

Dataset Coding Guide
Project - Raine Study (Pregnancy Cohort Study)
Dataset - Raine Year 20 Questionnaire



Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
ID		Raine Study ID			Numeric			
A20_DWEL		Where do you live (dwelling type)	1		Numeric		1	Boarding house, hostel
							2	Separate house
							3	Semi-detached house/row or terrace house/townhouse etc
							4	Flat/unit/apartment
							5	Caravan/tent/cabin/houseboat
							6	Other
							7	University or college accommodation
							9	Not stated
A20_LIVE		who do you live with	2		Numeric		1	Live alone
							2	My partner
							3	My parent(s)/step-parents
							4	Other relatives (eg. Grandparents, aunt etc)
							5	Friends/flatmates
							6	Other
							9	Not stated
A20_YCH		Do you have any children	3		Numeric		0	No
							1	Yes
							9	Not stated
A20_CDB1		Your child 1 - dob	3	1	Date			

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_CSX1		Your child 1 - sex	3	1	Numeric		1	Male
							2	Female
							8	NA
							9	Not stated
A20_CDB2		Your child 2 - dob	3	2	Date			
A20_CSX2		Your child 2 - sex	3	2	Numeric		1	Male
							2	Female
							8	NA
							9	Not stated
A20_CDB3		Your child 3 - dob	3	3	Date			
A20_CSX3		Your child 3 - sex	3	3	Numeric		1	Male
							2	Female
							8	NA
							9	Not stated
A20_CDB4		Your child 4 - dob	3	4	Date			
A20_CSX4		Your child 4 - sex	3	4	Numeric		1	Male
							2	Female
							8	NA
							9	Not stated
A20_CDB5		Your child 5 - dob	3	5	Date			
A20_CSX5		Your child 5 - sex	3	5	Numeric		1	Male
							2	Female
							8	NA
							9	Not stated
A20_ED33		What is the highest level of education you have completed	4		Numeric		1	Primary school
							2	Secondary school (high school)
							3	University
							4	Other educational institute (eg.

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
							TAFE, college)
						9	Not stated
A20_ED34	What was the highest year of school you completed	5		Numeric		1	Year 12 (or equivalent)
						2	Year 11 (or equivalent)
						3	Year 10 (or equivalent)
						4	Other (please specify)
						5	Year 9 (or equivalent)
						9	Not stated
A20_ED35	Are you currently studying or doing a course	6		Numeric		0	No
						1	Yes
						9	Not stated
A20_ED36	Where are you studying	7		Numeric		1	At school
						2	At university
						3	At TAFE
						4	Other (please specify)
						8	NA
						9	Not stated
A20_OCC1	What are you doing now - studying fulltime	8	1	Numeric		0	No
A20_OCC2	What are you doing now - studying parttime	8	2	Numeric		0	No
						1	Yes
A20_OCC3	What are you doing now - apprenticeship	8	3	Numeric		0	No
						9	Not stated
A20_OCC4	What are you doing now - working fulltime	8	4	Numeric		0	No
A20_OCC5	What are you doing now - working parttime	8	5	Numeric		0	No
A20_OCC6	What are you doing now - looking for work	8	6	Numeric		0	No
A20_OCC7	What are you doing now - gap year	8	7	Numeric		0	No
A20_OCC8	What are you doing now - carer for my child	8	8	Numeric		0	No
A20_OCC9	What are you doing now - carer for family member	8	9	Numeric		0	No

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_OC10		What are you doing now - other (please specify)	8	10	Numeric		0	No
A20_YWRK		Do you currently have a fulltime or parttime job of any kind?	9		Numeric		0	No, do not have a job - not seeking work
							1	No, do not have a job - actively seeking work
							2	Yes, do work for payment or profit
							3	Yes, do unpaid work in a family business
							4	Yes, do other unpaid work
							9	Not stated
A20_YJOB		Current main job	10		Numeric		888888	NA
							999999	Not stated
A20_YHRS		How many hours per week do you usually work in all jobs	11		Numeric		1	1 - 5 hours
							2	6 - 10 hours
							3	11 - 15 hours
							4	16 - 20 hours
							5	21 - 25 hours
							6	26 - 30 hours
							7	31 - 35 hours
							8	More than 35 hours
							88	NA
							99	Not stated
A20_MON7		What is the total amount of your usual pay per WEEK after tax (how much money do you take home)?	12		Numeric		1	< \$49
							2	\$50 - 99
							3	\$100 - 199
							4	\$200 - 299
							5	\$300 - 399

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						6	\$400 - 499
						7	> \$500
						8	NA
						9	Not stated
A20_BNF	Are you receiving any government benefits	13		Numeric		0	No
						1	Yes
						9	Not stated
A20_BN24	Which benefits - Assistance for Isolated Children	14	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN28	Which benefits - Baby Bonus	14	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN21	Which benefits - Carer Allowance (adult)	14	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN20	Which benefits - Carer Allowance (child)	14	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN23	Which benefits - Carer Payment (adult)	14	5	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN22	Which benefits - Carer Payment (child)	14	6	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						8	NA
						9	Not stated
A20_BN25	Which benefits - Child Care Benefit	14	7	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN26	Which benefits - Child Care Rebate	14	7	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN31	Which benefits - Crisis Payment	14	8	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BNF4	Which benefits - Disability support pension	14	9	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN30	Which benefits - Double Orphan Pension	14	10	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_BN15	Which benefits - Family Tax Benefit Part A	14	11	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_BN16		Which benefits - Family Tax Benefit Part B	14	12	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BN27		Which benefits - JET Child Care Fee Assistance	14	13	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BN29		Which benefits - Maternity Immunisation Allowance	14	14	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BN18		Which benefits - Mobility allowance	14	15	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BN11		Which benefits - Newstart allowance	14	16	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BNF2		Which benefits - Parenting Payment	14	17	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BN19		Which benefits - Pensioner education supplement	14	18	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_BN17		Which benefits - Rent Assistance	14	19	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BNF7		Which benefits - Sickness allowance	14	20	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BN10		Which benefits - Youth allowance	14	21	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BNF5		Which benefits - Youth Disability Supplement	14	22	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_BNF9		Which benefits - Other benefit	14	23	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_AY1		Vigorous physical activity in last week	15		Numeric		0	Yes, vigorous activity
							1	No vigorous activity
A20_AY2		Vigorous physical activity - number days in last week	15		Numeric		8	NA
							9	Not stated
A20_AY3		Vigorous physical activity - number of hours per day	15		Numeric		88	NA
							99	Not stated
A20_AY4		Vigorous physical activity - number of minutes per day	15		Numeric		88	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						99	Not stated
A20_AY5	Moderate physical activity in last week	16		Numeric		0	Yes, moderate activity
						1	No moderate activity
A20_AY6	Moderate physical activity - number days in last week	16		Numeric		8	NA
						9	Not stated
A20_AY7	Moderate physical activity - number of hours per day	16		Numeric		88	NA
						99	Not stated
A20_AY8	Moderate physical activity - number of minutes per day	16		Numeric		88	NA
						99	Not stated
A20_AY10	Walking - number days in last week	17		Numeric		8	NA
						9	Not stated
A20_AY11	Walking - number of hours per day	17		Numeric		88	NA
						99	Not stated
A20_AY12	Walking - number of minutes per day	17		Numeric		88	NA
						99	Not stated
A20_AY9	Walking in the last week	17		Numeric		0	Yes, walking
						1	No walking
A20_SIT1	Number of hours spent sitting on a weekday	18		Numeric		0	Less than 1 hour
						88	NA
						99	Not stated
A20_SIT2	Number of minutes spent sitting on a weekday	18		Numeric		88	NA
						99	Not stated
A20_TV1	Usually how many hours do you watch TV or videos each day?	19	1	Numeric		0	Not at all
A20_TV5	Usually how many hours do you play electronic games not on a computer (xbox, wii etc) each day	19	2	Numeric		1	Less than 1 hour
A20_TV6	Usually how many hours do you use a computer for work/study each day	19	3	Numeric		2	About 1 - 2 hours
A20_TV7	Usually how many hours do you use a computer for playing games each day	19	4	Numeric		3	About 2 - 4 hours

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_TV8	Usually how many hours do you use a computer for internet socialising (facebook, chat etc) each day	19	5	Numeric		4	More than 4 hours
A20_TV9	Usually how many hours do you use a computer for internet surfing (not socialising) each day	19	6	Numeric		9	Not stated
A20_PN38	Have you ever had low back pain?	20		Numeric		0	No
						1	Yes
						9	Not stated
A20_PN40	Has your low back been painful at any time in the last month?	20		Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PN41	Low back pain - Has your low back pain ever lasted more than 3mo continuously	20	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PN49	Low back pain - Has your low back pain ever lasted more than 3mo on and off	20	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PN33	Low back pain - Have you ever sought health professional advice or treatment for low back pain	20	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PN45	Low back pain - Have you ever taken medication to relieve the low back pain	20	4	Numeric		0	No
						1	Yes
						8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_PN46	Low back pain - Have you ever missed school or work due to the low back pain	20	5	Numeric		9	Not stated
						0	No
						1	Yes
						8	NA
A20_PN47	Low back pain - Has the low back pain ever interferred with your normal activities	20	6	Numeric		9	Not stated
						0	No
						1	Yes
						8	NA
A20_PN37	Low back pain - Has the low back pain ever interfered with recreational physical activities	20	7	Numeric		9	Not stated
						0	No
						1	Yes
						8	NA
A20_DK1	How often did you drink water	21	1	Numeric		9	Not stated
						0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
10	6 days per week						
11	Everyday						
99	Not stated						

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_DK19	Number of waters drank	21	1	Numeric			
A20_DK2	How often did you drink fizzy drink eg cola	21	2	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK20	Number of fizzy drinks drank	21	2	Numeric			
A20_DK21	Number of diet fizzy drinks drank	21	3	Numeric			
A20_DK3	How often did you drink diet fizzy drink	21	3	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						99	Not stated
A20_DK22	Number of energy drinks drank	21	4	Numeric			
A20_DK4	How often did you drink energy drink	21	4	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK23	Number of diet energy drinks drank	21	5	Numeric			
A20_DK5	How often did you drink diet energy drink	21	5	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						11	Everyday
						99	Not stated
A20_DK24	Number of teas drank	21	6	Numeric			
A20_DK6	How often did you drink tea	21	6	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK25	Number of herbal teas drank	21	7	Numeric			
A20_DK7	How often did you drink herbal tea	21	7	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						11	Everyday
						99	Not stated
A20_DK26	Number of green teas drank	21	8	Numeric			
A20_DK8	How often did you drink green tea	21	8	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK27	Number of instant coffees drank	21	9	Numeric			
A20_DK9	How often did you drink instant coffee	21	9	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK10	How often did you drink ground coffee	21	10	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK28	Number of ground coffees drank	21	10	Numeric			
A20_DK11	How often did you drink beer	21	11	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						11	Everyday
						99	Not stated
A20_DK29	Number of beers drank	21	11	Numeric			
A20_DK12	How often did you drink alcoholic soda	21	12	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK30	Number of alcoholic sodas drank	21	12	Numeric			
A20_DK13	How often did you drink red wine	21	13	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK31	Number of red wines drank	21	13	Numeric			
A20_DK14	How often did you drink white wine/champagne	21	14	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK32	Number of white wine/champagnes drank	21	14	Numeric			
A20_DK15	How often did you drink sherry/port	21	15	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK33	Number of sherry/ports drank	21	15	Numeric			
A20_DK16	How often did you drink vodka	21	16	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK34	Number of vodkas drank	21	16	Numeric			
A20_DK17	How often did you drink whiskey	21	17	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK35	Number of whiskeys drank	21	17	Numeric			
A20_DK18	How often did you drink other spirits	21	18	Numeric		0	Never
						1	Less than once a month (rarely)
						2	1 day per month
						3	2 days per month
						4	3 days per month
						5	1 day per week
						6	2 days per week
						7	3 days per week
						8	4 days per week
						9	5 days per week
						10	6 days per week
						11	Everyday
						99	Not stated
A20_DK36	Number of other spirits drank	21	18	Numeric			
A20_SM2	Do you smoke cigarettes	22		Numeric		0	No
						1	Yes
						9	Not stated
A20_SM4	How many cigarettes do you smoke per day	23		Numeric		0	Less than one per day
						1	1 - 5 daily
						2	6 - 10 daily
						3	11 - 15 daily
						4	16 - 20 daily
						5	More than 20 daily

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_SM40	At what age did you start smoking regularly	24		Numeric		88	NA
						99	Not stated
A20_SM41	Do you currently live with someone who smokes	25		Numeric		0	No
						1	Yes
						9	Not stated
A20_SM42	Over the past 3 years have you lived for longer than 6mo with anyone that smokes	26		Numeric		0	No
						1	Yes
						9	Not stated
A20_DG1	Drug Use - How often used Marijuana	27	1	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG2	Drug Use - How often used Inhalants (glue/petrol)	27	2	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG15	Drug Use - How often used ecstasy	27	3	Numeric		0	Never

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG17	Drug Use - How often used heroin/smack	27	4	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG6	Drug Use - How often used amphetamines (speed, ice rock)	27	5	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG16	Drug Use - How often used hallucinogens (acid/LSD)	27	6	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						5	Daily
						9	Don't know
						99	Not stated
A20_DG8	Drug Use - How often used nangs/nitrous oxide	27	7	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG9	Drug Use - How often used cocaine	27	8	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG10	Drug Use - How often used methadone	27	9	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_DG11	Drug Use - How often used GHB	27	10	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
						A20_DG12	Drug Use - How often used kadamine "K"
1	Only tried once						
2	Less than monthly						
3	About monthly						
4	About weekly						
5	Daily						
9	Don't know						
99	Not stated						
A20_DG13	Drug Use - How often used benzodiazepines	27	12	Numeric			
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
						A20_DG14	Drug Use - How often used rehypnol
1	Only tried once						
2	Less than monthly						
3	About monthly						

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_DG4	Drug Use - How often used something else	27	14	Numeric		0	Never
						1	Only tried once
						2	Less than monthly
						3	About monthly
						4	About weekly
						5	Daily
						9	Don't know
						99	Not stated
A20_W1	Do you know how much you weigh	28		Numeric		0	No
						1	Yes
						9	Not stated
A20_W2	Current weight	28		Numeric		888.8	NA/don't know
						999.9	Not stated
A20_W3	Are you worried about your weight	29		Numeric		0	Not at all
						1	A little
						2	Moderately
						3	Very
						9	Not stated
A20_W4	Do you consider yourself under/overweight	30		Numeric		0	Underweight
						1	Normal weight
						2	A bit overweight
						3	Very overweight
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_W8	Eating Habits - Have you been trying to eat less to change shape or weight	31	1	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W35	Eating Habits - Have you gone without eating to try to change shape or weight	31	2	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W9	Eating Habits - Have you tried restricting certain foods to try to change shape or weight	31	3	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W10	Eating Habits - Have you tried adhering to diet rules to try to change shape or weight	31	4	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W11	Eating Habits - Have you thought about food or calories that it interferes with your concentration	31	5	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_W14	Eating Habits - Have there been times when you've eaten an unusually large amount of food	31	6	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W12	Eating Habits - Have you been afraid of losing control over your eating	31	7	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W36	Eating Habits - Have you felt you couldn't control what or how much you were eating	31	8	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W37	Eating Habits - Have you felt that you couldn't stop eating once youd started	31	9	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W13	Eating Habits - Have you felt guilty after eating	31	10	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_W15	Eating Habits - Have you eaten in secret because you are embarrassed by how much you eat	31	11	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W16	Eating Habits - Have you been afraid that you might gain weight or become fat	31	12	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W38	Eating Habits - Have you felt fat	31	13	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W39	Eating Habits - Have you had a strong desire to lose weight	31	14	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W17	Eating Habits - Have you made yourself sick after eating to try to control your weight	31	15	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W18	Eating Habits - Have you taken any pills (like laxatives, water pills or diet pills) to try to control your weight?	31	16	Numeric		0	Not at all

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
	diet pills) to try to control your weight?					1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_W19	Eating Habits - Have you exercised hard to try to control your weight	31	17	Numeric		0	Not at all
						1	Some of the time
						2	A lot of the time
						3	Most of the time
						9	Not stated
A20_E111	Eyes and Vision - Blindness - brother(s)	32	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY11	Eyes and Vision - Blindness - you	32	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY36	Eyes and Vision - Blindness - mother	32	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY61	Eyes and Vision - Blindness - father	32	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY86	Eyes and Vision - Blindness - sister(s)	32	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_E108	Eyes and Vision - Cataracts - brother(s)	32	2	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_EY33	Eyes and Vision - Cataracts - mother	32	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY58	Eyes and Vision - Cataracts - father	32	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY83	Eyes and Vision - Cataracts - sister(s)	32	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_EYE8	Eyes and Vision - Cataracts - you	32	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_E123	Eyes and Vision - Colourblind - brother(s)	32	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY23	Eyes and Vision - Colourblind - you	32	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY48	Eyes and Vision - Colourblind - mother	32	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY73	Eyes and Vision - Colourblind - father	32	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY98	Eyes and Vision - Colourblind - sister(s)	32	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_E109	Eyes and Vision - Corneal ulcer - brother(s)	32	4	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_EY34	Eyes and Vision - Corneal ulcer - mother	32	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY59	Eyes and Vision - Corneal ulcer - father	32	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY84	Eyes and Vision - Corneal ulcer - sister(s)	32	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_EYE9	Eyes and Vision - Corneal ulcer - you	32	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_E119	Eyes and Vision - Diabetic retinopathy - brother(s)	32	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY19	Eyes and Vision - Diabetic retinopathy - you	32	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY44	Eyes and Vision - Diabetic retinopathy - mother	32	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY69	Eyes and Vision - Diabetic retinopathy - father	32	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY94	Eyes and Vision - Diabetic retinopathy - sister(s)	32	5	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_E117	Eyes and Vision - Double vision (diplopia) - brother(s)	32	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY17	Eyes and Vision - Double vision (diplopia) - you	32	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY42	Eyes and Vision - Double vision (diplopia) - mother	32	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY67	Eyes and Vision - Double vision (diplopia) - father	32	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY92	Eyes and Vision - Double vision (diplopia) - sister(s)	32	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_E110	Eyes and Vision - Dry eye syndrome - brother(s)	32	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY10	Eyes and Vision - Dry eye syndrome - you	32	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY35	Eyes and Vision - Dry eye syndrome - mother	32	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY60	Eyes and Vision - Dry eye syndrome - father	32	7	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_EY85	Eyes and Vision - Dry eye syndrome - sister(s)	32	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_E102	Eyes and Vision - Eye injury - sister(s)	32	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_E127	Eyes and Vision - Eye injury - brother(s)	32	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY27	Eyes and Vision - Eye injury - you	32	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY52	Eyes and Vision - Eye injury - mother	32	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY77	Eyes and Vision - Eye injury - father	32	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_E107	Eyes and Vision - Glaucoma - brother(s)	32	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY32	Eyes and Vision - Glaucoma - mother	32	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY57	Eyes and Vision - Glaucoma - father	32	9	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_EY82	Eyes and Vision - Glaucoma - sister(s)	32	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_EYE7	Eyes and Vision - Glaucoma - you	32	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_E101	Eyes and Vision - Laser eye surgery	32	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_E126	Eyes and Vision - Laser eye surgery	32	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY26	Eyes and Vision - Laser eye surgery - you	32	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY51	Eyes and Vision - Laser eye surgery - mother	32	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY76	Eyes and Vision - Laser eye surgery - father	32	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_E121	Eyes and Vision - Lazy eye - brother(s)	32	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY21	Eyes and Vision - Lazy eye - you	32	11	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_EY46	Eyes and Vision - Lazy eye - mother	32	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY71	Eyes and Vision - Lazy eye - father	32	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY96	Eyes and Vision - Lazy eye - sister(s)	32	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_E116	Eyes and Vision - Long sighted (hypermetropia) - brother(s)	32	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY16	Eyes and Vision - Long sighted (hypermetropia) - you	32	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY41	Eyes and Vision - Long sighted (hypermetropia) - mother	32	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY66	Eyes and Vision - Long sighted (hypermetropia) - father	32	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY91	Eyes and Vision - Long sighted (hypermetropia) - sister(s)	32	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_E118	Eyes and Vision - Macular degeneration - brother(s)	32	13	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_EY18	Eyes and Vision - Macular degeneration - you	32	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY43	Eyes and Vision - Macular degeneration - mother	32	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY68	Eyes and Vision - Macular degeneration - father	32	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY93	Eyes and Vision - Macular degeneration - sister(s)	32	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_E112	Eyes and Vision - Nystagmus - brother(s)	32	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY12	Eyes and Vision - Nystagmus - you	32	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY37	Eyes and Vision - Nystagmus - mother	32	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY62	Eyes and Vision - Nystagmus - father	32	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY87	Eyes and Vision - Nystagmus - sister(s)	32	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_E100	Eyes and Vision - Pterygium (sun damage) - sister(s)	32	15	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_E125	Eyes and Vision - Pterygium (sun damage) - brother(s)	32	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY25	Eyes and Vision - Pterygium (sun damage) - you	32	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY50	Eyes and Vision - Pterygium (sun damage) - mother	32	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY75	Eyes and Vision - Pterygium (sun damage) - father	32	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_E115	Eyes and Vision - Presbyopia - brother(s)	32	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY15	Eyes and Vision - Presbyopia - you	32	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY40	Eyes and Vision - Presbyopia - mother	32	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY65	Eyes and Vision - Presbyopia - father	32	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY90	Eyes and Vision - Presbyopia - sister(s)	32	16	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_E124	Eyes and Vision - Ptosis (droopy eyelid) - brother(s)	32	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY24	Eyes and Vision - Ptosis (droopy eyelid) - you	32	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY49	Eyes and Vision - Ptosis (droopy eyelid) - mother	32	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY74	Eyes and Vision - Ptosis (droopy eyelid) - father	32	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY99	Eyes and Vision - Ptosis (droopy eyelid) - sister(s)	32	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_E113	Eyes and Vision - Retinal detachment - brother(s)	32	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY13	Eyes and Vision - Retinal detachment - you	32	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY38	Eyes and Vision - Retinal detachment - mother	32	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY63	Eyes and Vision - Retinal detachment - father	32	18	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_EY88	Eyes and Vision - Retinal detachment - sister(s)	32	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_E120	Eyes and Vision - Stargarts disease - brother(s)	32	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY20	Eyes and Vision - Stargarts disease - you	32	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY45	Eyes and Vision - Stargarts disease - mother	32	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY70	Eyes and Vision - Stargarts disease - father	32	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY95	Eyes and Vision - Stargarts disease - sister(s)	32	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_E114	Eyes and Vision - Short sighted (myopia) - brother(s)	32	20	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY14	Eyes and Vision - Short sighted (myopia) - you	32	20	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY39	Eyes and Vision - Short sighted (myopia) - mother	32	20	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_EY64	Eyes and Vision - Short sighted (myopia) - father	32	20	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY89	Eyes and Vision - Short sighted (myopia) - sister(s)	32	20	Numeric		0	No
						1	Yes
						9	Not stated
A20_E122	Eyes and Vision - Strabismus (cross eyed/squint) - brother(s)	32	21	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY22	Eyes and Vision - Strabismus (cross eyed/squint) - you	32	21	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY47	Eyes and Vision - Strabismus (cross eyed/squint) - mother	32	21	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY72	Eyes and Vision - Strabismus (cross eyed/squint) - father	32	21	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY97	Eyes and Vision - Strabismus (cross eyed/squint) - sister(s)	32	21	Numeric		0	No
						1	Yes
						9	Not stated
A20_E106	Eyes and Vision - Wear glasses - brother(s)	32	22	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY31	Eyes and Vision - Wear glasses - mother	32	22	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_EY56	Eyes and Vision - Wear glasses - father	32	22	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY81	Eyes and Vision - Wear glasses - sister(s)	32	22	Numeric		0	No
						1	Yes
						9	Not stated
A20_EYE6	Eyes and Vision - Wear glasses - you	32	22	Numeric		0	No
						1	Yes
						9	Not stated
A20_E103	Eyes and Vision - Other eye surgery (please describe) - sister(s)	32	23	Numeric		0	No
						1	Yes
						9	Not stated
A20_E128	Eyes and Vision - Other eye surgery (please describe) - brother(s)	32	23	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY28	Eyes and Vision - Ever had eye surgery (please describe) - you	32	23	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY53	Eyes and Vision - Eye surgery (please describe) - mother	32	23	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY78	Eyes and Vision - Other eye surgery (please describe) - father	32	23	Numeric		0	No
						1	Yes
						9	Not stated
A20_E104	Eyes and Vision - Other (please describe) - sister(s)	32	24	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_E129	Eyes and Vision - Other (please describe) - brother(s)	32	24	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY29	Eyes and Vision - Other (please describe) - you	32	24	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY54	Eyes and Vision - Other (please describe) - mother	32	24	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY79	Eyes and Vision - Other (please describe) - father	32	24	Numeric		0	No
						1	Yes
						9	Not stated
A20_E105	Eyes and Vision - None of these - brother(s)	32	25	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY30	Eyes and Vision - None of these - mother	32	25	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY55	Eyes and Vision - None of these - father	32	25	Numeric		0	No
						1	Yes
						9	Not stated
A20_EY80	Eyes and Vision - None of these - sister(s)	32	25	Numeric		0	No
						1	Yes
						9	Not stated
A20_EYE5	Eyes and Vision - None of these - you	32	25	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV1	What is the natural colour of your hair	33		Numeric		1	Blonde

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						2	Red
						3	Brown
						4	Black
						5	Other (please specify)
						6	Don't know
						9	Not stated
A20_UV2	Without sun tan lotion, what happens to your skin after a half hour of exposure	34		Numeric		0	Never burns or tans
						1	Never burns but does tan
						2	Burns then tans
						3	Burns but does not tan
						4	Don't know
						9	Not stated
A20_UV3	How many bad burns with pain lasting longer than a day would you guess you've had	35		Numeric		0	Never
						1	Once
						2	2 - 10 times
						3	More than 10 times
						4	Don't know
						9	Not stated
A20_UV4	In the summer what part of the day do you spend outside	36		Numeric		0	None
						1	Less than 1/4 of the day
						2	1/2 of the day
						3	Greater than 3/4 of the day
						4	Cannot judge/don't know
						9	Not stated
A20_UV5	When outdoors in the sun what part of the time do you wear a hat with a brim or visor	37	1	Numeric		0	Never
						1	Seldom

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						2	1/2 of the time
						3	Usually
						4	Always
						5	Cannot judge/don't know
						9	Not stated
A20_UV6	While outdoors in the sun, what part of the time do you wear sunglasses	37	2	Numeric		0	Never
						1	Seldom
						2	1/2 of the time
						3	Usually
						4	Always
						5	Cannot judge/don't know
						9	Not stated
A20_UV7	Has your winter leisure or rec time usually been spent indoors, outdoors or half and half	38		Numeric		1	Mostly indoors
						2	1/2 and 1/2
						3	Mostly outdoors
						4	Don't know
						9	Not stated
A20_UV8	Do you often feel colder than the people around you?	39		Numeric		0	Never
						1	Seldom
						1	Yes, hat only
						2	Yes, sunglasses only
						2	1/2 of the time
						3	Usually
						3	Yes, both
						4	Don't know
						4	Always

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						5	Cannot judge
						9	Not stated
						9	Not stated
A20_UV9	At school or work, do you wear a hat with a visor or sunglasses more than half the time	40		Numeric		0	Don't wear either hat or sunglasses
A20_UV10	Reason wear sunglasses - protection from eye disease	41	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV11	Reason wear sunglasses - driving	41	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV12	Reason wear sunglasses - medical condition/doctors advice	41	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV13	Reason wear sunglasses - glare	41	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV14	Reason wear sunglasses - sport	41	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV15	Reason wear sunglasses - fashion/looks cool	41	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV16	Reason wear sunglasses - school requirement	41	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV17	Reason wear sunglasses - influenced by family member	41	8	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_UV18	Reason wear sunglasses - other (please specify)	41	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV19	Reason do not wear sunglasses - inconvenient	42	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV20	Reason do not wear sunglasses - uncomfortable	42	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV21	Reason do not wear sunglasses - decrease vision	42	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV22	Reason do not wear sunglasses - wears prescription glasses	42	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV23	Reason do not wear sunglasses - expensive	42	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV24	Reason do not wear sunglasses - not fashionable	42	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV25	Reason do not wear sunglasses - not necessary	42	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_UV26	Reason do not wear sunglasses - other (please specify)	42	8	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_MOB1	Do you have a mobile phone?	43		Numeric		0	No
						1	Yes
						9	Not stated
A20_MOB2	How long have you had your own mobile phone? - years	44	1	Numeric		88	NA
						99	Not stated
A20_MO12	How long have you had your mobile phone? - months	44	2	Numeric		88	NA
A20_MOB3	Make	45	1	Text			
A20_MOB4	Model	45	2	Text			
A20_MOB5	What makes and models of mobile phones have you had in the past	46		Text			
A20_MOB6	Where do you most often keep your mobile phone while you are awake?	47		Numeric		1	Front jeans/trouser pocket
						2	Back jeans/trouser pocket
						3	Breast (shirt of jacket) pocket
						4	Clipped on a belt
						5	Handbag
						6	Backpack
						7	Next to you (on desk, in car etc)
						8	Around your neck (on a lanyard)
						9	In your hand
						10	Other (please specify)
A20_MOB7	Where do you most often keep your mobile phone while you are asleep	48		Numeric		88	NA
						99	Not stated
						1	Handbag
						2	Backpack
						3	Bedside table
A20_MOB7	Where do you most often keep your mobile phone while you are asleep	48		Numeric		4	Other (please specify)
						8	NA

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
							9	Not stated
A20_MOB8		Which ear side do you normally hold your phone to talk?	49		Numeric		1	Right
							2	Left
							3	Both/either ear
							4	Neither - always use bluetooth
							5	Neither - always use speaker phone
							8	NA
							9	Not stated
A20_MOB9		On average, how many minutes do you talk on your mobile phone per day	50		Numeric		1	1 - 10 minutes
							2	11 - 20 minutes
							3	21 - 40 minutes
							4	41 - 50 minutes
							5	51 - 60 minutes
							6	> 60 minutes
							8	NA
							9	Not stated
A20_MO10		What is the average length of your calls?	51		Numeric		1	1 - 5 minutes
							2	6 - 10 minutes
							3	11 - 15 minutes
							4	16 - 20 minutes
							5	21 - 25 minutes
							6	26 - 30 minutes
							7	> 30 minutes
							8	NA
							9	Not stated
A20_MO11		How many text messages do you send per day?	52		Numeric		0	None

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	1 - 20 messages
						2	21 - 50 messages
						3	51 - 100 messages
						4	101 - 150 messages
						5	151 - 200 messages
						6	> 200 messages
						8	NA
						9	Not stated
A20_OAL8	In general how would you say your health is	53		Numeric		1	Excellent
						2	Very good
						3	Good
						4	Fair
						5	Poor
						9	Not stated
A20_LI12	Health now limit you - Moderate activities	54	1	Numeric		1	Yes, a lot
						2	Yes, a little
						3	No, not at all
						9	Not stated
A20_LI14	Health now limit you - Climbing several flights of stairs	54	2	Numeric		1	Yes, a lot
						2	Yes, a little
						3	No, not at all
						9	Not stated
A20_LI22		55		Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_LI23	Problem as result physical health - Limited in the kind of work or other activities	55	2	Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_LI26	Problem as result emotional health - Limited in the care taken to perform activities	56		Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_LI27		56	2	Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_PN26	During the past 4wks how much did pain interfere with your normal work	57		Numeric		1	Not at all
						2	A little bit
						3	Moderately
						4	Quite a bit
						5	Extremely
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_FE23	During the past 4wks - Have you felt calm and peaceful	58	1	Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_FE24	During the past 4wks - Did you have a lot of energy	58	2	Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_FE25	During the past 4wks - Have you felt downhearted and blue	58	3	Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_LI28	During the past 4wks how much of the time has your physical health or emotional problems interfered with you social activities	59		Numeric		1	All of the time
						2	Most of the time
						3	Some of the time
						4	A little of the time
						5	None of the time
						9	Not stated
A20_FL27	DASS - I found it hard to wind down	60	1	Numeric		0	Did not apply at all
						1	To some degree or some of the time

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL15	DASS - I was aware of dryness of my mouth	60	2	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL13	DASS - I couldn't seem to experience any positive feeling at all	60	3	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL4	DASS - I experienced breathing difficulty	60	4	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL26	DASS - I found it difficult to work up the initiative to do things	60	5	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_FL10	DASS - I tended to overreact to situations	60	6	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL39	DASS - I experienced trembling	60	7	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL22	DASS - I felt that I was using a lot of nervous energy	60	8	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL33	DASS - I was worried about situations in which I might panic and make a fool of myself	60	9	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL12	DASS - I felt that I had nothing to look forward to	60	10	Numeric		0	Did not apply at all

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL40	DASS - I found myself getting agitated	60	11	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL37	DASS - I found it difficult to relax	60	12	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL25	DASS - I felt downhearted and blue	60	13	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL42	DASS - I was intolerant of anything that kept me from getting on with what I was doing	60	14	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
							good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL35	DASS - I felt I was close to panic	60	15	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL32	DASS - I was unable to become enthusiastic about anything	60	16	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL31	DASS - I felt I wasn't worth much as a person	60	17	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated
A20_FL21	DASS - I felt that I was rather touchy	60	18	Numeric		0	Did not apply at all
						1	To some degree or some of the time
						2	To a considerable degree or a good part of the time
						3	Very much or most of the time
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_FL18		DASS - I was aware of the action of my heart in the absence of physical exertion	60	19	Numeric		0	Did not apply at all
							1	To some degree or some of the time
							2	To a considerable degree or a good part of the time
							3	Very much or most of the time
							9	Not stated
A20_FL19		DASS - I felt scared without any good reason	60	20	Numeric		0	Did not apply at all
							1	To some degree or some of the time
							2	To a considerable degree or a good part of the time
							3	Very much or most of the time
							9	Not stated
A20_FL41		DASS - I felt that life was meaningless	60	21	Numeric		0	Did not apply at all
							1	To some degree or some of the time
							2	To a considerable degree or a good part of the time
							3	Very much or most of the time
							9	Not stated
A20_MAR		What is your current relationship status?	61		Numeric		1	Single and not in a relationship
							2	In a relationship but NOT living together (eg boyfriend/girlfriend)
							3	In a relationship AND living together
							4	Married (in a registered marriage)
							9	Not stated
A20_P6		Is your primary partner male or female?	62		Numeric		1	Male
							2	Female

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_P7	How old is your partner?	63		Numeric		88	NA
						99	Not stated
A20_SX11	Which best describes your sexual orientation	64		Numeric		1	I have felt attracted only to females, never to males
						2	I am attracted more often to females and at least once to a male
						3	I am about equally attracted to females and to males
						4	I am attracted more to males and at least once to a female
						5	I have felt attracted only to males, never to females
						6	I have never felt attracted to anyone at all
						9	Not stated
A20_SX94	Do you identify as:	65		Numeric		1	Heterosexual
						2	Gay or Lesbian
						3	Bisexual
						4	Transgender
						5	Not sure
						6	Other (please specify)
						9	Not stated
A20_SX13	Age at first experience of - Deep kissing	66	1	Numeric		0	Havent
						1	<17 years
						2	17 years
						3	18 years
						4	19 years

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						5	20 years
						6	>20 years
						9	Not stated
A20_SX14	Age at first experience of - Touching a partners genitals with your hands	66	2	Numeric		0	Havent
						1	<17 years
						2	17 years
						3	18 years
						4	19 years
						5	20 years
						6	>20 years
						9	Not stated
A20_SX15	Age at first experience of - Being touched on your genitals by a partners hand	66	3	Numeric		0	Havent
						1	<17 years
						2	17 years
						3	18 years
						4	19 years
						5	20 years
						6	>20 years
						9	Not stated
A20_SX16	Age at first experience of - Giving oral sex	66	4	Numeric		0	Havent
						1	<17 years
						2	17 years
						3	18 years
						4	19 years
						5	20 years
						6	>20 years

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_SX17	Age at first experience of - Receiving oral sex	66	5	Numeric		9	Not stated
						0	Havent
						1	<17 years
						2	17 years
						3	18 years
						4	19 years
						5	20 years
						6	>20 years
						9	Not stated
A20_S119	Age at first experience of - Penis-vaginal intercourse	66	6	Numeric		0	Havent
						1	<17 years
						2	17 years
						3	18 years
						4	19 years
						5	20 years
						6	>20 years
						9	Not stated
						A20_S120	Age at first experience of - Anal intercourse (giving or receiving)
1	<17 years						
2	17 years						
3	18 years						
4	19 years						
5	20 years						
6	>20 years						
9	Not stated						
A20_SX95	Over the last year with how many partners have you had oral sex or vaginal or anal intercourse	67		Numeric			
						1	1 person

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						2	2 people
						3	3 people
						4	4 people
						5	5 - 10 people
						6	11 or more people
						8	I have not had a sexual partner
						9	Not stated
A20_SX97	Over the last year with how many partners have you had oral sex or vaginal or anal intercourse	68		Numeric		0	I have not had ONLY oral sex with a partner in the last year
						1	1 person
						2	2 people
						3	3 people
						4	4 people
						5	5 - 10 people
						6	11 or more people
						8	NA
						9	Not stated
A20_SX34	How old was the last person with who you had oral sex or intercourse	69		Numeric		0	I have not had a sexual partner in the last year
						1	<18 years old
						2	18-19 years old
						3	20-24 years old
						4	25-29 years old
						5	30 years of age or older
						6	Not sure
						8	NA
						9	Not stated
A20_SX23	In the last year have you ever had oral sex or vaginal/anal intercourse when you didn't want to?	70		Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						8	NA
						9	Not stated
A20_SX24	Reasons had sex when didn't want to - had been drinking at the time	71	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX25	Reasons had sex when didn't want to - was high at the time	71	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX26	Reasons had sex when didn't want to - partner thought I should	71	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX27	Reasons had sex when didn't want to - friends thought I should	71	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX96	Reasons had sex when didn't want to - felt I couldn't say no	71	5	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX28	Reasons had sex when didn't want to - other reason (specify)	71	6	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3A	Contraceptive used to prevent pregnancy last time - nothing	72	A	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						8	NA
						9	Not stated
A20_SX3B	Contraceptive used to prevent pregnancy last time - condoms	72	B	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3C	Contraceptive used to prevent pregnancy last time - oral contraceptive	72	C	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3D	Contraceptive used to prevent pregnancy last time - depo provera	72	D	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3E	Contraceptive used to prevent pregnancy last time - implanon	72	E	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3F	Contraceptive used to prevent pregnancy last time - IUD	72	F	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3G	Contraceptive used to prevent pregnancy last time - morning after pill	72	G	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_SX3H		Contraceptive used to prevent pregnancy last time - diaphragm or cap	72	H	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_SX3I		Contraceptive used to prevent pregnancy last time - withdrawal	72	I	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_SX3J		Contraceptive used to prevent pregnancy last time - other (please specify)	72	J	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_SX3K		Contraceptive used to prevent pregnancy over the past year - nothing	73	K	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S3KA		Contraceptive used to prevent pregnancy over the past year - havent had sex yet	73	KA	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_SX3L		Contraceptive used to prevent pregnancy over the past year - condoms	73	L	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_SX3M		Contraceptive used to prevent pregnancy over the past year - oral contraceptive	73	M	Numeric		0	No
							1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_SX3N	Contraceptive used to prevent pregnancy over the past year - depo provera	73	N	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3O	Contraceptive used to prevent pregnancy over the past year - implanon	73	O	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3P	Contraceptive used to prevent pregnancy over the past year - IUD	73	P	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3Q	Contraceptive used to prevent pregnancy over the past year - morning after pill	73	Q	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3R	Contraceptive used to prevent pregnancy over the past year - diaphragm or cap	73	R	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX3S	Contraceptive used to prevent pregnancy over the past year - withdrawal	73	S	Numeric		0	No
						1	Yes
						8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_SX3T	Contraceptive used to prevent pregnancy over the past year - other (please specify)	73	T	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SX29	Over the past year when you had intercourse, how often did you use condoms	74		Numeric		0	I havent had intercourse in the past year
						1	Always used condoms
						2	Sometimes used condoms
						3	Never used condoms
						8	NA
						9	Not stated
A20_SX62	Have you ever had one or more pregnancies (or caused any pregnancies)?	75		Numeric		0	No
						1	Yes
						2	Don't know
						8	NA
						9	Not stated
A20_S125	How did pregnancy end - I (or partner) pregnant now	76	1	Numeric		0	Not
						1	Yes
						8	NA
A20_SX98	Number of livebirths	76	2	Numeric		88	NA
						99	Not stated
A20_SX99	Number of stillbirths	76	3	Numeric		88	NA
						99	Not stated
A20_S100	Number of miscarriages	76	4	Numeric		88	NA
						99	Not stated
A20_S101	Number of abortions/terminations	76	5	Numeric		88	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						99	Not stated
A20_S124	Total number of pregnancies	76	6	Numeric		88	NA
						99	Not stated
A20_S102	Was the last pregnancy...	77		Numeric		1	Planned
						2	Unplanned but wanted
						2	Unplanned and not wanted
						8	NA
						9	Not stated
A20_S103	Contraceptive used to avoid last pregnancy - nothing	78	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_S104	Contraceptive used to avoid last pregnancy - condoms	78	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_S105	Contraceptive used to avoid last pregnancy - oral contraceptive	78	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_S106	Contraceptive used to avoid last pregnancy - depo provera	78	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_S107	Contraceptive used to avoid last pregnancy - implanon	78	5	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_S108		Contraceptive used to avoid last pregnancy - IUD	78	6	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S109		Contraceptive used to avoid last pregnancy - morning after pill	78	7	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S110		Contraceptive used to avoid last pregnancy - diaphragm or cap	78	8	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S111		Contraceptive used to avoid last pregnancy - withdrawal	78	9	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S112		Contraceptive used to avoid last pregnancy - other (please specify)	78	10	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_SX61		How much would you like to become a parent sometime soon?	79		Numeric		1	I am already a parent
							2	I really want to be a parent soon
							3	It would be nice to be a parent soon
							4	I don't care if I do or don't become a parent soon
							5	I would prefer not to be a parent soon
							6	I really don't want to be a parent

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
							soon
						8	NA
						9	Not stated
A20_SX80	In your opinion how likely is it that you might catch a sexually transmissible infection?	80		Numeric		0	Never
						1	Very unlikely
						2	Unlikely
						3	Likely
						4	Very likely
						9	Not stated
A20_SX30	In the last year have you been diagnosed with a sexually transmissible infection?	81		Numeric		0	No
						1	Yes
						9	Not stated
A20_SI1	STI diagnosed - Candaisis/Thrush	82	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI2	STI diagnosed - Chlamydia	82	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI3	STI diagnosed - Genital herpes	82	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI4	STI diagnosed - Genital warts	82	4	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_SI5	STI diagnosed - Gonorrhoea	82	5	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI6	STI diagnosed - Hepatitis B	82	6	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI7	STI diagnosed - HIV/AIDS	82	7	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI8	STI diagnosed - Pubic llice/crabs	82	8	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI9	STI diagnosed - Syphillis	82	9	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_SI10	STI diagnosed - Other (specify)	82	10	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CT1	Sources of information for advice about contraception - doctor	83	1	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_HE1	Sources of information for advice about hepatitis - doctor	83	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV1	Sources of information for advice about HIV/AIDS - doctor	83	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI1	Sources of information for advice about other STIs - doctor	83	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR1	Sources of information for advice - most trusted - doctor	83	1	Numeric			
A20_CT2	Sources of information for advice about contraception - community health service	83	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE2	Sources of information for advice about hepatitis - community health service	83	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV2	Sources of information for advice about HIV/AIDS - community health service	83	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI2	Sources of information for advice about other STIs - community health service	83	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR2	Sources of information for advice - most trusted - community health service	83	2	Numeric			

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_CT3	Sources of information for advice about contraception - school program	83	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE3	Sources of information for advice about hepatitis - school program	83	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV3	Sources of information for advice about HIV/AIDS - school program	83	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI3	Sources of information for advice about other STIs - school program	83	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR3	Sources of information for advice - most trusted - school program	83	3	Numeric			
A20_CT4	Sources of information for advice about contraception - school counsellor	83	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE4	Sources of information for advice about hepatitis - school counsellor	83	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV4	Sources of information for advice about HIV/AIDS - school counsellor	83	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI4	Sources of information for advice about other STIs - school counsellor	83	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR4	Sources of information for advice - most trusted - school counsellor	83	4	Numeric			

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_CT5	Sources of information for advice about contraception - school nurse	83	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE5	Sources of information for advice about hepatitis - school nurse	83	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV5	Sources of information for advice about HIV/AIDS - school nurse	83	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI5	Sources of information for advice about other STIs - school nurse	83	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR5	Sources of information for advice - most trusted - school nurse	83	5	Numeric			
A20_CT6	Sources of information for advice about contraception - teacher/lecturer/employer	83	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE6	Sources of information for advice about hepatitis - teacher/lecturer/employer	83	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV6	Sources of information for advice about HIV/AIDS - teacher/lecturer/employer	83	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI6	Sources of information for advice about other STIs - teacher/lecturer/employer	83	6	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_TR6	Sources of information for advice - most trusted - teacher/lecturer/employer	83	6	Numeric			
A20_CT7	Sources of information for advice about contraception - other community member	83	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE7	Sources of information for advice about hepatitis - other community member	83	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV7	Sources of information for advice about HIV/AIDS - other community member	83	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI7	Sources of information for advice about other STIs - other community member	83	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR7	Sources of information for advice - most trusted - other community member	83	7	Numeric			
A20_CT19	Sources of information for advice about contraception - church	83	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE19	Sources of information for advice about hepatitis - church	83	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV19	Sources of information for advice about HIV/AIDS - church	83	8	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI19	Sources of information for advice about other STIs - church	83	8	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_TR19	Sources of information for advice - most trusted - church	83	8	Numeric			
A20_CT8	Sources of information for advice about contraception - youth worker	83	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE8	Sources of information for advice about hepatitis - youth worker	83	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV8	Sources of information for advice about HIV/AIDS - youth worker	83	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI8	Sources of information for advice about other STIs - youth worker	83	9	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR8	Sources of information for advice - most trusted - youth worker	83	9	Numeric			
A20_CT9	Sources of information for advice about contraception - media	83	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE9	Sources of information for advice about hepatitis - media	83	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV9	Sources of information for advice about HIV/AIDS - media (tv, magazine, newspaper)	83	10	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI9	Sources of information for advice about other STIs - media	83	10	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_TR9	Sources of information for advice - most trusted - media	83	10	Numeric			
A20_CT10	Sources of information for advice about contraception - pamphlets	83	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE10	Sources of information for advice about hepatitis - pamphlets	83	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV10	Sources of information for advice about HIV/AIDS - pamphlets	83	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI10	Sources of information for advice about other STIs - pamphlets	83	11	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR10	Sources of information for advice - most trusted - pamphlets	83	11	Numeric			
A20_CT11	Sources of information for advice about contraception - internet	83	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE11	Sources of information for advice about hepatitis - internet	83	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV11	Sources of information for advice about HIV/AIDS - internet	83	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI11	Sources of information for advice about other STIs - internet	83	12	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR11	Sources of information for advice - most trusted - internet	83	12	Numeric			

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_CT12	Sources of information for advice about contraception - mother	83	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE12	Sources of information for advice about hepatitis - mother	83	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV12	Sources of information for advice about HIV/AIDS - mother	83	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI12	Sources of information for advice about other STIs - mother	83	13	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR12	Sources of information for advice - most trusted - mother	83	13	Numeric			
A20_CT13	Sources of information for advice about contraception - father	83	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE13	Sources of information for advice about hepatitis - father	83	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV13	Sources of information for advice about HIV/AIDS - father	83	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI13	Sources of information for advice about other STIs - father	83	14	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR13	Sources of information for advice - most trusted - father	83	14	Numeric			
A20_CT14	Sources of information for advice about contraception - other relative	83	15	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_HE14	Sources of information for advice about hepatitis - other relative	83	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV14	Sources of information for advice about HIV/AIDS - other relative	83	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI14	Sources of information for advice about other STIs - other relative	83	15	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR14	Sources of information for advice - most trusted - other relative	83	15	Numeric			
A20_CT15	Sources of information for advice about contraception - female friend	83	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE15	Sources of information for advice about hepatitis - female friend	83	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV15	Sources of information for advice about HIV/AIDS - female friend	83	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI15	Sources of information for advice about other STIs - female friend	83	16	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR15	Sources of information for advice - most trusted - female friend	83	16	Numeric			
A20_CT16	Sources of information for advice about contraception - male friend	83	17	Numeric		0	No
						1	Yes
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_HE16	Sources of information for advice about hepatitis - male friend	83	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV16	Sources of information for advice about HIV/AIDS - male friend	83	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI16	Sources of information for advice about other STIs - male friend	83	17	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR16	Sources of information for advice - most trusted - male friend	83	17	Numeric			
A20_CT17	Sources of information for advice about contraception - other	83	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE17	Sources of information for advice about hepatitis - other	83	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_HV17	Sources of information for advice about HIV/AIDS - other	83	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI17	Sources of information for advice about other STIs - other	83	18	Numeric		0	No
						1	Yes
						9	Not stated
A20_TR17	Sources of information for advice - most trusted - other	83	18	Numeric			
A20_CT18	Sources of information for advice about contraception - did not seek advice	83	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_HE18	Sources of information for advice about hepatitis - did not seek advice	83	19	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						9	Not stated
A20_HV18	Sources of information for advice about HIV/AIDS - did not seek advice	83	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_TI18	Sources of information for advice about other STIs - did not seek advice	83	19	Numeric		0	No
						1	Yes
						9	Not stated
A20_PER1	How often do you usually have a menstrual period (bleed)?	84		Numeric		1	Every month
						2	More than once per month
						3	Less than once per month
						4	Never
						5	Very irregularly
						8	NA
						9	Not stated
A20_PER2	Worst pain experienced during your menstrual cycle	85		Numeric		0	None
						1	
						2	
						3	
						4	
						5	
						6	
						7	
						8	
						9	
						10	Unbearable

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						88	NA
						99	Not stated
A20_PER3	Do you regularly experience pelvic pain that is not during your period?	86	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PER4	Do you regularly experience pain during intercourse	86	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PER5	Do you regularly take medication for cramps or pelvic pain	86	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PER6	Do you regularly use 'super' or 'super plus' pads or tampons?	87	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PER7	Do you regularly need to use two pads or a pad and tampon at the same time	87	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_PER9	Do you ever soak your clothes or bedclothes with blood	87	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_PER8		How often do you need to change your pad or tampon on the heaviest day of bleeding	88		Numeric		88	NA
							99	Not stated
A20_S115		Do you currently use contraception	89		Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S116		What kind of contraception do you use	89		Text			
A20_S117		Prevent pregnancy	90	1	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S118		For painful periods	90	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S121		For heavy periods	90	3	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_S122		For another reason (specify)	90	4	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RE34		Have you wheezed in the last 12 months?	91		Numeric		0	No
							1	Yes
							9	Not stated
A20_RE36		In the last 12 months, how often on average has your sleep been disturbed due to wheezing	92		Numeric		0	Never woken with wheezing

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Less than one night per week
						2	One or more nights per week
						3	Don't know
						8	NA
						9	Not stated
A20_RE37	Has the wheezing ever been severe enough to limit your speech to only one or two words at a time between breaths	93		Numeric		0	No
						1	Yes
						2	Don't know
						8	NA
						9	Not stated
A20_RE8	Has your chest sounded wheezy during or after exercise	94		Numeric		0	No
						1	Yes
						2	Don't know
						8	NA
						9	Not stated
A20_AS1	Do you think you have ever had asthma	95		Numeric		0	No
						1	Yes
						2	Don't know
						9	Not stated
A20_AS2	Has a doctor ever told you that you have asthma	96		Numeric		0	No
						1	Yes
						2	Don't know
						9	Not stated
A20_AS16	Do you still have asthma	97		Numeric		0	No
						1	Yes
						2	Don't know
						8	NA - never had asthma

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_AS67	In the last 12 months, have you taken/used any of the following asthma medications	98		Numeric		0	No
						1	Yes
						9	Not stated
A20_AS18	Asthma medication - ventolin	99	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS20	Asthma medication - respolin	99	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS26	Asthma medication - bricanyl	99	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS35	Asthma medication - QVAR	99	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS39	Asthma medication - flixotide	99	5	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS41	Asthma medication - pulmacort	99	6	Numeric		0	No
						1	Yes
						8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_AS50	Asthma medication - OXIS	99	7	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS52	Asthma medication - serevent	99	8	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS54	Asthma medication - singulaire	99	9	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS59	Asthma medication - seretide	99	10	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS61	Asthma medication - symbacort	99	11	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS63	Asthma medication - prednisolone	99	12	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_AS65	Asthma medication - other (specify)	99	13	Numeric		0	No
						1	Yes
						8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_AS69	Asthma trigger - viral infection	100	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_AS70	Asthma trigger - grass	100	2	Numeric		0	No
						1	Yes
						9	Not stated
A20_AS71	Asthma trigger - pollen	100	3	Numeric		0	No
						1	Yes
						9	Not stated
A20_AS72	Asthma trigger - animal	100	4	Numeric		0	No
						1	Yes
						9	Not stated
A20_AS73	Asthma trigger - dust	100	5	Numeric		0	No
						1	Yes
						9	Not stated
A20_AS74	Asthma trigger - don't know	100	6	Numeric		0	No
						1	Yes
						9	Not stated
A20_AS75	Asthma trigger - other (specify)	100	7	Numeric		0	No
						1	Yes
						9	Not stated
A20_RE69	In the last 12mo, have you had a problem with sneezing or a runny or blocked nose (incl hayfever) when you did not have a cold/flu	101		Numeric		0	No
						1	Yes
						9	Not stated
A20_RE63	In the last 12mo, was this nose problem accompanied by itchy-watery eyes	102		Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						8	NA
						9	Not stated
A20_HF3	In the last 12mo, how many episodes of allergic nose problem did you have (incl hayfever)	103		Numeric		1	1 - 2 episodes
						2	3 - 12 episodes
						3	More than 12 episodes
						8	NA
						9	Not stated
A20_RE80	Allergic nose problem - january	104	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE81	Allergic nose problem - february	104	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE82	Allergic nose problem - march	104	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE83	Allergic nose problem - april	104	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE84	Allergic nose problem - may	104	5	Numeric		0	No
						1	Yes
						8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_RE85	Allergic nose problem - june	104	6	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE86	Allergic nose problem - july	104	7	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE87	Allergic nose problem - august	104	8	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE88	Allergic nose problem - september	104	9	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE89	Allergic nose problem - october	104	10	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE90	Allergic nose problem - november	104	11	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RE91	Allergic nose problem - december	104	12	Numeric		0	No
						1	Yes
						8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_RE24	Has a doctor ever told you that you have an allergic nose problem	105		Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF7A	Allergic nose problem trigger - grass	106	A	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF7B	Allergic nose problem trigger - pollen	106	B	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF7C	Allergic nose problem trigger - animal	106	C	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF7E	Allergic nose problem trigger - dust	106	D	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF7D	Allergic nose problem trigger - other	106	E	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF7F	Allergic nose problem trigger - don't know	106	F	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_HF32	In the last 12mo have you taken/used any medication for allergic nose problem	107	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF33	Allergic nose problem medication - steroid nasal sprays	107	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF34	Allergic nose problem medication - steroid nasal sprays - prescribed	107	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF35	Allergic nose problem medication - non-steroid nasal spray	107	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF36	Allergic nose problem medication - non-steroid nasal spray - prescribed	107	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF37	Allergic nose problem medication - antihistamine drops/tablets	107	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_HF38	Allergic nose problem medication - antihistamine drops/tablets - prescribed	107	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_HF39	Allergic nose problem medication - other medication	107	2	Numeric		0	No
						1	Yes
						8	NA
A20_HF40	Allergic nose problem medication - other medication - prescribed	107	2	Numeric		0	No
						1	Yes
						8	NA
A20_CO1	Do you think that you have ever had an allergic reaction in the eyes (including hayfever)	108		Numeric		0	No
						1	Yes
						2	Don't know
						9	Not stated
A20_CO2	Has a doctor ever told you that you had an allergic reaction in the eyes	109		Numeric		0	No
						1	Yes
						2	Don't know
						9	Not stated
A20_CO4	In the last 12mo, have you suffered from an allergic reaction in the eyes (including hayfever)	110		Numeric		0	No
						1	Yes
						9	Not stated
A20_CO5	In the last 12mo, how many episodes of allergic reaction in the eyes have you had	111		Numeric		1	1 - 2 episodes
						2	3 - 12 episodes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						3	More than 12 episodes
						8	NA
						9	Not stated
A20_CO21	Allergic eye problem - january	112	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO22	Allergic eye problem - february	112	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO23	Allergic eye problem - march	112	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO24	Allergic eye problem - april	112	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO25	Allergic eye problem - may	112	5	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO26	Allergic eye problem - june	112	6	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO27	Allergic eye problem - july	112	7	Numeric		0	No

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						1	Yes
						8	NA
						9	Not stated
A20_CO28	Allergic eye problem - august	112	8	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO29	Allergic eye problem - september	112	9	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO30	Allergic eye problem - october	112	10	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO31	Allergic eye problem - november	112	11	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO32	Allergic eye problem - december	112	12	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO6A	Allergic eye problem trigger - grass	113	A	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_CO6B		Allergic eye problem trigger - pollen	113	B	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_CO6C		Allergic eye problem trigger - animal	113	C	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_CO6E		Allergic eye problem trigger - dust	113	D	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_CO6D		Allergic eye problem trigger - other (specify)	113	E	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_CO6F		Allergic eye problem trigger - don't know	113	F	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_CO48		In the last 12mo,have you taken/used any medication for allergic eye reaction.	114	1	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_CO49		Allergic eye reaction medication - eye drops	114	2	Numeric		0	No
							1	Yes
							8	NA

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						9	Not stated
A20_CO50	Allergic eye reaction medication - eye drops - prescribed	114	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO51	Allergic eye reaction medication - steroid tablets	114	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO52	Allergic eye reaction medication - steroid tablets - prescribed	114	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO53	Allergic eye reaction medication - antihistamine drops/tablets	114	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO54	Allergic eye reaction medication - antihistamine drops/tablets - prescribed	114	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO55	Allergic eye reaction medication - other medication	114	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_CO56	Allergic eye reaction medication - other medication - prescribed	114	2	Numeric		0	No
						1	Yes

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_RH1	Have you ever had eczema or an itchy rash which was coming and going for at least 6 months	115		Numeric		0	No
						1	Yes
						9	Not stated
A20_RH3	Has this itchy rash at any time affected any one of the following places - ...etc	116		Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH6	In the last 12mo how often have you been kept awake at night by this rash	117		Numeric		0	Never
						1	Less than one night per week
						2	One or more nights per week
						8	NA
						9	Not stated
A20_RH5	Has this rash cleared completely during the last 12mo	118		Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH7	Do you think that you have ever had eczema?	119		Numeric		0	No
						1	Yes
						2	Don't know
						8	NA
						9	Not stated
A20_RH11	Has a doctor ever told you that you have eczema	120		Numeric		0	No
						1	Yes
						2	Don't know

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
						8	NA
						9	Not stated
A20_RH12	In the last 12mo, have you suffered from eczema	121		Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH13	In the last 12mo, how many episodes of eczema have you had	122		Numeric		1	1 - 2 episodes
						2	3 - 12 episodes
						3	More than 12 episodes
						8	NA
						9	Not stated
A20_RH28	Eczema - january	123	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH29	Eczema - february	123	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH30	Eczema - march	123	3	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH31	Eczema - april	123	4	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH32	Eczema - may	123	5	Numeric		0	No

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
							1	Yes
							8	NA
							9	Not stated
A20_RH33		Eczema - june	123	6	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH34		Eczema - july	123	7	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH35		Eczema - august	123	8	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH36		Eczema - september	123	9	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH37		Eczema - october	123	10	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH38		Eczema - november	123	11	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_RH39		Eczema - december	123	12	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH49		In the last 12mo, have you taken/used any medications for eczema	124	1	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH62		Eczema medication - moisturisers	124	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH63		Eczema medication - moisturisers - prescribed	124	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH64		Eczema medication - steroid creams	124	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH65		Eczema medication - steroid creams - prescribed	124	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_RH66		Eczema medication - oral steroids	124	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated

Variable	Name Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_RH67	Eczema medication - oral steroids - prescribed	124	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH68	Eczema medication - tacrolimus cream	124	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH69	Eczema medication - tacrolimus cream - prescribed	124	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH70	Eczema medication - other medication	124	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_RH71	Eczema medication - other medication - prescribed	124	2	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated
A20_FAL	Do you have any food allergies	125	1	Numeric		0	No
						1	Yes
						9	Not stated
A20_FD1A	Food allergy - peanut products	126	1	Numeric		0	No
						1	Yes
						8	NA
						9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_FD2A		Food allergy - wheat/yeast	126	2	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_FD3A		Food allergy - dairy	126	3	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_FD4A		Food allergy - fruit	126	4	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_FD5A		Food allergy - eggs	126	5	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_FD6A		Food allergy - seafood	126	6	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_FD7A		Food allergy - preservatives/colouring	126	7	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated
A20_FD8A		Food allergy - other (specify)	126	8	Numeric		0	No
							1	Yes
							8	NA
							9	Not stated

Variable	Name	Variable Label	QNum	QPartNum	Datatype	Repeat	Value	Value Label
A20_DNWN		Date questionnaire completed	127		Date			
A20_VAL2		Questionnaire date validity	999		Numeric		1	Date of completion
							2	Date of return
							3	No date (dates unknown)
							4	No Q
