  1  4  1  1  1  1 | |  |
|  | Number of hours | T5\_2B | 1-29 | 1  2  3  4  5  6  7  8  9  10  12 | 5  14  8  15  10  7  6  5  6  3  2 | |  |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 13  15  16  17  18  20  22  24  25  28  29  . | 1  2  2  2  2  2  1  3  1  3  1  3508 | |  |
|  | 3. If Yes, which medication(s) did you take and how many hours ago was the last dose taken? | T5\_3 | 22 unique values | Amlodipine  Apo-prazosin 5mg tabs  Avapro 75mg  Bisoprolol 5mg get, inspra 25mg, avap..  Candesartan 32mg x 1 nocte  Coversyl tablewts (10mg)  Digoxin (250mg)  Idaprex  Irbesartan 150mg  Lercanidipine 20 daily  Lipitol 40mg  Lipitor (40mg)  Metoprolol 12.5mg x 2 daily  Moxonidine 400mg x 1 daily  Nexium 20mg/day  Norvasc 5mg  Olmetec  Perindopril  Physiotens (monoxidine)  Toprol - xl 95mg  Vasasocardol cd capsule 360mg | | 1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1  1 | Variable has leading, embedded, and trailing blanks |
| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  | Office Use Only | T5\_3A | 16 unique values | H  AF  AX  BI  DD  DZ  GQ  GW  ID  IJ  LN  MT  ON  OQ  PN | 1  1  1  1  1  2  1  1  1  1  1  1  1  1  1 | | Variable has leading and trailing blanks |
|  | Number of hours | T5\_3B | 2-72 | 2  3  4  5  6  8  12  14  16  17  24  72  . | 2  2  5  2  2  1  1  1  1  2  1  1  3588 | |  |
| T6 | Have you had a respiratory infection in the last 3 weeks? | T6 | 0 = No  1 = Yes | 0  1  . | 2561  210  838 | |  |
| T6A | How many days ago did it end? (days) | T6A | 18 unique values | 0  1  2  3  4  5  6 | 49  9  14  18  9  4  2 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 7  8  9  10  12  14  17  18  20  21  30  . | 47  6  2  9  2  31  1  1  3  4  1  3397 |  |
| T7 | Have you ever had an anaphylactic reaction or been treated with an Epipen? | T7 | 0 = No  1 = Yes | 0  1  . | 3374  200  35 |  |
| T7A | Were you admitted to hospital for this anaphylaxis? | T7A | 0 = No  1 = Yes | 0  1  . | 129  85  3395 |  |
| T7B | Did you react to any of the following: |  |  |  |  |  |
|  | Alternaria | T7B\_1 | 1 unique value | 0 | 3609 |  |
|  | Aspergillus | T7B\_2 | 1 unique value | 0 | 3609 |  |
|  | Cat | T7B\_3 | 2 unique values | 0  1 | 3604  5 |  |
|  | Cow’s milk | T7B\_4 | 2 unique values | 0  1 | 3606  3 |  |
|  | Egg | T7B\_5 | 2 unique values | 0  1 | 3605  4 |  |
|  | Hormodendrum | T7B\_6 | 1 unique value | 0 | 3609 |  |
|  | House dust mite | T7B\_7 | 2 unique values | 0  1 | 3605  4 |  |
|  | Mixed grasses | T7B\_8 | 2 unique values | 0  1 | 3601  8 |  |
|  | Peanut | T7B\_9 | 2 unique values | 0  1 | 3600  9 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Penicillium | T7B\_10 | 2 unique values | 0  1 | 3584  25 |  |
|  | Rye grass | T7B\_11 | 2 unique values | 0  1 | 3601  8 |  |
|  | Shellfish | T7B\_12 | 2 unique values | 0  1 | 3588  21 |  |
| T7C | At what age did you have this reaction? | T7C | 1 = Under 18  2 = Over 18 | 1  2  . | 38  159  3412 |  |

**SECTION U: LABORATORY DATA SHEET**

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| U1 | **SKIN PRICK TEST DATA** |  |  |  |  |  |
|  | Negative control - 1st diam | U1A1 | 0-80 | 0  2  3  4  5  6  7  9  50  80  . | 2063  5  4  11  3  2  1  2  1  1  1516 |  |
|  | Negative control - 2nd diam | U1A2 | 0-9 | 0  2  3  4  5  6  9  . | 2063  7  12  5  1  1  1  1519 |  |
|  | House dust mite - 1st diam | U1B1 | 0-35 | 0  1 | 1187  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  22  23  24  25  28  30  35  . | 9  76  184  175  166  119  90  85  78  42  42  22  15  17  3  5  4  6  4  3  3  3  1  2  3  1  1263 |  |
|  | House dust mite - 2nd diam | U1B2 | 0-20 | 0  1  2  3  4  5  6  7  8  9  10 | 1185  2  57  178  233  223  142  128  88  51  21 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 11  12  13  14  15  17  18  20  . | 17  7  3  2  3  1  1  2  1265 |  |
|  | Cat - 1st diam | U1C1 | 0-20 | 0  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  20  . | 1737  12  57  94  107  56  43  27  14  8  7  7  3  7  2  1  1  1  1  1424 |  |
|  | Cat - 2nd diam | U1C2 | 0-11 | 0  1  2  3  4  5  6  7  8 | 1732  2  34  109  121  85  46  34  5 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 9  10  11  . | 8  4  1  1428 |  |
|  | Hormodendrum - 1st diam | U1D1 | 0-20 | 0  2  3  4  5  6  7  8  9  10  11  14  20  . | 1927  7  37  61  33  31  11  1  1  2  2  1  2  1493 |  |
|  | Hormodendrum - 2nd diam | U1D2 | 0-10 | 0  1  2  3  4  5  6  7  8  9  10  . | 1924  1  19  68  61  26  7  4  1  1  1  1496 |  |
|  | Alternaria - 1st diam | U1E1 | 0-60 | 0  2  3  4  5  6  7  8 | 1866  5  33  74  57  50  24  16 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 9  10  11  12  13  14  60  . | 7  4  2  1  1  1  1  1467 |  |
|  | Alternaria - 2nd diam | U1E2 | 0-30 | 0  1  2  3  4  5  6  7  8  9  10  13  20  30  . | 1858  1  15  68  87  64  19  17  2  3  1  1  1  1  1471 |  |
|  | Penicillium - 1st diam | U1F1 | 0-60 | 0  1  2  3  4  5  6  7  8  9  10  23  60  . | 1976  1  5  31  34  24  14  6  2  1  1  1  1  1512 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Penicillium - 2nd diam | U1F2 | 0-60 | 0  1  2  3  4  5  6  7  60  . | 1974  2  17  41  36  14  5  5  1  1514 |  |
|  | Aspergillus - 1st diam | U1G1 | 0-90 | 0  2  3  4  5  6  7  8  10  12  14  18  80  90  . | 1952  7  37  50  35  20  9  1  2  1  1  1  1  1  1491 |  |
|  | Aspergillus - 2nd diam | U1G2 | 0-9 | 0  1  2  3  4  5  6  7  8  9  . | 1951  1  18  55  57  16  11  3  3  1  1493 |  |
|  | Rye grass - 1st diam | U1H1 | 0-47 | 0  2 | 1451  7 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  23  24  25  26  31  35  47  . | 36  104  150  120  92  92  57  54  28  21  12  8  13  3  6  6  2  4  3  1  2  2  1  1  1  1  1331 |  |
|  | Rye grass - 2nd diam | U1H2 | 0-23 | 0  2  3  4  5  6  7  8  9  10  11 | 1449  24  102  187  188  144  81  59  22  12  4 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 12  13  15  20  23  . | 1  1  1  1  1  1332 |  |
|  | Mixed grasses - 1st diam | U1I1 | 0-60 | 0  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  24  26  60  . | 1444  6  51  118  169  127  103  85  43  38  24  14  17  10  10  3  1  3  3  4  1  4  1  1  1  1328 |  |
|  | Mixed grasses - 2nd diam | U1I2 | 0-30 | 0  1  2  3  4  5 | 1443  2  34  117  200  173 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 6  7  8  9  10  11  12  13  30  . | 145  89  41  20  8  4  2  1  1  1329 |  |
|  | Egg white - 1st diam | U1J1 | 0-19 | 0  3  4  5  6  7  9  19  . | 1878  6  13  11  8  1  2  1  1689 |  |
|  | Egg white - 2nd diam | U1J2 | 0-11 | 0  1  2  3  4  5  6  7  9  11  . | 1874  1  3  13  17  6  2  1  1  1  1690 |  |
|  | Peanut - 1st diam | U1K1 | 0-50 | 0  2  3  4  5  6  7 | 1899  5  56  77  41  27  10 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 8  10  11  50  . | 6  1  1  1  1485 |  |
|  | Peanut - 2nd diam | U1K2 | 0-11 | 0  1  2  3  4  5  6  7  9  11  . | 1900  1  41  89  64  16  5  7  1  1  1484 |  |
|  | Shellfish - 1st diam | U1L1 | 0-99 | 0  1  2  3  4  5  6  7  8  9  23  99  . | 1808  1  3  22  31  21  13  4  6  1  1  3  1695 |  |
|  | Shellfish - 2nd diam | U1L2 | 0-99 | 0  1  2  3  4  5  6  99  . | 1807  1  13  32  34  14  9  3  1696 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Cow’s milk - 1st diam | U1M1 | 0-60 | 0  2  3  4  5  6  7  60  . | 1993  4  23  33  23  7  2  1  1523 |  |
|  | Cow’s milk - 2nd diam | U1M2 | 0-30 | 0  1  2  3  4  5  6  30  . | 1989  1  16  46  20  6  5  1  1525 |  |
|  | Positive control - 1st diam | U1N1 | 0-88 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  19  53  78  85 | 20  1  1  49  299  626  760  521  263  95  55  15  8  1  3  1  1  1  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Positive control - 2nd diam | U1N2 |  | 88  . | 1  887 |  |
|  | **ANTHROPOMETRIC DATA** |  |  |  |  |  |
| U2 | Height (cm) | U2 | 62.5-211 | . | 28 |  |
| U3 | Weight (kg) | U3 | 42.9-181 | . | 28 |  |
| U4 | 1. Neck measurements (cm) | U4\_1 | 0-98 | . | 901 |  |
|  | 2. Neck measurements (cm) | U4\_2 | 0-97 | . | 903 |  |
| U5 | 1. Waist measurements (cm) | U5\_1 | 0-160.1 | . | 901 |  |
|  | 2. Waist measurements (cm) | U5\_2 | 0-160 | . | 902 |  |
| U6 | 1. Hip measurements (cm) | U6\_1 | 0-170 | . | 902 |  |
|  | 2. Hip measurements (cm) | U6\_2 | 0-175 | . | 902 |  |
|  | **SPIROMETRY**  **Pre-Bronchodilator** |  |  |  |  |  |
| U7 | Pre-Bronchodilator FVC (litres) – Blow 1 | U7\_1 | 1.59-8.15 | . | 921 |  |
|  | Pre-Bronchodilator FVC (litres) – Blow 2 | U7\_2 | 1.58-8.06 | . | 926 |  |
|  | Pre-Bronchodilator FVC (litres) – Blow 3 | U7\_3 | 1.6-8.11 | . | 931 |  |
| U8 | Pre-Bronchodilator FEV1 (litres) – Blow 1 | U8\_1 | 0.68-8.46 | . | 921 |  |
|  | Pre-Bronchodilator FEV1 (litres) – Blow 2 | U8\_2 | 0.6-9.46 | . | 926 |  |
|  | Pre-Bronchodilator FEV1 (litres) – Blow 3 | U8\_3 | 0.65-5.62 | . | 932 |  |
| U9 | Pre-Bronchodilator FEV1/FVC (%) - Blow 1 | U9\_1 | 32.3-93.9 | . | 921 |  |
|  | Pre-Bronchodilator FEV1/FVC (%) - Blow 2 | U9\_2 | 30.6-92.8 | . | 926 |  |
|  | Pre-Bronchodilator FEV1/FVC (%) - Blow 3 | U9\_3 | 34.8-95.4 | . | 933 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | **SPIROMETRY**  **Post-Bronchodilator** |  |  |  |  |  |
| U10 | Post-Bronchodilator FVC (litres) – Blow 1 | U10\_1 | 1.76-8.26 | . | 939 |  |
|  | Post-Bronchodilator FVC (litres) – Blow 2 | U10\_2 | 0.1-8.28 | . | 942 |  |
|  | Post-Bronchodilator FVC (litres) – Blow 3 | U10\_3 | 1.68-8.18 | . | 950 |  |
| U11 | Post-Bronchodilator FEV1 (litres) – Blow 1 | U11\_1 | 0.85-8.87 | . | 938 |  |
|  | Post-Bronchodilator FEV1 (litres) – Blow 2 | U11\_2 | 0.84-5.64 | . | 944 |  |
|  | Post-Bronchodilator FEV1 (litres) – Blow 3 | U11\_3 | 0.72-5.56 | . | 950 |  |
| U12 | Post-Bronchodilator FEV1/FVC (%) - Blow 1 | U12\_1 | 33.7-93.4 | . | 940 |  |
|  | Post-Bronchodilator FEV1/FVC (%) - Blow 2 | U12\_2 | 28.5-97.3 | . | 945 |  |
|  | Post-Bronchodilator FEV1/FVC (%) - Blow 3 | U12\_3 | 14.1-95.9 | . | 953 |  |
|  | **SPIROMETRY – BEST Values Pre and Post BD** |  |  |  |  |  |
| U13 | Best Values Pre-BD - FVC (litres) | U13\_1 | 1.6-8.15 | . | 890 |  |
|  | Best Values Post-BD - FVC (litres) | U13\_2 | 1.76-8.28 | . | 916 |  |
| U14 | Best Values Pre-BD - FEV1 (litres) | U14\_1 | 0.68-5.79 | . | 890 |  |
|  | Best Values Post-BD - FEV1 (litres) | U14\_2 | 0.85-8.46 | . | 916 |  |
| U15 | Best Values Pre-BD - FEV1/FVC (%) | U15\_1 | 1-94.1 | . | 890 |  |
|  | Best Values Post-BD - FEV1/FVC (%) | U15\_2 | 17.6-98.3 | . | 916 |  |
| U16 | Best Values Pre-BD - PEF (litres/sec) | U16\_1 | 2.23-15.65 | . | 890 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Best Values Post-BD - PEF (litres/sec) | U16\_2 | 1-16.1 | . | 915 |  |
| U17 | Best Values Pre-BD –  FEF25-75% (litres/sec) | U17\_1 | 0.21-9.1 | . | 890 |  |
|  | Best Values Post-BD –  FEF25-75% (litres/sec) | U17\_2 | 0.25-9.4 | . | 916 |  |
| U18 | Best Values Pre-BD –  FEF50% (litres/sec) | U18\_1 | 0.2-10.8 | . | 920 |  |
|  | Best Values Post-BD –  FEF50% (litres/sec) | U18\_2 | 0.27-15.7 | . | 945 |  |
| U19 | Best Values Pre-BD – FIF50% (litres/sec) | U19\_1 | 0.03-12.37 | . | 930 |  |
|  | Best Values Post-BD –  FIF50% (litres/sec) | U19\_2 | 0.09-12.96 | . | 959 |  |
|  | **HB AND COHB** |  |  |  |  |  |
| U20 | Hb Concentration g/dl | U20 | 0-99 | . | 950 |  |
| U21 | COHb % | U21 | 0-91.1 | . | 956 |  |
|  | **SINGLE BREATH DLCO (post-BD)** |  |  |  |  |  |
| U22 | DLCO (uncorrected) – Measurement 1 | U22\_1 | 0-53.7 | . | 999 |  |
|  | DLCO (uncorrected) – Measurement 2 | U22\_2 | 0-75 | . | 1010 |  |
| U23 | DLCO (corrected) – Measurement 1 | U23\_1 | 0-54 | . | 1024 |  |
|  | DLCO (corrected) – Measurement 2 | U23\_2 | 0-52.8 | . | 1040 |  |
| U24 | VA (litres) - Measurement 1 | U24\_1 | 0-9.65 | . | 999 |  |
|  | VA (litres) - Measurement 2 | U24\_2 | 0-9.76 | . | 1010 |  |
| U25 | DLCO/VA (uncorrected) - Measurement 1 | U25\_1 | 0-65.03 | . | 1001 |  |
|  | DLCO/VA (uncorrected) - Measurement 2 | U25\_2 | 0-64.55 | . | 1012 |  |
| U26 | DLCO/VA (corrected) - Measurement 1 | U26\_1 | 0-9.79 | . | 1025 |  |
|  | DLCO/VA (corrected) - Measurement 2 | U26\_2 | 0-64.7 | . | 1041 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| U27 | Inspiratory VC (L) - Measurement 1 | U27\_1 | 0-12.6 | . | 1000 |  |
|  | Inspiratory VC (L) - Measurement 2 | U27\_2 | 0-63.51 | . | 1010 |  |
|  | **APNEALINK STUDY** |  |  |  |  |  |
| U28 | Date of test | U28 | 290 unique values |  |  |  |
| U29 | Serial Number of ApneaLink | U29 | 47 unique values |  |  | Variable has leading, embedded, and trailing blanks |
| U30 | Serial Number of Pulse Oximetry | U30 | 42 unique values |  |  |  |
| U31 | Recording Duration - Hours | U31H | 0-31 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  31  . | 3  4  11  17  21  45  66  103  67  15  9  3  3  2  1  3239 |  |
|  | Recording Duration - Minutes | U31M | 0-59 | 0  1  2  3  4  5  6  7  8  9  10 | 3  8  15  8  6  6  8  5  4  10  3 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 11  12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48 | 5  3  6  6  4  7  3  6  4  6  8  5  8  4  5  3  5  4  12  6  8  5  8  9  7  8  5  4  5  8  10  8  8  8  6  5  5 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 49  50  51  52  53  54  55  56  57  58  59  . | 7  4  5  8  7  4  8  7  4  6  8  3238 |  |
| U32 | Evaluation Period Duration - Hours | U32H | 0-10 | 0  1  2  3  4  5  6  7  8  9  10  . | 20  22  20  33  34  57  72  75  31  4  1  3240 |  |
|  | Evaluation Period Duration - Minutes | U32M | 0-59 | 0  1  2  3  4  5  6  7  8  9  10  11  12 | 9  6  8  5  6  6  2  3  6  4  6  8  5 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 13  14  15  16  17  18  19  20  21  22  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  45  46  47  48  49 | 9  3  2  6  3  6  4  8  8  7  6  7  5  8  5  7  8  12  6  7  4  4  5  5  3  8  10  6  8  8  5  7  3  4  4  10  8 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | 50  51  52  53  54  55  56  57  58  59  . | 15  8  4  13  5  2  7  7  3  4  3238 | |  |
| U33 | If evaluation period is less than 4 hours the study must be repeated.  Please indicate why evaluation period is less than 4 hours. | U33 | 1 = UNK, slept 4 or more  2 = Normally sleeps less than 4 hours  3 = Unable to sleep due to AL – complete question U33  4 = Unable to sleep unrelated to AL  5 = Subject unsure if device was working or set-up correctly – complete question U33  6 = Other (please specify) – consider completing question U33 | 1  3  4  5  6  . | 35  8  1  4  142  3419 | |  |
|  | Other specified: | U33OTH | 27 unique values | -  Batteries flat, did not use  Couldn't do the test  Declined sleep study  Device lost  Device returned unused | | 1  1  1  1  4  2 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | | Comment |
|  |  |  |  | Didn't do the test  Didn't want to do test  Different finger sensor used (disposa..  Missing pulse dx with nasal canula  Ndt done  Not ddne  Not done  Not done, batteries died  Not done, battery flat  Not specified  Not started  Not stated  Participant had nervous breakdown  Reestless sleeper. Applied lots of ta..  Technical issue  Technical issue, participant noted ba..  Test not d0ne  Test not done  Unable to undertake - went overseas  Woke many times | | 1  1  1  1  1  1  59  1  1  27  1  19  1  1  1  1  1  12  1  1 |  |
| U34 | ApneaLink test Results: | U34 | 0 = Field not filled  1 = No Data | 0  1  . | 3468  94  47 | |  |
| a) | AHI | U34A | 0-97 | 0  1  2  3  4  5  6  7 | 24  44  47  35  31  18  19  22 | |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 8  9  10  11  12  13  14  15  16  17  18  19  21  22  23  24  25  26  27  31  32  35  36  43  45  47  53  56  57  58  60  64  96  97  . | 15  14  13  7  8  11  13  3  6  3  4  2  4  2  1  2  1  3  2  1  3  1  1  1  1  1  1  1  1  1  1  1  1  1  3238 |  |
| b) | RI | U34B | 0-100 | 0  1 | 8  8 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  17  18  19  20  22  23  24  25  26  27  28  29  30  31  34  35  37  40  48  51  59  60 | 5  11  23  36  41  32  18  25  23  16  15  10  11  8  12  8  10  10  6  1  5  1  3  1  1  1  1  4  1  2  1  1  2  2  1  2  1 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 61  64  99  100  . | 1  2  1  1  3237 |  |
| c) | Apnea Index | U34C | 0-75 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  16  17  18  23  26  46  51  64  75  . | 184  87  37  20  7  5  4  2  3  4  1  2  2  1  1  1  1  1  1  3  1  1  1  1  3238 |  |
| d) | Hypopnea Index | U34D | 0-58 | 0  1  2  3  4  5  6 | 29  53  50  35  32  23  26 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 7  8  9  10  11  12  13  14  15  16  17  18  19  20  21  22  23  25  26  30  31  33  48  50  58  . | 15  17  12  12  7  15  8  6  7  4  2  1  1  3  2  2  1  1  1  1  1  1  1  1  1  3238 |  |
| e) | ODI | U34E | 0-92 | 0  1  2  3  4  5  6  7  8  9  10  11 | 10  16  28  19  27  26  22  20  22  12  19  15 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 12  13  14  15  16  17  18  19  20  21  22  23  24  25  26  28  29  30  32  33  34  35  37  39  40  41  47  50  54  56  57  64  85  92  . | 13  18  8  13  6  14  7  8  4  2  4  4  1  2  2  2  2  1  4  1  1  3  1  2  3  1  1  1  1  1  1  1  1  1  3238 |  |
| f) | Average saturation (%) | U34F | 79-98 | 79  83 | 1  1 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 86  87  88  89  90  91  92  93  94  95  96  97  98  . | 1  2  3  2  8  22  40  62  74  87  53  13  2  3238 |  |
| g) | Lowest saturation (%) | U34G | 45-96 | 45  46  49  52  55  60  61  64  67  69  70  71  72  73  74  75  76  77  78  79  80  81  82  83 | 1  1  1  1  1  1  1  1  2  5  1  3  4  1  3  4  6  6  14  10  15  23  19  24 |  |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 84  85  86  87  88  89  90  91  92  93  94  95  96  . | 19  25  27  20  23  22  24  22  20  11  5  3  2  3238 |  |
| h) | Baseline saturation (%) | U34H | 0-99 | 0  83  84  87  88  90  91  92  93  94  95  96  97  98  99  . | 1  2  1  1  1  2  6  6  21  29  56  79  64  78  23  3239 |  |
| i) | Cumulative time saturation ≤ 90% (mins) | U34I | 0-364 | . | 3238 |  |
| j) | CSR probable | U34J | 0 = No  1 = Yes | 0  1  . | 364  6  3239 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| U35 | Were there any hardware, software, technical or user interface problems related to ApneaLink? | U35 | 0 = No  1 = Yes | 0  1  . | 447  3  3159 |  |
|  | Main questionnaire box number | BOX\_NO\_Q | 29 unique values | 1  10  11  12  13  14  15  16  17  18  19  2&3  20  20\_1  21  22  23  24  25  26  27  28  29  30  4&5  6  7  8  9  . | 135  137  129  118  105  153  121  125  129  146  144  201  119  18  124  144  138  132  141  141  150  138  44  4  200  134  112  115  111  1 |  |
|  | Pre FVC – maximum value of the 3 blows | PREFVC | 1.6-8.15 | . | 920 |  |
|  | Pre FEV1 – maximum value of the 3 blows | PREFEV1 | 0.68-9.46 | . | 920 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Post FVC – maximum value of the 3 blows | POSTFVC | 0.1-8.28 | . | 937 |  |
|  | Post FEV1 – maximum value of the 3 blows | POSTFEV1 | 0.85-8.87 | . | 938 |  |
|  | **Date interviewed at the 6th decade follow up** | dateinterviewed\_6th | 03sep2012-08nov2016 |  |  |  |

**TAHS 6th Decade Children Data**

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  | MasterID | 45903-52122 |  |  | 6148 unique values |
|  | Participant ID | PID | 5-8581 |  |  | 2556 unique values |
|  | Birth Order | Birth\_Order | 1-8 | 1  2  3  4  5  6  7  8  . | 2554  2189  1005  307  79  14  4  3  14 |  |
|  | Child’s first name | First\_name\_child | 1492 unique values | . | 7 |  |
|  | Child’s middle name | Middle\_name\_child | 1299 unique values | . | 313 |  |
|  | Child’s surname | Surname\_child | 1849 unique values | . | 62 |  |
| 1 | What was your age when you became pregnant with this child? (age in years) | \_Ageofmotherwhenpregnant\_ch | 10-51 | 10  12  13  14  15  16  16.5  17  18  19  20  21  22  23  24  25  25.5  26 | 1  1  1  1  8  33  1  81  98  121  205  215  289  333  385  392  2  422 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 27  27.5  28  28.5  29  30  31  32  33  33.5  33.7  34  35  36  37  38  39  40  41  42  43  44  45  46  48  49  51  . | 430  1  402  1  425  348  333  290  232  2  1  208  166  137  108  81  80  31  26  17  8  2  3  5  1  1  1  240 |  |
| 2.1 | What is this child’s date of birth? | \_1\_DOB\_child | 21may1976 -20jul2015 | . | 448 |  |
| 2.2 | What is this child’s sex? | \_2\_Sex\_child | 1 = Female  2 = Male | 1  2  . | 2935  3140  94 |  |
| 3a | What was this child’s birth weight? (lb) | \_Birth\_weight\_lb\_child | 1-16 | 1  2  3  4 | 3  8  27  85 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | 5  6  7  8  9  10  11  12  13  16  . | 279  950  1666  1188  427  102  12  4  2  2  1414 |  |
|  | What was this child’s birth weight? (oz) | \_Birth\_weight\_oz\_child | 0-105 | 0  1  2  3  4  5  6  7  8  9  10  11  12  13  14  15  16  18  19  20  23  30  105  . | 768  240  388  330  337  283  348  264  338  203  266  174  254  233  180  120  14  2  2  1  1  2  1  1420 | 16 oz = 1 lb |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  | Child’s birth weight kg (Auto generated) | \_Birth\_weight\_autoconverted\_to\_ | 0.737-7.314 | . | 1420 |  |
| 3b | What was this child’s birth weight? (in kg) | \_Birth\_weight\_kg\_child | 0.275-9999 | . | 5233 |  |
| 4 | How many weeks pregnant were you when you delivered this child? | \_Duration\_pregnancy\_weeks\_child | 10-53 | 10  20  21  23  24  25  26  27  28  29  30  31  32  33  34  35  36  37  38  39  40  41  42  43  44  46  49  51  52  53  . | 1  1  1  1  4  2  5  9  11  7  19  12  28  23  80  61  275  233  649  631  2210  638  408  39  11  5  3  2  11  2  787 |  |
| 5 | Was this child delivered by Caesarean section? | \_Mode\_delivery\_child | 1 No  2 Yes-Elective  3 Yes-Emergency | 1  2  3 | 5056  488  527 |  |

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| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
|  |  |  |  | . | 98 |  |
| 6 | What city did you spend the majority of your pregnancy with this child? | \_City\_lived\_when\_pregnant\_child | 588 unique values | . | 67 | Variable has embedded blanks |
| 7 | Were you working indoors during your pregnancy with this child? | \_Working\_indoors\_during\_pregnan | 0 = No  1 = Yes | 0  1  . | 1695  4261  213 |  |
| 8 | Did you smoke during your pregnancy with this child? | \_Mother\_smoke\_before\_or\_during\_ | 0 = No  1 = Stopped before pregnancy  2 = Cut down or stopped during pregnancy  3 = Smoked as usual during pregnancy | 0  1  2  3  . | 3972  608  977  560  52 |  |
| 9 | Did the child’s father smoke during your pregnancy with this child? | \_Father\_smoke\_during\_pregnancy\_ | 0 = No  1 = Stopped before pregnancy  2 = Cut down or stopped during pregnancy  3 = Smoked as usual during pregnancy | 0  1  2  3  . | 3775  192  321  1808  73 |  |
| 10 | Were you hospitalised with nausea and vomiting (hyperemesis) during your pregnancy with this child? | \_Mother\_nausea\_vomiting\_during | 0 = No  1 = Don't know  2 = Yes | 0  1  2  . | 5815  78  172  104 |  |
| 11 | Did you develop a high blood pressure during your pregnancy with this child? | \_High\_blood\_pressure\_during\_pr | 0 = No  1 = Don't know  2 = Yes | 0  1  2  . | 5077  330  640  122 |  |
| 12 | Did you have protein in your urine during your pregnancy with this child? | \_Protein\_in\_urine\_during\_pregn | 0 = No  1 = Don't know  2 = Yes | 0  1  2  . | 4088  1642  285  154 |  |

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| --- | --- | --- | --- | --- | --- | --- |
| Question Number | Question | Variable Name | Coding | Frequency | | Comment |
| 13 | Did you have sugar in your urine (glycosuria) during your pregnancy with this child? | \_Sugar\_in\_urine\_during\_pregnan | 0 = No  1 = Don't know  2 = Yes | 0  1  2  . | 4448  1417  122  182 |  |
| 14 | Did you develop diabetes during your pregnancy with this child? | \_Diabetes\_during\_pregnancy\_chi | 0 = No  1 = Don't know  2 = Yes | 0  1  2  . | 5844  112  93  120 |  |
| 15 | How was this child breast fed for the first 3 months of life? | \_Breast\_fed\_first3months\_chi | 1 = Breast only  2 = Breast and bottle  3 = Bottle only | 1  2  3  . | 3846  1299  869  155 |  |
| 16 | Has this child ever had eczema or atopic dermatitis? | \_Ever\_eczema\_child | 0 = No  1 = Yes | 0  1  . | 4425  1514  230 |  |
| 17 | Has this child ever had hayfever or allergic rhinitis? | \_Ever\_hayfever\_allergic\_rhinit | 0 = No  1 = Yes | 0  1  . | 3922  2003  244 |  |
| 18 | Did this child have asthma before the age of ten years? | \_Asthma\_before\_age\_10years\_chi | 0 = No  1 = Yes | 0  1  . | 4678  1319  172 |  |
| 19 | Did this child have asthma after the age of ten years? | \_Asthma\_after\_10years\_child | 0 = No  1 = Yes | 0  1  . | 4896  992  281 |  |
|  | Child’s name | Name\_child | 5436 unique values |  |  |  |
|  | Address: house number and street name | No\_streetname\_child | 1666 unique values |  |  |  |
|  | Suburb name and postcode | Suburb\_child | 1109 unique values |  |  |  |
|  | Phone Number (Home) | Phone\_home\_child | 425 unique values |  |  |  |
|  | Phone Number (Work) | Phone\_work\_child | 59 unique values |  |  |  |
|  | Phone Number (Mobile) | Phone\_mobile\_child | 1791 unique values |  |  |  |
|  | Comments | Comment | 701 unique values |  |  |  |