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# Questionnaire version 2.0

## Key

[Anything in square brackets is not shown to participants]

[CAPITAL SQUARE BRACKETS INDICATE VARIABLE NAME (BRACKETED TEXT INDICATES QUESTION SOURCE)]

Text in square boxes indicates help text

## About you and your household [SECTION 1]

[SECTION INTRO]

This section is where we gather most of our data.

This is the information that will help researchers make discoveries to improve the health of people in the UK. It will be the largest and most diverse research project that has been done in the UK. We are grateful that you and many others are donating their information to help future generations live in good health for longer.

[INTRO1D(UKB)]

If you do not wish to answer a question you can select 'Prefer not to answer'.

If you want to see previous questions and change your answers, use the BACK button.

If you have any difficulties with completing this, you can use the HELP button or ask a staff member for assistance.

Remember, if you cannot find an exact answer, please select the closest response.

- Please touch NEXT to continue

(H3) How to complete the questionnaires or get help

- If you do not wish to answer a question you can select 'Prefer not to answer'.
- If you want to see previous questions and change your answers, use the BACK button
- If you have any difficulties with completing this, you can use the Help button on the top right of every page.
- Remember, if you cannot find an exact answer, please select the closest response
- You can complete all the questions for each section now or save your progress and continue at a later time

The HELP button will provide you with some additional information to help you answer each question. If you still need help after reading the information provided, do not hesitate to press the HELP button.

[SEX (ONS 2021)]

What sex were you registered with at birth?

A question about gender identity will follow later in the questionnaire

**SELECT 1 from**

- 1 Female
- 2 Male
- 3 Intersex
- 3 Prefer not to answer

*We ask about your sex at birth because it can help researchers make new discoveries about how the sex you were born with affects health and risk of disease. It is also important when processing your biological sample in the lab*

[GENDER]

Select the option that best describes your current gender identity

**SELECT 1 from**

- 1 Gender-fluid
- 2 Man
- 3 Nonbinary/third gender
- 4 Woman
- 5 I don't identify with any option provided
- 3 Prefer not to answer

[GENDER\_B (OXFORD\_EDI)]

Do you identify as trans or do you have a trans history?

**SELECT 1 from**

- 1 Yes
- 2 No
- 3 Prefer not to answer

[SEXUAL\_ORIENTATION (CENSUS 2021)]

Which of the following best describes your sexual orientation?

**SELECT 1 from**

- 1 Asexual
- 2 Bisexual
- 3 Gay
- 4 Heterosexual/Straight
- 5 Lesbian
- 6 Pansexual
- 7 Queer

8 Other sexual orientation not listed  
-3 Prefer not to answer

This question is voluntary, so you can respond “prefer not to answer” if you prefer

“Straight/Heterosexual” means that you’re only attracted to people of the opposite sex

“Gay or Lesbian” means that you’re attracted to people of the same sex

“Bisexual” means that you’re attracted to more than one sex

“Pansexual” means that you’re attracted to people regardless of their sex or gender identity

“Asexual” means that you’re not attracted to any sex

We realise we have not listed every sexual orientation. If your sexual orientation is not described by any of these categories, please select the “other sexual orientation not listed” option.

#### [HEIGHT\_M (STRIDES)]

We are now going to ask you to tell us how tall you are.  
How would you prefer to enter your height?

##### **SELECT 1 from**

1	Feet/inches	-> GO TO HT_FT
2	Metres/centimetres	-> GO TO HT_CM
-1	Do not know my height	-> GO TO WEIGHT_M
-3	Prefer not to provide my height	-> GO TO WEIGHT_M

#### [HT\_FT]

What is your height (Without shoes)?  
If you don’t know, please provide a best guess

##### **Enter INTEGER**

##### **[Require]:**

**min value** 3ft 0in

**max value** 7ft 11in

#### [HT\_CM]

What is your height (Without shoes)?  
If you don’t know, please provide a best guess

##### **Enter INTEGER**

##### **[Require]:**

**min value** 90cm

**max value** 299cm

[WEIGHT\_M (STRIDES)]

We are now going to ask you to tell us how much you weigh.  
How would you prefer to enter your weight?

**SELECT 1 from**

1	Stones/pounds	-> <b>GO TO WT_ST</b>
2	Kilograms	-> <b>GO TO WT_CM</b>
-1	Do not know my weight	-> <b>GO TO Language</b>
-3	I do not want to report my weight	-> <b>GO TO Language</b>

[WT\_ST (STRIDES)]

What is your weight (Without shoes/heavy clothing)?  
If you don't know, please provide a best guess

**Enter INTEGER**

**[Require]**

**min value** 3 stones

**max value** 63 stones

[WT\_KG (STRIDES)]

What is your weight (Without shoes/heavy clothing)?  
If you don't know, please provide a best guess

**Enter INTEGER**

**[Require]**

**min value** 20kg

**max value** 400kg

[LANGUAGE (PSE UK)]

What is your main language?

**SELECT 1 from**

1	English
2	Welsh
3	(Scottish) Gaelic
4	Punjabi
5	Gujarati
6	Bengali
7	Urdu
8	Hindi
9	Cantonese
10	Mandarin
11	Polish
12	Arabic

13 Other (Including British Sign Language )  
-3 Prefer not to answer

[ETHNICITY (PSE UK)]

What is your ethnic group? Choose one option that best describes your ethnic group or background?

- 1 White - English / Welsh / Scottish / Northern Irish / British
- 2 White – Irish
- 3 White - Gypsy or Irish Traveller
- 4 White – Polish
- 5 Any other white background
- 6 Mixed - White and Black Caribbean
- 7 Mixed - White and Black African
- 8 Mixed - White and Asian
- 9 Any other mixed multiple ethnic background
- 10 Asian or Asian British – Indian
- 11 Asian or Asian British – Pakistani
- 12 Asian or Asian British – Bangladeshi
- 13 Chinese
- 14 Any other Asian/Asian British background
- 15 Black or Black British – African
- 16 Black or Black British – Caribbean
- 17 Any other Black / African / Caribbean background
- 18 Arab
- 19 Other
- 3 Prefer not to answer

[MARITAL STATUS (CENSUS 2021)]

What is your current legal marital or registered civil partnership status?

**SELECT 1 from**

- 1 Never married and never registered a civil partnership  
**-> GO TO D4 (UKB)**
- 2 Married  
**-> GO TO MARITAL\_STATUS\_A**
- 3 In a registered civil partnership  
**-> GO TO MARITAL\_STATUS\_B**
- 4 Separated, but still legally married  
**-> GO TO MARITAL\_STATUS\_A**
- 5 Separated, but still legally in a civil partnership  
**-> GO TO MARITAL\_STATUS\_b**
- 6 Divorced  
**-> GO TO MARITAL\_STATUS\_C**

7 Formerly in a civil partnership which is now legally dissolved  
-> **GO TO MARITAL\_STATUS\_D**

8 Widowed  
-> **GO TO MARITAL\_STATUS\_C**

9 Surviving partner from a registered civil partnership  
-> **GO TO MARITAL\_STATUS\_D**

10 Other  
-> **GO TO D4 (UKB)**

-3 Prefer not to answer  
-> **GO TO D4 (UKB)**

[MARITAL\_STATUS\_A (CENSUS 2021)]

Who is your legal marriage to?

**SELECT 1 from**

1 Someone of the opposite gender  
2 Someone of the same gender  
3 Other  
-3 Prefer not to answer

➔ **GO TO D4**

[MARITAL\_STATUS\_B (CENSUS 2021)]

Who is your registered civil partnership to?

**SELECT 1 from**

1 Someone of the opposite gender  
2 Someone of the same gender  
3 Other  
-3 Prefer not to answer

➔ **GO TO D4**

[MARITAL\_STATUS\_C (CENSUS 2021)]

Who was your legal marriage to?

**SELECT 1 from**

1 Someone of the opposite gender  
2 Someone of the same gender  
3 Other  
-3 Prefer not to answer

➔ **GO TO D4**

[MARITAL\_STATUS\_D (CENSUS 2021)]

Who was your registered civil partnership to?

**SELECT 1 from**

- 1 Someone of the opposite gender
- 2 Someone of the same gender
- 3 Other
- 3 Prefer not to answer

➔ **GO TO D4**

[D4 (UKB)]

What type of accommodation do you live in?

**SELECT one of 7 from**

- 1 A house or bungalow
- 2 A flat, maisonette or apartment
- 3 Mobile or temporary structure (i.e. caravan)
- 4 Sheltered accommodation ➔ **GO TO D5A**
- 5 Care home ➔ **GO TO D5A**
- 7 None of the above
- 3 Prefer not to answer

Please select:

-A house or bungalow for any whole, detached, semi-detached or terraced (including end-terrace) house or bungalow.

-A flat, maisonette, or apartment for any purpose-built block of flats or tenement, part of a converted or shared house (including bed-sits) or within a commercial building (for example in an office building, or hotel, or over a shop).

-If none of the options apply, select 'None of the above'.

[D5 (UKB)]

Do you own or rent the accommodation that you live in?

**SELECT one of 8 from**

- 1 Own outright (by you or someone in your household)
- 2 Own with a mortgage
- 3 Rent - from local authority, local council, housing association, student accommodation
- 4 Rent - from private landlord or letting agency
- 5 Pay part rent and part mortgage (shared ownership)
- 6 Live in accommodation rent free

- 7      None of the above
- 3      Prefer not to answer

Please select:

- Own outright if you or someone in your household owns the accommodation that you live in.
- Own with mortgage if you or someone in your household has a mortgage on the accommodation that you live in.

[D5A (UKB)]

Do you have any of the following in your home? (You can select more than one answer)

**TOGGLE of 6 choices**

**[Require >1 response]**

- 1      A gas hob or gas cooker
- 2      A gas fire that you use regularly in wintertime
- 3      An open solid fuel fire that you use regularly in wintertime
- 7      None of the above **[EXCLUSIVE]**
- 1      Do not know **[EXCLUSIVE]**
- 3      Prefer not to answer **[EXCLUSIVE]**

Select the answer which best describes how your home is mainly heated. If you use more than one type of heating equally, you can choose multiple answers. Solid fuel refers to wood or coal. Regular use is when you use this for most days of the week in the winter time.

[D5A1 (UKB)]

How many years have you lived at your current address?

**Enter INTEGER**

**[Require  $\geq 1$ ,  $\leq$  current age,**

**Units: years]**

**OR**

- 10      Less than a year

**OR**

- 1      Do not know

**OR**

- 3      Prefer not to answer

If you have lived there for less than one year select 'Less than a year'.

If you are unsure, please provide an estimate or select 'Do not know'.

If you have lived at your current address at different times, add up the total number of years you lived there. For instance, if you lived at your current address for 3 years, moved overseas for one year and returned to your current address for another 5 years, then you would enter 8 years.

[D7 (UKB)]

Including yourself, how many people are living together in your household? (Include those who usually live in the house such as students living away from home during term, partners in the armed forces or professions such as pilots)

**Enter INTEGER**

**[Require  $\geq 1, \leq 100$**

**Units: people]**

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

→ **IF ANSWER = 1, GO TO D8**

If you live alone, enter 1.

Include those who usually live in the house such as students living away from home during term, partners in the armed forces or professions such as pilots.

[D7A (UKB)]

How are the other people who live with you related to you? (You can select more than one answer)

**TOGGLE of 9 choices**

**[Require  $\geq 1$  choices]**

- 1      Husband, wife, or partner
- 2      Son and/or daughter (include step-children)
- 3      Brother and/or sister
- 4      Mother and/or father
- 5      Grandparent
- 6      Grandchild
- 7      Other related
- 8      Other unrelated
- 3      Prefer not to answer **[EXCLUSIVE]**

Answer this question considering all the people who you counted in the household in response to the previous question.

[D8 (UKB)]

How many cars or vans are owned, or available for use, by you or members of your household? (Please include company vehicles if available for private use)

**SELECT one of 7 from**

- 1 None
- 2 One
- 3 Two
- 4 Three
- 5 Four or more
- 1 Do not know
- 3 Prefer not to answer

Do not include motorcycles.

-----END OF SECTION 1-----

## Work And Education [SECTION 2]

This section is about work and education. Different physical Requirements of us at work can result in different illnesses and issues. Examining and understanding different levels of work and education can also help us examine inequalities which can result in poor health and other social issues. Your work may have changed during the COVID-19 pandemic. Please answer the questions as accurately as you can based on your current situation.

[D9 (UKB)]

Which of the following describes your current situation? (You can select more than one answer)

**TOGGLE of 10 choices**

**[Require ≥1 choices]**

1	In paid employment or self-employed	
2	Retired	-> GO TO D12
3	Looking after home and/or family	
4	Unable to work because of sickness or disability	
-5	Unemployed	-> GO TO D12
8	On paid leave (furlough)	
6	Doing unpaid or voluntary work	
7	Full or part-time student	
-7	None of the above [EXCLUSIVE]	
-3	Prefer not to answer [EXCLUSIVE]	

If more than one situation applies, select all that are appropriate.

[D9AA (UKB)]

How many years have you worked in your current role? (If you have more than one job please answer this, and the following questions on work, for your MAIN role only. Looking after home and/or family should be considered as a job/work)

**Enter INTEGER**

**[Require ≥1, ≤ Current age,**

**Units: years]**

**OR**

-10      Less than a year

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

If you have more than one 'current job' then answer this question for your MAIN job only (ie: the job that you spend most of your time doing).

If you have been with the same employer, but have changed jobs whilst you have worked for them, then only give the number of years that you have been in your current job (not the number of years that you have been employed by the same company).

For instance, if you have worked as mail-room sorter but then been promoted to manager of the mail-room, please give the number of years you have worked as the mail-room manager only.

If you have changed employers, but have had the same job, please give the total number of years that you have worked in that job. For instance, if you have worked as a cleaner for 3 different companies, please give the total number of years working as a cleaner.

[D9A (UKB)]

In a typical WEEK, how many hours do you spend at work? (Do not include hours travelling to and from work)

**Enter INTEGER**

**[Require  $\leq 168$ ,**

**Units: hours]**

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

If you have more than one 'current job' then answer this question for your MAIN job only.  
Please round up or down to the nearest hour.

[D9G (UKB)]

How many times a WEEK do you travel from home to your main work? (count outward journeys only)

**Enter INTEGER**

**[Require  $\geq 0, \leq 999$ ,**

**Units: times]**

**OR**

-10     Less than once a week

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

If the number of times varies each week, take an average over the last 4 weeks.  
If you only work from home please enter 0.

[D9E (UKB)]

What types of transport do you use to get to and from work? (You can select more than one answer)

**TOGGLE of 6 choices**

**[Require ≥1 choices]**

- 1 Car/motor vehicle
- 2 Walk
- 3 Public transport
- 4 Cycle
- 7 None of the above [EXCLUSIVE]
- 3 Prefer not to answer [EXCLUSIVE]

If you have more than one 'current job' then answer this question for your MAIN job only.  
If you use more than one form of transport then select all that apply.

[D9F (UKB)]

About how many miles is it between your home and your work?

**Enter INTEGER**

**[Require ≥0, ≤ 999,**

**Units: miles]**

**OR**

- 10 Less than one mile

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

If you have more than one 'current job' then answer this question for your MAIN job only.  
If you are unsure, please provide an estimate or select 'Do not know'.  
If you only work from home please enter 0.

[D9B (UKB)]

Does your work involve walking or standing?

**SELECT one of 6 from**

- 1 Never/rarely
- 2 Sometimes
- 3 Usually
- 4 Always
- 1 Do not know
- 3 Prefer not to answer

If you have more than one 'current job' then answer this question your MAIN job only.

[D9C (UKB)]

Does your work involve heavy manual or very physical work?

**SELECT one of 6 from**

- 1 Never/rarely
- 2 Sometimes
- 3 Usually
- 4 Always
- 1 Do not know
- 3 Prefer not to answer

If you have more than one 'current job' then answer this question for your MAIN job only. Physical work includes work that involves handling of heavy objects and use of heavy tools.

[D9D (UKB)]

Does your work involve shift work?

**SELECT one of 6 from**

1 Never/rarely  
2 Sometimes  
3 Usually  
4 Always  
-1 Do not know  
-3 Prefer not to answer"

-> GO TO D12 (UKB)

Shift work is a work schedule that falls outside of the normal daytime working hours of 9am-5pm. This may involve working afternoons, evenings or nights or rotating through these kinds of shifts.

[D9DA (UKB)]

Does your work involve night shifts?

**SELECT one of 6 from**

- 1 Never/rarely
- 2 Sometimes
- 3 Usually
- 4 Always
- 1 Do not know.
- 3 Prefer not to answer

If you have more than one 'current job' then answer this question for your MAIN job only. Night shifts are a work schedule that involves working through the normal sleeping hours, for instance working through the hours from 12am to 6am.

[D12 (UKB)]

Which of the following qualifications do you have? (You can select more than one)

**TOGGLE of 8 choices**

**[Require ≥1 choices]**

- 1 College or University degree
- 2 A levels/AS levels/BTEC or equivalent
- 3 O levels/GCSEs or equivalent
- 4 CSEs or equivalent
- 5 NVQ or HND or HNC or equivalent
- 6 Other professional qualifications e.g., nursing, teaching
- 7 None of the above **[EXCLUSIVE]**
- 3 Prefer not to answer **[EXCLUSIVE]**

A levels/AS levels and equivalent includes the Higher School Certificate O levels/GCSEs and equivalent includes the School Certificate. If your education was in another country please choose the category(ies) that best fits with your educational qualifications.

[D11 (UKB)]

At what age did you complete your continuous full-time education?

If you stopped your studies with no intention of returning, please give the age at which you stopped even if you began studying again later in life.

**Enter age in years**

**[Require ≥ 5, ≤ current age,**

**Expect ≤ 40,**

**Units: years]**

**OR**

- 0 Still in full time education

**OR**

- 2 Never went to school

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

Please give the age that you completed 'continuous' full time education.

For example, if you stopped your studies when you were 17 years old with the intention that you had completed your studies but then returned to full time studies when you were 24, enter 17.

However if you only temporarily stopped your studies at 17 with the intention that you would return to studies (for instance a gap year) and then completed your full time education at 21, enter 21

[D10 (UKB)]

What is the average total income before tax received by your HOUSEHOLD?

**SELECT one of 7 from**

- 1 Less than £18,000
- 2 £18,000 to £30,999
- 3 £31,000 to £51,999
- 4 £52,000 to £100,000
- 5 Greater than £100,000
- 1 Do not know
- 3 Prefer not to answer

Add up the incomes of everyone in your household for your answer.

The information you provide is confidential and won't be shared with any tax authorities.

-----END OF SECTION 2-----



If the time you usually spend walking on each day of the week varies a lot, give an average of the time you spend walking. For instance, if on one day of the week you usually walk for 4 hours but on the other day you walk 2 hours then give the average - that is 3 hours.

[WP2 (UKB)]

Thinking about the last 4 weeks, in a typical WEEK, on how many days did you do 10 minutes or more of moderate physical activities like carrying light loads, cycling at normal pace? (Do not include walking)

**Enter INTEGER**

**[Require  $\geq 0, \leq 7$**

**Units: days]**

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

Count the number of days in a week that you do moderate physical activities for at least 10 minutes continuously at a time.

Remember to include activities that you do for work, leisure, travel and around the house.

[WP2A (UKB)]

Thinking about the last 4 weeks, how many minutes did you usually spend doing moderate activities on a typical DAY?

**Enter INTEGER**

**[Require  $\geq 0, \leq 1440$**

**Units: minutes]**

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

If the time you usually spend doing moderate physical activity on each day of the week varies a lot, give an average of the time you spend doing moderate physical activity.

[WP3 (UKB)]

Thinking about the last 4 weeks, in a typical WEEK, how many days did you do 10 minutes or more of vigorous physical activity?

(These are activities that make you sweat or breathe hard such as fast cycling, aerobics, heavy lifting)

**Enter INTEGER**

**[Require  $\geq 0, \leq 7$**

**Units: days]**

**OR**

- 1 Do not know
- OR**
- 3 Prefer not to answer

Count the number of days in a week that you do vigorous physical activities for at least 10 minutes continuously at a time.

Remember to include activities that you do for work, leisure, travel and around the house.

[WP3A (UKB)]

Thinking about the last 4 weeks, how many minutes did you usually spend doing vigorous activities on a typical DAY?

**Enter INTEGER**  
**[Require  $\geq 0, \leq 1440$**   
**Units: minutes]**

- OR**
- 1 Do not know
- OR**
- 3 Prefer not to answer

If the time you usually spend doing vigorous physical activity on each day of the week varies a lot, give an average of the time you spend doing vigorous physical activity.

[WP4 (UKB)]

How would you describe your usual walking pace?

**SELECT one of 5 from**

- 1 Slow pace
- 2 Steady average pace
- 3 Brisk pace
- 7 None of the above
- 3 Prefer not to answer

Slow pace is defined as less than 3 miles per hour. Steady average pace is defined as between 3-4 miles per hour. Fast pace is defined as more than 4 miles per hour.

[WP4A (UKB)]

At home, during the last 4 weeks, about how many times a DAY do you climb a flight of stairs? (approx 10 steps)

**SELECT one of 8 from**

- 0 None
- 1 1-5 times a day
- 2 6-10 times a day
- 3 11-15 times a day
- 4 16-20 times a day

- 5 More than 20 times a day
- 1 Do not know
- 3 Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[WP4AA (UKB)]

In the last 4 weeks, which forms of transport have you used most often to get about?  
Not including travel to and from work; you can select more than one answer

## TOGGLE of 6 choices

[Require ≥1 choices]

- 1 Car/motor vehicle
- 2 Walk
- 3 Public transport
- 4 Cycle
- 7 None of the above **[EXCLUSIVE]**
- 3 Prefer not to answer **[EXCLUSIVE]**

Remember not to include journeys to and from work.

[WP4B1 (UKB)]

In the last 4 weeks did you spend any time doing the following?  
(You can select more than one answer)

## TOGGLE of 7 choices

[Require ≥1 choices]

- 1 Walking for pleasure (not as a means of transport)
- 2 Other exercises (e.g., swimming, cycling, keep fit, bowling)
- 3 Strenuous sports
- 4 Light DIY (e.g., DIY that does not require a lot of physical effort)
- 5 Heavy DIY (e.g., DIY that requires a lot of physical effort)
- 7 None of the above [EXCLUSIVE] -> GO TO WP11
- 3 Prefer not to answer [EXCLUSIVE] -> GO TO WP11

→ If ANSWER = 1 GO TO WP4C1 (UKB)

→ If ANSWER = 2 GO TO WP4C2 (UKB)

→ If ANSWER = 3 GO TO WP4C3 (UKB)

→ If ANSWER = 4 GO TO WP4C4 (UKB)

→ If ANSWER = 5 GO TO WP4C5 (UKB)

→ IF ANSWER INCLUDES MULTIPLE RESPONSES 1-5 SHOW EACH APPLICABLE WP4C1-5 IN ORDER

Strenuous sports include sports that make you sweat or breathe hard. Heavy DIY includes chopping wood, home or car maintenance, lifting heavy objects or using heavy tools.

[WP4C1 (UKB)]

How many times in the last 4 weeks did you go walking for pleasure?

**SELECT one of 8 from 1**

- 1 Once in the last 4 weeks
- 2 2-3 times in the last 4 weeks
- 3 Once a week
- 4 2-3 times a week
- 5 4-5 times a week
- 6 Every day
- 1 Do not know
- 3 Prefer not to answer

If the time you spent walking for pleasure varied, please give an average over the past 4 weeks.

[WP4E1 (UKB)]

Each time you went walking for pleasure, about how long did you spend doing it?

**SELECT one of 9 from**

- 1 Less than 15 minutes
- 2 Between 15 and 30 minutes
- 3 Between 30 minutes and 1 hour
- 4 Between 1 hour and 1.5 hours
- 5 Between 1.5 hours and 2 hours
- 6 Between 2 and 3 hours
- 7 Over 3 hours
- 1 Do not know
- 3 Prefer not to answer

➔ **IF WP4B1 ANSWER DID NOT INCLUDE 2 OR 3 OR 4 OR 5 GO TO WP11**

If the time you spent walking for pleasure varied, please give an average over the past 4 weeks.

[WP4C2 (UKB)]

How many times in the last 4 weeks did you do other exercises such as swimming, cycling, keep fit?

**SELECT one of 8 from**

- 1 Once in the last 4 weeks
- 2 2-3 times in the last 4 weeks
- 3 Once a week
- 4 2-3 times a week

- 5      4-5 times a week
- 6      Every day
- 1     Do not know
- 3     Prefer not to answer

[WP4E2 (UKB)]

Each time you did other exercises such as swimming, cycling, keep fit, about how long did you spend doing them?

**SELECT one of 9 from**

- 1      Less than 15 minutes
- 2      Between 15 and 30 minutes
- 3      Between 30 minutes and 1 hour
- 4      Between 1 hour and 1.5 hours
- 5      Between 1.5 hours and 2 hours
- 6      Between 2 and 3 hours
- 7      Over 3 hours
- 1     Do not know
- 3     Prefer not to answer

➔ If WP4B1 ANSWER DID NOT INCLUDE 3 OR 4 OR 5 GO TO WP11

[WP4C3 (UKB)]

How many times in the last 4 weeks did you do strenuous sports?

**SELECT one of 8 from**

- 1      Once in the last 4 weeks
- 2      2-3 times in the last 4 weeks
- 3      Once a week
- 4      2-3 times a week
- 5      4-5 times a week
- 6      Every day
- 1     Do not know
- 3     Prefer not to answer

[WP4E3 (UKB)]

Each time you did strenuous sports, about how long did you spend doing it?

**SELECT one of 9 from**

- 1      Less than 15 minutes
- 2      Between 15 and 30 minutes
- 3      Between 30 minutes and 1 hour
- 4      Between 1 hour and 1.5 hours
- 5      Between 1.5 hours and 2 hours

- 6 Between 2 and 3 hours
- 7 Over 3 hours
- 1 Do not know
- 3 Prefer not to answer

➔ If WP4B1 ANSWER DID NOT INCLUDE 4 OR 5 GO TO WP11

[WP4C4 (UKB)]

How many times in the last 4 weeks did you do light DIY?

**SELECT one of 8 from**

- 1 Once in the last 4 weeks
- 2 2-3 times in the last 4 weeks
- 3 Once a week
- 4 2-3 times a week
- 5 4-5 times a week
- 6 Every day
- 1 Do not know
- 3 Prefer not to answer

[WP4E4 (UKB)]

Each time you did light DIY, about how long did you spend doing it?

**SELECT one of 9 from**

- 1 Less than 15 minutes
- 2 Between 15 and 30 minutes
- 3 Between 30 minutes and 1 hour
- 4 Between 1 hour and 1.5 hours
- 5 Between 1.5 hours and 2 hours
- 6 Between 2 and 3 hours
- 7 Over 3 hours
- 1 Do not know
- 3 Prefer not to answer

➔ If WP4B1 ANSWER DID NOT INCLUDE 5 GO TO WP11

[WP4C5 (UKB)]

How many times in the last 4 weeks did you do heavy DIY?

**SELECT one of 8 from**

- 1 Once in the last 4 weeks
- 2 2-3 times in the last 4 weeks
- 3 Once a week
- 4 2-3 times a week
- 5 4-5 times a week
- 6 Every day

- 1 Do not know
- 3 Prefer not to answer

[WP4E5 (UKB)]

Each time you did heavy DIY, about how long did you spend doing it?

**SELECT one of 9 from**

- 1 Less than 15 minutes
- 2 Between 15 and 30 minutes
- 3 Between 30 minutes and 1 hour
- 4 Between 1 hour and 1.5 hours
- 5 Between 1.5 hours and 2 hours
- 6 Between 2 and 3 hours
- 7 Over 3 hours
- 1 Do not know
- 3 Prefer not to answer

[WP11 (UKB)]

How often do you visit friends or family or have them visit you?

**SELECT one of 9 from**

- 1 Almost daily
- 2 2-4 times a week
- 3 About once a week
- 4 About once a month
- 5 Once every few months
- 6 Never or almost never
- 7 No friends/family outside household
- 1 Do not know
- 3 Prefer not to answer

If this varies, please give an average of how often you visit or have had visits in the last year.  
Include meeting with friends or family in environments outside of the home such as in the park, at a sports field, at a restaurant or pub.

[WP12 (UKB)]

Which of the following do you attend once a week or more often?

If this varies, please think about activities in the last year.

(You can select more than one)

**TOGGLE of 7 choices**

- 1 Sports club or gym
- 2 Pub or social club
- 3 Religious group
- 4 Adult education class

- 5 Other group activity
- 7 None of the above
- 3 Prefer not to answer

You can include online activities.

[WP12A (UKB)]

In a typical DAY in summer, how many hours do you spend outdoors?

**Enter INTEGER**

**OR**

- 10 Less than an hour a day

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

If the time you spend outdoors in summer varies a lot, give the average time per day.

For example, if you spend 1 hour a day on each weekday and 4 hours a day on the weekend, the total hours in a week are 13 (5 + 8), so you spend approximately 2 hours a day.

[WP12B (UKB)]

In a typical DAY in winter, how many hours do you spend outdoors?

**Enter INTEGER**

**OR**

- 10 Less than an hour a day

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

If the time you spend outdoors in winter varies a lot, give the average time per day.

For example, if you spend 1 hour a day on each weekday and 4 hours a day on the weekend, the total hours in a week are 13 (5 + 8), so you spend approximately 2 hours a day.

[WP5 (UKB/NSCH)]

In a typical DAY, how many hours do you usually spend in front of a TV watching TV programs, videos, or playing video games??

**Enter INTEGER**

**OR**

- 10 Less than an hour a day

**OR**

- 1 Do not know

**OR**

-3 Prefer not to answer

If the time you spend in front of the TV varies a lot, give the average time for a 24-hour day in the last 4 weeks.

[WP5A (UKB/NSCH)]

In a typical DAY, how many hours do you usually spend with computers, cell phones, handheld video games, and other electronic devices?

(Do not include using a computer at work; put 0 if you do not spend any time doing it)

**Enter INTEGER**

**OR**

-10 Less than an hour a day

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

If the time you spend on the computer or other handheld devices varies a lot, give the average time for a 24-hour day in the last 4 weeks. Remember not to include time spent on a computer at work.

[WP7 (UKB)]

In a typical DAY, how many hours do you spend driving?

**Enter INTEGER**

**OR**

-10 Less than an hour a day

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

If the time you spend driving varies a lot, give the average time for a 24-hour day in the last 4 weeks.

Include driving a car, bus, motorcycle, boat, truck etc.

Include all the driving that you do as part of work, getting to work or outside of work. If you do not drive, please enter 0.

[SL1 (UKB)]

About how many hours sleep do you get in every 24 hours? (please include naps)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

If the time you spend sleeping varies a lot, give the average time for a 24 hour day in the last 4 weeks.

[SL1AA (UKB)]

On an average day, how easy do you find getting up in the morning?

**SELECT one of 6 from**

- 1 Not at all easy
- 2 Not very easy
- 3 Fairly easy
- 4 Very easy
- 1 Do not know
- 3 Prefer not to answer

If this varies a lot, answer this question in relation to the last 4 weeks.

[SL1AB (UKB)]

Do you consider yourself to be?

**SELECT one of 6 from**

- 1 Definitely a 'morning' person
- 2 More a 'morning' than 'evening' person
- 3 More an 'evening' than a 'morning' person
- 4 Definitely an 'evening' person
- 1 Do not know
- 3 Prefer not to answer

If this varies a lot, answer this question in relation to the last 4 weeks.

[SL1A (UKB)]

Do you have a nap during the day?

**SELECT one of 4 from**

- 1 Never/rarely
- 2 Sometimes

3      Usually  
-3     Prefer not to answer

If this varies a lot, answer this question in relation to the last 4 weeks.

[SL4 (UKB)]

How likely are you to doze off or fall asleep during the daytime when you don't mean to?  
(e.g. when working, reading or driving)

**SELECT one of 5 from**

0      Never/rarely  
1      Sometimes  
2      Often  
-1     Do not know  
-3     Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[SL2 (UKB)]

Do you have trouble falling asleep at night or do you wake up in the middle of the night?

**SELECT one of 4 from**

1      Never/rarely  
2      Sometimes  
3      Usually  
-3     Prefer not to answer

If this varies a lot, answer this question in relation to the last 4 weeks.

[SL3 (UKB)]

Does your partner or a close relative or friend complain about your snoring?

**SELECT one of 4 from**

1      Yes  
2      No  
-1     Do not know  
-3     Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[TOBACCO\_A (CONNECT)]

Have you ever used any of these **tobacco** products, even once?  
Select all that apply.

**TOGGLE of 8 choices**

**[Require ≥1 choices]**

0 Cigarettes (manufactured or hand-rolled)

**-> GO TO S3A**

1 Electronic delivery devices that can be vaped, such as e-cigarettes (e.g., UWELL, Vype, Vuse, Vapouriz, WizMix).

**-> GO TO V2**

2 Cigars, cigarillos, or little filtered cigar (e.g., Montecristo, Romeo Y Julieta, Cohiba, Davidoff, Neos red)

3 Chewing tobacco, snus, snuff, Gutkha, or dip (e.g., Skruf, Tulsi, Sikandar, conwood, Al Capone powder)

4 Shisha, hookah or water pipe

5 Tobacco pipe

6 I have **not** used any of these tobacco products **[EXCLUSIVE]**

**→ GO TO S11**

-3 Prefer not to answer **[EXCLUSIVE]**

**IF RESPONSE != 0 OR 1 OR 6 GO TO TOBACCO\_B**

[S3A (CONNECT/UKB)]

How old were you when you **first** smoked a cigarette?

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

*If you do not remember when you had your first cigarette, please enter your best guess.*

[S2AA (CONNECT)]

On how many occasions have you smoked cigarettes in your life?

**SELECT one of 5 from**

0 10 or less

1 11—49

2 50—99

3 100 or more

-3 Prefer not to answer

[V2 (NHS3)]

How old were you when you first used an e-cigarette (vaping)?

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[V3 (NHS3)]

When you used your first e-cigarette (vaping)

**SELECT one of 6 from**

- 1 I had never smoked tobacco cigarettes
- 2 I was a current smoker of tobacco cigarettes and had no plans to quit
- 3 I was a current smoker of tobacco cigarettes and was planning to quit
- 4 I was a current smoker of tobacco cigarettes and was planning to reduce smoking
- 5 I had stopped smoking tobacco cigarettes
- 3 Prefer not to answer

[TOBACCO\_B (CONNECT)]

Have you ever regularly used any of these **tobacco** products?

Select all that apply.

**TOGGLE of 8 choices**

**[Require ≥1 choices]**

- 0 Cigarettes (manufactured or hand-rolled)
- 1 Electronic delivery devices that can be vaped, such as e-cigarettes (e.g., UWELL, Vype, Vuse, Vapouriz, WizMix).

**→ GO TO V2**

- 2 Cigars, cigarillos, or little filtered cigar (e.g., Montecristo, Romeo Y Julieta, Cohiba, Davidoff, Neos red)

**→ GO TO S11**

- 3 Chewing tobacco, snus, snuff, **Gutkha**, or dip (e.g., Skruf, Tulsi, Sikandar, conwood, Al Capone powder)

**→ GO TO S11**

- 4 Shisha, hookah or water pipe

**→ GO TO S11**

- 5 Tobacco pipe

**→ GO TO S11**

- 6 I have **not** used any of these tobacco products **[EXCLUSIVE]**

**→ GO TO S11**

-3 Prefer not to answer [EXCLUSIVE]  
→ GO TO S11

*We understand that the meaning of "regular basis" might be different for different people. When you answer this question, please think about what "regular basis" means to you.*

[S3B (UKB/CONNECT)]

How old were you when you first started smoking **on a regular basis?**

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

*We understand that the meaning of "regular basis" might be different for different people. When you answer this question, please think about what "regular basis" means to you.*

If you don't know, please give us your best estimate

[S4(UKB/CONNECT)]

What type of cigarettes have you mainly smoked?

**SELECT one from**

1 Manufactured cigarette  
2 Hand-rolled cigarettes  
-7 None of the above  
-3 Prefer not to answer

If you smoke both hand-rolled, and manufactured cigarettes select the one that you smoke more of.

If you still currently smoke, report the type you smoke most frequently

[S1 (UKB/CONNECT)]

Do you smoke cigarettes now?

**SELECT one of 4 from**

1	Yes, every day	
2	Yes, some days	-> S4AA (UKB)
3	Yes, but rarely	-> S4AA (UKB)
0	No, not at all	-> S4AA (UKB)
-3	Prefer not to answer	-> S4AA (UKB)

[S1A (CONNECT)]

On the days that you smoke, how many cigarettes do you smoke **per day on average?**  
Please provide the number of cigarettes, not the number of packs.

**Enter INTEGER**

**OR**

-10      Less than one a day

**OR**

-1      Do not know

→ **GO TO S5A**

Count the total number of cigarettes (including both hand-rolled and manufactured cigarettes)

For hand-rolled cigarettes:

- One ounce of tobacco makes about 30 cigarettes.
- One gram of tobacco makes about 1 cigarette.

[S4AA (UKB/CONNECT)]

Did you ever smoke cigarettes on **most or all days?**

**SELECT one of 3 from**

0      No

→ **GO TO S5A**

1      Yes

-3      Prefer not to answer

→ **GO TO S5A**

[S4AB (CONNECT)]

On the days that you smoked how many cigarettes did you smoke **per day on average?**  
Please provide the number of cigarettes, not the number of packs.

**Enter INTEGER**

**OR**

-10      Less than one a day

**OR**

-1      Do not know

Count the total number of cigarettes (including both hand-rolled and manufactured cigarettes if both are smoked)

For hand-rolled cigarettes:

- One ounce of tobacco makes about 30 cigarettes.
- ONE GRAM OF TOBACCO MAKES ABOUT 1 CIGARETTE.

[S8 (UKB)]

How old were you when you last smoked cigarettes on most days? S11

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[S5A (UKB)]

Compared to 10 years ago do you smoke...

**SELECT one of 4 from**

1	More nowadays?	-> GO TO S9
2	About the same?	-> GO TO S9
3	Less nowadays?	-> GO TO S5B (UKB)
-3	Prefer not to answer	-> GO TO S9

[S5B (UKB)]

**SHOW IF (S5A = 3) OR (S1 > S1A AND S1 != 0 AND S1 != -3 )**

Why did you reduce your smoking?

(You can select more than one answer)

**TOGGLE of 19 choices**

**[Require ≥1 choices]**

- 1 Advice from a GP/Health professional
- 2 TV advert for a nicotine replacement product
- 3 Government TV/radio/Press advert
- 4 Hearing about a new stop smoking treatment
- 5 A decision that smoking was too expensive
- 6 Being faced with smoking restrictions
- 7 I knew someone else who was stopping
- 8 Seeing a health warning on a cigarette pack
- 9 Being contacted by my local NHS Stop Smoking Services
- 10 Health problems I had at the time
- 11 A concern about future health problems
- 12 Attending a local stop smoking activity or event
- 13 Something said by family/friends/children
- 14 A significant birthday
- 15 The coronavirus outbreak
- 16 Restrictions on where I could smoke
- 7 None of the above [EXCLUSIVE]
- 1 Do not know [EXCLUSIVE]
- 3 Prefer not to answer [EXCLUSIVE]

➔ **GO TO S9**

[S9 (UKB)]

In the time that you smoked, did you ever stop for more than 6 months?

**SELECT one of 4 from**

1 Yes

-> **GO TO S10**

0 No

-> **IF (S1 == 0 AND S3 != -3 ) GO TO S10 ELSE GO TO S11**

-1 Do not know

-> **IF (S1 == 0 AND S3 != -3 ) GO TO S10 ELSE GO TO S11**

-3 Prefer not to answer

-> **IF (S1 == 0 AND S3 != -3 ) GO TO S10 ELSE GO TO S11**

[S10 (TOOLKIT)]

Why did you stop smoking?

(You can select more than one answer)

**TOGGLE of 19 choices**

**[Require ≥1 choices]**

1 Advice from a GP/Health professional

2 TV advert for a nicotine replacement product

3 Government TV/radio/Press advert

4 Hearing about a new stop smoking treatment

5 A decision that smoking was too expensive

6 Being faced with smoking restrictions

7 I knew someone else who was stopping

8 Seeing a health warning on a cigarette pack

9 Being contacted by my local NHS Stop Smoking Services

10 Health problems I had at the time

11 A concern about future health problems

12 Attending a local stop smoking activity or event

13 Something said by family/friends/children

14 A significant birthday

15 The coronavirus outbreak

16 Restrictions on where I could smoke

-7 None of the above [EXCLUSIVE]

-1 Do not know [EXCLUSIVE]

-3 Prefer not to answer [EXCLUSIVE]

[V4 (NHS3)]

How often, on average, did you use e-cigarettes (vaping) during the past 12 months?

**SELECT one from 12**

- 1 Never
- 2 Less than 1 time/mo
- 3 2-3 times/mo
- 4 1-2 times /week
- 5 3-6 times /week
- 6 1-4 times /day
- 7 5-14 times /day
- 8 15-24 times /day
- 9 25– 34 times /day
- 10 35 – 44 times /day
- 11 More than 45 times /day
- 3 Prefer not to answer

[V5 (NHS3)]

What type of e-liquids/cartridges do you or did you use in your e-cigarettes?

**CHOOSE ALL THAT APPLY**

- 1 Fruit/dessert flavour WITHOUT nicotine
- 2 Fruit/dessert flavour WITH nicotine
- 3 Menthol flavour WITHOUT nicotine
- 4 Menthol flavour WITH nicotine
- 5 Tobacco flavour WITHOUT nicotine
- 6 Tobacco flavour WITH nicotine
- 7 Marijuana or THC concentrate
- 8 Alcohol
- 9 Other
- 3 Prefer not to answer

[S11V2 (CONNECT)]

In **the past year**, about how often were you around tobacco smoke from other people smoking in your home or at work?

**SELECT one of 8 from**

- 1 Every day
- 2 Most days of the week
- 3 One day per week
- 4 One day per month
- 5 One day per year
- 6 A few days per year
- 0 Never

→ GO TO A1

-3 Prefer not to answer → GO TO A1

[S12 (UKB)]

On days you were around other people's tobacco smoke in **the past year** in your home or work, about how many hours per day were you around it?

**SELECT one of 6 from**

- 0 Less than 1 hour per day
- 1 1 to 2 hours per day
- 2 3 to 5 hours per day
- 3 6 to 9 hours per day
- 4 10 to 15 hours per day
- 5 More than 15 hours per day
- 3 Prefer not to answer

**IF TOBACCO \_B = 1 GO TO V2 ELSE GO TO A1**

[A1 (UKB)]

About how often do you drink alcohol?

**SELECT one of 7 from**

- 1 Daily or almost daily
- 2 Three or four times a week
- 3 Once or twice a week
- 4 One to three times a month → GO TO A2B (UKB)
- 5 Special occasions only → GO TO A2B (UKB)
- 6 Never → GO TO A1A (UKB)
- 3 Prefer not to answer → GO TO END SECTION 3

If this varies a lot, please provide an average considering your intake over the last year

[A1A (UKB)]

Did you previously drink alcohol?

**SELECT one of 3 from**

- 1 Yes → GO TO A7A (UKB)
- 0 No → GO TO END SECTION 3
- 3 Prefer not to answer → GO TO END SECTION 3

[A2B (UKB)]

In an average MONTH, how many glasses of RED wine would you drink?  
(There are six glasses in an average bottle)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Please include sparkling red wine here.

[A2C (UKB)]

In an average MONTH, how many glasses of WHITE wine or champagne would you drink?  
(There are six glasses in an average bottle)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Please include sparkling white wine, prosecco and rosé here.

[A2E (UKB)]

In an average MONTH, how many pints of beer or cider would you drink?  
(Include bitter, lager, stout, ale, Guinness)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[A2A (UKB)]

In an average MONTH, how many measures of spirits or liqueurs would you drink?  
(there are 25 standard measures in a normal sized bottle; spirits include drinks such as whisky, gin, rum, vodka, brandy)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[A2F (UKB)]

In an average MONTH, how many glasses of fortified wine would you drink? (There are 12 glasses in an average bottle) (Fortified wines include drinks such as sherry, port, vermouth)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Fortified wines include: Sherry, Port, Vermouth, Muscat, Madeira, Malaga, Tokay, Frontignan, Frontignac.

[A2G (UKB)]

In an average MONTH, how many glasses of other alcoholic drinks (such as alcopops) would you drink?

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[A3B (UKB)]

In an average WEEK, how many glasses of RED wine would you drink? (There are six glasses in an average bottle)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Please include sparkling red wine here.

[A3C (UKB)]

In an average WEEK, how many glasses of WHITE wine or champagne would you drink? (There are six glasses in an average bottle)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Please include sparkling white wine, prosecco and rosé here.

[A3E (UKB)]

In an average WEEK, how many pints of beer or cider would you drink?  
(Include bitter, lager, stout, ale, Guinness)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[A3A (UKB)]

In an average WEEK, how many measures of spirits or liqueurs would you drink?  
(there are 25 standard measures in a normal sized bottle; spirits include drinks such as whisky, gin, rum, vodka, brandy)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

For mixed drinks that contain spirits or liqueurs, count one bottle as one measure. There is a question later on alcopops

[A3F (UKB)]

In an average WEEK, how many glasses of fortified wine would you drink?  
(There are 12 glasses in an average bottle; Fortified wines include drinks such as sherry, port, vermouth)

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Fortified wines include: Sherry, Port, Vermouth, Muscat, Madeira, Malaga, Tokay, Frontignan, Frontignac.

[A3G (UKB)]

In an average WEEK, how many glasses of other alcoholic drinks (such as alcopops) would you drink?

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[A5 (UKB)]

When you drink alcohol is it usually with meals?

**SELECT one of 5 from**

1 Yes

0 No

-6 It varies

-1 Do not know

-3 Prefer not to answer

[A6 (UKB)]

Compared to 10 years ago, do you drink?

**SELECT one of 5 from**

1 More nowadays

2 About the same

3 Less nowadays

**-> GO TO A7 (UKB)**

-1 Do not know

-3 Prefer not to answer

**➔ GO TO END SECTION 3**

[A7 (TOOLKIT)]

Which of the following, if any, do you think contributed to you reducing the amount you drank?

**TOGGLE of 14 choices**

**[Require ≥1 choices]**

- 1 Advice from a doctor/health worker
- 2 Government TV/radio/press article
- 3 A decision drinking was too expensive
- 4 I knew someone else who was cutting down
- 5 Health problems I had at the time
- 6 A concern about future health problems
- 7 Something said by family/friends/children

- 8 A significant birthday or event
- 9 Improve my fitness
- 10 Help with weight loss
- 11 Detox (e.g., Dry January)
- 12 Other reason
- 1 Do not know **[EXCLUSIVE]**
- 3 Prefer not to answer **[EXCLUSIVE]**

[A7A (TOOLKIT)]

Which of the following, if any, do you think contributed to you stopping drinking alcohol?

**TOGGLE of 14 choices**

**[Require ≥1 choices]**

- 1 Advice from a doctor/health worker
- 2 Government TV/radio/press article
- 3 A decision drinking was too expensive
- 4 Financial reasons I knew someone else who was cutting down
- 5 Other reason Health problems I had at the time
- 6 A concern about future health problems
- 7 Something said by family/friends/children
- 8 A significant birthday or event
- 9 Improve my fitness
- 10 Help with weight loss
- 11 Detox (e.g., Dry January)
- 12 Other
- 1 Do not know **[EXCLUSIVE]**
- 3 Prefer not to answer **[EXCLUSIVE]**

-----END OF SECTION 3-----

## Family health history [SECTION 4]

We ask about your family history because some diseases and health issues can be passed down generations.

In a long-term study like ours, this helps us identify when this is happening, with who and why and helps us work toward solving these issues for future generations.

Now, some questions about you and your family.

[D2 (UKB)]

Where were you born?

**SELECT one of 12 from**

1	England	-> GO TO Y1 (UKB)
2	Wales	-> GO TO Y1 (UKB)
3	Scotland	-> GO TO Y1 (UKB)
4	Northern Ireland	-> GO TO Y1 (UKB)
5	UK (don't know country)	-> GO TO Y1 (UKB)
6	Republic of Ireland	
7	India	
8	Pakistan	
9	Poland	
10	Elsewhere	
-1	Do not know	-> GO TO Y1 (UKB)
-3	Prefer not to answer	-> GO TO Y1 (UKB)

[D2A (UKB)]

What year did you first come to live in the United Kingdom?

Please enter a date in the following format: dd/mm/yyyy

**Enter INTEGER**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

Please give the year that you FIRST came to live in the United Kingdom. Do not count years if you came to holiday or visit friends or family.

[Y1 (UKB)]

Were you adopted as a child?

**SELECT one of 4 from**

1	Yes
0	No

- 1 Do not know
- 3 Prefer not to answer

[Y13 (UKB)]

Is your biological father still alive?

**SELECT one of 4 from**

1 Yes	
0 No	<b>-&gt; GO TO Y13B (UKB)</b>
-1 Do not know	<b>-&gt; GO TO Y13D (UKB)</b>
-3 Prefer not to answer	<b>-&gt; GO TO Y13D (UKB)</b>

[Y13A (UKB)]

What is his age now?

**Enter INTEGER**

**[Require > current age, ≤ 122**

**Units: years]**

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

[Y13B (UKB)]

What was his age when he died?

**Enter INTEGER**

**[Require ≥ 10, ≤ 122**

**Units: years]**

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

[Y13D (UKB)]

Has/did your biological father ever suffer from?

You can select more than one answer

We will ask more details for any type of disorder that you select here

**TOGGLE**

**[Require ≥1 choices]**

- 1 Autoimmune disorder  
**-> GO TO AUTO\_A\_DAD**
- 2 Blood disorders (Anaemia)

- > **GO TO BLOOD\_A\_DAD**
- 3      Cancer
- > **GO TO CANC\_A\_DAD**
- 4      Digestive system or liver problems
- > **GO TO DIG\_A\_DAD**
- 5      Endocrine, nutritional and metabolic disorders (e.g., diabetes, thyroid disorder, vitamin deficiencies)
- > **GO TO EN\_A\_DAD**
- 6      Eye or visual problems
- > **GO TO EYE\_A\_DAD**
- 7      Fractures, breaks, or joint problems
- > **GO TO FRAC\_A\_DAD**
- 8      Heart or circulatory disease (e.g., high blood pressure or stroke)
- > **GO TO HEART\_A\_DAD**
- 9      Kidney or urinary system disorders
- > **GO TO KIDN\_A\_DAD**
- 10     Lung or respiratory problems
- > **GO TO LUNG\_A\_DAD**
- 11     Mental health conditions (e.g. depression, bipolar disorder)
- > **GO TO MH\_A\_DAD**
- 12     Neurodevelopmental conditions (e.g. Autism spectrum disorder, ADHD)
- > **GO TO ND\_A\_DAD**
- 13     Neurological disorders (things that affect that brain or nervous system)
- > **GO TO NEU\_A\_DAD**
- 14     Reproductive system problems
- > **GO TO REPRO\_A\_DAD**
- 15     Other not listed
- > **GO TO Y16 (UKB)]**
- 7     None of the above
- > **GO TO Y16 (UKB)]**
- 1     Do not know **[EXCLUSIVE]**
- > **GO TO Y16 (UKB)]**
- 3     Prefer not to answer **[EXCLUSIVE]**
- > **GO TO Y16 (UKB)]**

Answer this question for blood relations only. If you are not sure if your father suffered from any of the listed illnesses, please select 'Do not know'. If you know your father suffered from certain listed illnesses but are unsure about others, only select the ones you are sure about.

[AUTO\_A\_DAD]

Has/was your father ever diagnosed with any of the following autoimmune disorders?

**TOGGLE**

- 1      Rheumatoid arthritis
- 2      Lupus
- 3      Inflammatory Bowel Disease (IBD)
- 4      Multiple Sclerosis (MS)
- 5      Graves' disease
- 6      Guillain-Barre syndrome
- 7      Psoriasis
- 8      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

[BLOOD\_A\_DAD]

Has/was your father ever diagnosed with any of the following types of anaemia?

**TOGGLE**

- 1      Iron deficiency anaemia
- 2      Vitamin deficiency anaemia
- 3      Sickle cell anaemia
- 4      Aplastic anaemia
- 5      Thalassaemia
- 6      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

[CANC\_A\_DAD (CONNECT)]

Which type(s) of cancer specifically was your father diagnosed with?

Please indicate where the cancer originated, even if it spread to other body areas

**TOGGLE**

- 1      Anal
- 2      Bladder
- 3      Brain
- 4      Breast
- 6      Colon/rectal
- 7      Oesophageal
- 8      Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)

[CANC\_B\_DAD (CONNECT)]

What type of skin cancer specifically was your father diagnosed with?

## TOGGLE

- 1 Melanoma
- 2 Basal cell
- 3 Squamous cell
- 1 Do not know
- 3 Prefer not to answer

[DIG A DAD (CONNECT)]

Has/was your father ever been diagnosed with any of the following digestive system or liver problems?

## TOGGLE

- 1 Gastro-oesophageal Acid Reflux (GORD)
- 2 Barrett's Oesophagus
- 3 Irritable bowel syndrome
- 4 Inflammatory Bowel Disease
- 5 Diverticulitis or Diverticulosis
- 6 Ulcerative Colitis
- 7 Crohn's Disease
- 8 Coeliac Disease (also known as Gluten-Sensitive Enteropathy)
- 9 Gallstones (Biliary Stones)
- 10 Fatty liver disease

- 11 Liver Cirrhosis
- 12 Hepatitis
- 13 Pancreatitis
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EN\_A\_DAD]

Has/was your father ever been diagnosed with the following conditions?

**TOGGLE**

- 1 Type 1 diabetes
- 2 Type 2 diabetes
- 3 Overactive thyroid
- 4 Underactive thyroid
- 5 Cushing syndrome
- 6 Lactose intolerance
- 7 Vitamin A deficiency
- 8 Thiamine deficiency
- 9 Vitamin D deficiency
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EYE\_A\_DAD]

Has/was your father ever been diagnosed with any of the following eye or visual problems?

**TOGGLE**

- 1 Glaucoma
- 2 Visual impairment including blindness
- 3 Double vision
- 4 Night blindness
- 5 Colour blindness
- 6 Macular degeneration
- 7 Cataracts
- 8 Retinal detachment
- 9 Diabetic retinopathy
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[FRAC\_A\_DAD]

What type of fractures, breaks, joint or bone problems did your father experience?

**TOGGLE**

- 1 Hip fracture
- 2 Osteoporosis
- 3 Osteoarthritis (arthritis)
- 4 Gout
- 5 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[HEART\_A\_DAD (CONNECT)]

Has/was your father ever been diagnosed with any of the following heart or circulatory diseases?

**TOGGLE**

- 1 B-12 Deficiency (Pernicious Anaemia)
- 2 Coronary Artery/Coronary Heart Disease
- 3 Congestive Heart Failure
- 4 High Cholesterol
- 5 Heart Attack (Myocardial Infarction)
- 6 Abnormal Heart Rhythm (Arrhythmia)
- 7 Chest Pain (Angina)
- 8 Heart Valve Problems
- 9 High Blood Pressure (Hypertension) [Please do **not** include hypertension during pregnancy.]
- 10 Blood Clots (Deep Vein Thrombosis, Pulmonary Embolism)
- 11 Stroke
- 12 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[KIDN\_A\_DAD (CONNECT)]

Has/was your father ever been diagnosed with any of the following kidney or urinary tract problems?

**TOGGLE**

- 1 Kidney stones
- 2 Chronic kidney disease (or chronic kidney failure)
- 3 Other (not listed)
- 7 None of the above

- 1 Do not know
- 3 Prefer not to answer

[LUNG\_A\_DAD (CONNECT)]

Has/was your father ever been diagnosed with any of the following lung or respiratory conditions?

**TOGGLE**

- 1 Chronic Obstructive pulmonary disease, COPD (including emphysema and chronic bronchitis)
- 2 Lung fibrosis
- 3 Bronchiectasis
- 4 Asthma
- 5 Hay Fever (Allergic to pollen or Allergic Rhinitis)
- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[ND\_A\_DAD]

Has/was your father ever been diagnosed with one or more of the following conditions by a professional, even if your father don't have it currently?

Please include disorders even if your father did not need treatment for them or if your father did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

- 1 Autism spectrum disorder
- 2 Developmental learning disorders
- 3 Attention deficit hyperactivity disorder (ADHD)
- 4 Disorder of intellectual development
- 5 Developmental motor coordination disorder
- 6 Developmental speech or language disorders
- 7 Stereotyped movement disorder
- 8 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[MH\_A\_DAD]

Has your father ever been diagnosed with one or more of the following conditions by a professional, even if your father don't have it currently?

Please include disorders even if your father did not need treatment for them or if your father did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

1	Anxiety	-> <b>GO TO ANX_B_DAD</b>
2	Bipolar disorder	
3	Body dysmorphism	
4	Depression	-> <b>GO TO DEP_B_DAD</b>
6	Post Traumatic Stress Disorder	
7	Obsessive Compulsive Disorder	
8	Eating disorder	-> <b>GO TO EATD_B_DAD</b>
9	Psychosis	
10	Schizophrenia	
11	Schizoaffective disorder	
12	Personality disorder	
13	Other (not listed)	
-7	None of the above	
-1	Do not know	
-3	Prefer not to answer	

[ANX\_B\_DAD]

Which anxiety disorder(s) specifically was your father diagnosed with in their lifetime?

**TOGGLE**

1	Generalised anxiety disorder
2	Agoraphobia
3	Social anxiety disorder
4	Panic disorder
5	Panic attacks
6	Specific phobia
7	Other (not listed)
-7	None of the above
-1	Do not know
-3	Prefer not to answer

[DEP\_B\_DAD]

Which depressive disorder(s) specifically was your father diagnosed with in their lifetime?

**TOGGLE**

1	Major Depressive Disorder
2	Perinatal depression
3	Postnatal depression

- 4 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EATD\_B\_DAD]

Which eating disorder(s) specifically was your father diagnosed with in their lifetime?

**TOGGLE**

- 1 Anorexia nervosa
- 2 Atypical anorexia nervosa
- 3 Bulimia nervosa
- 4 Binge eating disorder
- 5 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[NEU\_A\_DAD]

Has /was your father ever diagnosed with any of the following neurological or brain disorders?

**TOGGLE**

- 1 Epilepsy
- 2 Parkinson's disease
- 3 Alzheimer's disease/dementia
- 4 Early onset Alzheimer's disease/dementia
- 5 Vascular dementia
- 6 Migraine with aura
- 7 Migraine without aura
- 8 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[REPRO\_A\_DAD (CONNECT)]

Has/was your father ever been diagnosed with any of the following conditions?

**TOGGLE**

- 3 Enlarged prostate
- 4 Fibrocystic Breast, or another Benign Breast Disease (such as proliferative Benign Breast Disease or LCIS)
- 5 Ductal Carcinoma in situ (DCIS)

- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[Y16 (UKB)]

Is your biological mother still alive?

**SELECT one of 4 from**

1 Yes	
0 No	<b>-&gt; GO TO Y16B (UKB)</b>
-1 Do not know	<b>-&gt; GO TO Y16D (UKB)</b>
-3 Prefer not to answer	<b>-&gt; GO TO Y16D (UKB)</b>

[Y16A (UKB)]

What is her age now?

**Enter INTEGER**

**[Require > current age, ≤ 122**

**Units: years]**

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

[Y16B (UKB)]

What was her age when she died?

**Enter INTEGER**

**[Require > current age, ≤ 122**

**Units: years]**

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

[Y16D (UKB)]

Has/did your biological mother ever suffer from? (You can select more than one answer)

**TOGGLE**

**[Require ≥1 choices]**

- 1 Autoimmune disorder

**-> GO TO AUTO\_A\_MOM**

2 Blood disorders (Anaemia)

-> **GO TO BLOOD\_A\_MOM**

3 Cancer

-> **GO TO CANC\_A\_MOM**

4 Digestive system or liver problems

-> **GO TO DIG\_A\_MOM**

5 Endocrine, nutritional and metabolic disorders (e.g., diabetes, thyroid disorder, vitamin deficiencies)

-> **GO TO EN\_A\_MOM**

6 Eye or visual problems

-> **GO TO EYE\_A\_MOM**

7 Fractures, breaks, or joint problems

-> **GO TO FRAC\_A\_MOM**

8 Heart or circulatory disease (e.g. high blood pressure or stroke)

-> **GO TO HEART\_A\_MOM**

9 Kidney or urinary system disorders

-> **GO TO KIDN\_A\_MOM**

10 Lung or respiratory problems

-> **GO TO LUNG\_A\_MOM**

11 Mental health conditions (e.g .depression, bipolar disorder) -

> **GO TO MH\_A\_MOM**

12 Neurodevelopmental conditions (e.g. Autism spectrum disorder, ADHD)

-> **GO TO ND\_A\_MOM**

13 Neurological disorders (things that affect that brain or nervous system)

-> **GO TO NEU\_A\_MOM**

14 Reproductive system problems

-> **GO TO REPRO\_A\_MOM**

15 Other not listed

-> **GO TO Y17 (UKB)]**

-7 None of the above **[EXCLUSIVE]**

-> **GO TO Y17 (UKB)]**

-1 Do not know **[EXCLUSIVE]**

-> **GO TO Y17 (UKB)]**

-3 Prefer not to answer **[EXCLUSIVE]**

-> **GO TO Y17 (UKB)]**

Answer this question for blood relations only. If you are not sure if your mother suffered from any of the listed illnesses, please select 'Do not know'. If you know your mother suffered from certain listed illnesses but are unsure about others, only select the ones you are sure about.

[AUTO\_A\_MOM]

Has/was your mother ever diagnosed with any of the following autoimmune disorders?

**TOGGLE**

- 1      Rheumatoid arthritis
- 2      Lupus
- 3      Inflammatory Bowel Disease (IBD)
- 4      Multiple Sclerosis (MS)
- 5      Graves' disease
- 6      Guillain-Barre syndrome
- 7      Psoriasis
- 8      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

[BLOOD\_A\_MOM]

Has/was your mother ever diagnosed with any of the following types of anaemia?

**TOGGLE**

- 1      Iron deficiency anaemia
- 2      Vitamin deficiency anaemia
- 3      Sickle cell anaemia
- 4      Aplastic anaemia
- 5      Thalassaemia
- 6      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

[CANC\_A\_MOM (CONNECT)]

Which type(s) of cancer specifically was your mother diagnosed with?

Please indicate where the cancer originated, even if it spread to other body areas

**TOGGLE**

- 1      Anal
- 2      Bladder
- 3      Brain
- 4      Breast
- 5      Cervical
- 6      Colon/rectal
- 7      Oesophageal

- 8 Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)
- 9 Gastric
- 10 Kidney
- 11 Leukaemia (blood and bone marrow)
- 12 Liver
- 13 Lung or bronchial
- 14 Lymphoma
- 15 Ovarian
- 16 Pancreatic
- 18 Skin -> **GO TO CANC\_B\_MOM**
- 19 Stomach
- 21 Thyroid
- 22 Uterine (endometrial)
- 23 Another type of cancer
- 1 I know they had cancer, but don't know what type
- 7 None of the above
- 3 Prefer not to answer

[CANC\_B\_MOM (CONNECT)]

What type of skin cancer specifically was your mother diagnosed with?

**TOGGLE**

- 1 Melanoma
- 2 Basal cell
- 3 Squamous cell
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[DIG\_A\_MOM (CONNECT)]

Has/was your mother ever diagnosed with any of the following digestive system problems?

**TOGGLE**

- 1 Gastro-oesophageal Acid Reflux (GORD)
- 2 Barrett's Oesophagus
- 3 Irritable bowel syndrome
- 4 Inflammatory Bowel Disease
- 5 Diverticulitis or Diverticulosis
- 6 Ulcerative Colitis
- 7 Crohn's Disease
- 8 Coeliac Disease (also known as Gluten-Sensitive Enteropathy)
- 9 Gallstones (Biliary Stones)
- 10 Fatty liver disease

- 11 Liver Cirrhosis
- 12 Hepatitis
- 13 Pancreatitis
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EN\_A\_MOM]

Has/was your mother ever diagnosed with the following conditions?

**TOGGLE**

- 1 Type 1 diabetes
- 2 Type 2 diabetes
- 3 overactive thyroid
- 4 underactive thyroid
- 5 Cushing syndrome
- 6 Lactose intolerance
- 7 Vitamin A deficiency
- 8 Thiamine deficiency
- 9 Vitamin D deficiency
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EYE\_A\_MOM]

Has/was your mother ever diagnosed with any of the following eye or visual problems?

**TOGGLE**

- 1 Glaucoma
- 2 Visual impairment including blindness
- 3 Double vision
- 5 Night blindness
- 6 Colour blindness
- 6 Macular degeneration
- 7 Cataracts
- 8 Retinal detachment
- 9 Diabetic retinopathy
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[FRAC\_A\_MOM]

What type of fractures, breaks, joint or bone problems did your mother experience?

**TOGGLE**

- 1 Hip fracture
- 2 Osteoporosis
- 3 Osteoarthritis (arthritis)
- 5 Gout
- 5 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[HEART\_A\_MOM (CONNECT)]

Has/was your mother ever diagnosed with any of the following heart or circulatory diseases?

**TOGGLE**

- 1 B-12 Deficiency (Pernicious Anaemia)
- 2 Coronary Artery/Coronary Heart Disease
- 3 Congestive Heart Failure
- 4 High Cholesterol
- 5 Heart Attack (Myocardial Infarction)
- 6 Abnormal Heart Rhythm (Arrhythmia)
- 7 Chest Pain (Angina)
- 8 Heart Valve Problems
- 9 High Blood Pressure (Hypertension) [Please do **not** include hypertension during pregnancy.]
- 10 Blood Clots (Deep Vein Thrombosis, Pulmonary Embolism)
- 11 Stroke
- 12 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[KIDN\_A\_MOM (CONNECT)]

Has/was your mother ever diagnosed with any of the following kidney or urinary tract problems?

**TOGGLE**

- 1 Kidney stones
- 2 Chronic kidney disease (or chronic kidney failure)
- 3 Other (not listed)
- 7 None of the above
- 1 Do not know

-3 Prefer not to answer

[LUNG\_A\_MOM (CONNECT)]

Has/was your mother ever diagnosed with any of the following lung or respiratory conditions?

**TOGGLE**

- 1 Chronic Obstructive pulmonary disease, COPD (including emphysema and chronic bronchitis)
- 2 Lung fibrosis
- 3 Bronchiectasis
- 4 Asthma
- 5 Hay Fever (Allergic to pollen or Allergic Rhinitis)
- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[ND\_A\_MOM]

Has/was your mother ever diagnosed with one or more of the following conditions by a professional, even if they don't have it currently?

Please include disorders even if your mother did not need treatment for them or if your mother did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

- 9 Autism spectrum disorder
- 10 Developmental learning disorders
- 11 Attention deficit hyperactivity disorder (ADHD)
- 12 Disorder of intellectual development
- 13 Developmental motor coordination disorder
- 14 Developmental speech or language disorders
- 15 Stereotyped movement disorder
- 16 Other (not listed)
- 17 None of the above
- 1 I don't know
- 3 Prefer not to answer

[MH\_A\_MOM]

Has/was your mother ever diagnosed with one or more of the following conditions by a professional, even if they don't have it currently?

Please include disorders even if your mother did not need treatment for them or if your mother did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

1	Anxiety	<b>-&gt; GO TO ANX_B_MOM</b>
2	Bipolar disorder	
3	Body dysmorphia	
4	Depression	<b>-&gt; GO TO DEP_B_MOM</b>
5	Premenstrual dysphoric disorder	
6	Post Traumatic Stress Disorder	
7	Obsessive Compulsive Disorder	
8	Eating disorder	<b>-&gt; GO TO EATD_B_MOM</b>
9	Psychosis	
10	Schizophrenia	
11	Schizoaffective disorder	
12	Personality disorder	
13	Other (not listed)	
-7	None of the above	
-1	Do not know	
-3	Prefer not to answer	

[ANX\_B\_MOM]

Which anxiety disorder(s) specifically was your mother diagnosed with in their lifetime?

**TOGGLE**

1	Generalised anxiety disorder
2	Agoraphobia
3	Social anxiety disorder
4	Panic disorder
5	Panic attacks
6	Specific phobia
7	Other (not listed)
-7	None of the above
-1	Do not know
-3	Prefer not to answer

[DEP\_B\_MOM]

Which depressive disorder(s) specifically was your mother diagnosed with in their lifetime?

**TOGGLE**

- 1 Major Depressive Disorder
- 2 Perinatal depression
- 3 Postnatal depression
- 4 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EATD\_B\_MOM]

Which eating disorder(s) specifically was your mother diagnosed with in their lifetime?

**TOGGLE**

- 1 Anorexia nervosa
- 2 Atypical anorexia nervosa
- 3 Bulimia nervosa
- 4 Binge eating disorder
- 4 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[NEU\_A\_MOM]

Has/was your mother ever diagnosed with any of the following neurological or brain disorders?

**TOGGLE**

- 1 Epilepsy
- 2 Parkinson's disease
- 3 Alzheimer's disease/dementia
- 4 Early onset Alzheimer's disease/dementia
- 5 Vascular dementia
- 6 Migraine with aura
- 7 Migraine without aura
- 8 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[REPRO\_A\_MOM (CONNECT)]

Has/was your mother ever diagnosed with any of the following conditions?

**TOGGLE**

- 1 Endometriosis
- 2 Polycystic Ovary Syndrome (PCOS)
- 4 Fibrocystic Breast, or another Benign Breast Disease (such as proliferative Benign Breast Disease or LCIS)
- 5 Ductal Carcinoma in situ (DCIS)
- 6 Other (not listed)
- 7 None of the above
- 1 I don't know
- 3 Prefer not to answer

[Y17 (UKB)]

How many brothers do you have?

(Please include those who have died, and twin brothers. Do not include half-brothers, stepbrothers or adopted brothers)

**Enter INTEGER**

**[Require  $\geq 0, \leq 25$ ]**

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

➔ IF ANSWER > 0, GO TO Y19

[Y18 (UKB)]

How many sisters do you have?

(Please include those who have died, and twin sisters. Do not include half-sisters, stepsisters or adopted sisters)

**Enter INTEGER**

**[Require  $\geq 0, \leq 25$ ]**

**OR**

- 1 Do not know

**OR**

- 3 Prefer not to answer

➔ IF Y17 > 0 OR IF ANSWER > 0, GO TO Y19

➔ IF (ANSWER = 0 OR -1 OR -3 ) AND Y17 (ANSWER = 0 OR -1 OR -3), GO TO END SECTION

[Y19 (UKB)]

Have any of your brothers or sisters suffered from any of the following illnesses?

Please select all that apply

We will ask more details for any type of disorder that you select here

**TOGGLE**

**[Require ≥1 choices]**

1      Autoimmune disorder

**-> GO TO AUTO\_A\_SIB**

2      Blood disorders (Anaemia)

**-> GO TO BLOOD\_A\_SIB**

3      Cancer

**-> GO TO CANC\_A\_SIB**

4      Digestive system or liver problems

**-> GO TO DIG\_A\_SIB**

5      Endocrine, nutritional and metabolic disorders (e.g., diabetes, thyroid disorder, vitamin deficiencies)

**-> GO TO EN\_A\_SIB**

6      Eye or visual problems

**-> GO TO EYE\_A\_SIB**

7      Fractures, breaks, or joint problems

**-> GO TO FRAC\_A\_SIB**

8      Heart or circulatory disease (e.g. high blood pressure or stroke)

**-> GO TO HEART\_A\_SIB**

9      Kidney or urinary system disorders

**-> GO TO KIDN\_A\_SIB**

10     Lung or respiratory problems

**-> GO TO LUNG\_A\_SIB**

11     Mental health conditions (e.g. depression, bipolar disorder)

**-> GO TO MH\_A\_SIB**

12     Neurodevelopmental conditions (e.g., Autism spectrum disorder, ADHD)

**-> GO TO ND\_A\_SIB**

13     Neurological disorders (things that affect that brain or nervous system E.g., Epilepsy)

**-> GO TO NEU\_A\_SIB**

14     Reproductive system problems

**-> GO TO REPRO\_A\_SIB**

15     Other not listed

**> GO TO END SECTION**

-7     None of the above

-1     Do not know **[EXCLUSIVE]**

**-> GO TO END SECTION**

-3     Prefer not to answer **[EXCLUSIVE]**

**-> GO TO END SECTION**

Answer this question for blood relations only.

Include any sisters or brothers who have died. If you are not sure if your sisters or brothers suffered from any of the listed illnesses, please select 'Do not know'.

If more than one sister or brother has suffered from any of the listed illnesses, you only need to select the illness once.

#### [AUTO\_A\_SIB]

Has/was your brother or sister ever diagnosed with any of the following autoimmune disorders?

##### **TOGGLE**

- 1      Rheumatoid arthritis
- 2      Lupus
- 3      Inflammatory Bowel Disease (IBD)
- 4      Multiple Sclerosis (MS)
- 5      Graves' disease
- 6      Guillain-Barre syndrome
- 7      Psoriasis
- 8      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

#### [BLOOD\_A\_SIB]

Has your brother or sister ever been diagnosed with any of the following types of anaemia?

##### **TOGGLE**

- 1      Iron deficiency anaemia
- 2      Vitamin deficiency anaemia
- 3      Sickle cell anaemia
- 4      Aplastic anaemia
- 5      Thalassaemia
- 6      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

#### [CANC\_A\_SIB (CONNECT)]

Which type(s) of cancer specifically were your brother or sister diagnosed with?  
Please indicate where the cancer originated, even if it spread to other body areas

##### **TOGGLE**

- 1      Anal
- 2      Bladder

- 3 Brain
- 4 Breast
- 5 Cervical
- 6 Colon/rectal
- 7 Oesophageal
- 8 Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)
- 9 Gastric
- 10 Kidney
- 11 Leukaemia (blood and bone marrow)
- 12 Liver
- 13 Lung or bronchial
- 14 Lymphoma
- 15 Ovarian
- 16 Pancreatic
- 17 Prostate
- 18 Skin
- 19 Stomach
- 20 Testicular
- 21 Thyroid
- 22 Uterine (endometrial)
- 23 Another type of cancer
- 1 I know they had cancer, but don't know what type
- 7 None of the above
- 3 Prefer not to answer

[CANC\_B\_SIB (CONNECT)]

What type of skin cancer specifically were your brother or sister diagnosed with?

**TOGGLE**

- 1 Melanoma
- 2 Basal cell
- 3 Squamous cell
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[DIG\_A\_SIB (CONNECT)]

Has your brother or sister ever been diagnosed with any of the following digestive system problems?

**TOGGLE**

- 1 Gastro-oesophageal Acid Reflux (GORD)
- 2 Barrett's Oesophagus

- 3 Irritable bowel syndrome
- 4 Inflammatory Bowel Disease
- 5 Diverticulitis or Diverticulosis
- 6 Ulcerative Colitis
- 7 Crohn's Disease
- 8 Coeliac Disease (also known as Gluten-Sensitive Enteropathy)
- 9 Gallstones (Biliary Stones)
- 10 Fatty liver disease
- 11 Liver Cirrhosis
- 12 Hepatitis
- 13 Pancreatitis
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EN\_A\_SIB]

Has your brother or sister ever been diagnosed with the following conditions?

**TOGGLE**

- 1 Type 1 diabetes
- 2 Type 2 diabetes
- 3 overactive thyroid
- 4 underactive thyroid
- 5 Cushing syndrome
- 6 Lactose intolerance
- 7 Vitamin A deficiency
- 8 Thiamine deficiency
- 9 Vitamin D deficiency
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EYE\_A\_SIB]

Has your brother or sister ever been diagnosed with any of the following eye or visual problems?

**TOGGLE**

- 1 Glaucoma
- 2 Visual impairment including blindness
- 3 Double vision
- 4 Night blindness
- 5 Colour blindness
- 6 Macular degeneration

- 7 Cataracts
- 8 Retinal detachment
- 9 Diabetic retinopathy
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[FRAC\_A\_SIB]

What type of fractures, breaks, joint or bone problems have your brother or sister experienced?

**TOGGLE**

- 1 Hip fracture
- 2 Osteoporosis
- 3 Osteoarthritis (arthritis)
- 4 Gout
- 5 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[HEART\_A\_SIB (CONNECT)]

Has your brother or sister ever been diagnosed with any of the following heart or circulatory diseases?

**TOGGLE**

- 1 B-12 Deficiency (Pernicious Anaemia)
- 2 Coronary Artery/Coronary Heart Disease
- 3 Congestive Heart Failure
- 4 High Cholesterol
- 5 Heart Attack (Myocardial Infarction)
- 6 Abnormal Heart Rhythm (Arrhythmia)
- 7 Chest Pain (Angina)
- 8 Heart Valve Problems
- 9 High Blood Pressure (Hypertension) [Please do **not** include hypertension during pregnancy.]
- 10 Blood Clots (Deep Vein Thrombosis, Pulmonary Embolism)
- 11 Stroke
- 12 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[KIDN\_A\_SIB (CONNECT)]

Has your brother or sister ever been diagnosed with any of the following kidney or urinary tract problems?

**TOGGLE**

- 1 Kidney stones
- 2 Chronic kidney disease (or chronic kidney failure)
- 3 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[LUNG\_A\_SIB (CONNECT)]

Has your brother or sister ever been diagnosed with any of the following lung or respiratory conditions?

**TOGGLE**

- 1 Chronic Obstructive pulmonary disease, COPD (including emphysema and chronic bronchitis)
- 2 Lung fibrosis
- 3 Bronchiectasis
- 4 Asthma
- 5 Hay Fever (Allergic to pollen or Allergic Rhinitis)
- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[ND\_A\_SIB]

Has your brother or sister ever been diagnosed with one or more of the following conditions by a professional, even if your brother or sister don't have it currently?

Please include disorders even if your brother or sister did not need treatment for them or if your brother or sister did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

- 1 Autism spectrum disorder
- 2 Developmental learning disorders
- 3 Attention deficit hyperactivity disorder (ADHD)
- 4 Disorder of intellectual development
- 5 Developmental motor coordination disorder
- 6 Developmental speech or language disorders
- 7 Stereotyped movement disorder
- 8 Other (not listed)
- 7 None of the above
- 1 Do not know

-3 Prefer not to answer

[MH\_A\_SIB]

Has your brother or sister ever been diagnosed with one or more of the following conditions by a professional, even if your brother or sister don't have it currently?

Please include disorders even if your brother or sister did not need treatment for them or if your brother or sister did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

1	Anxiety	<b>-&gt; GO TO ANX_B_SIB</b>
2	Bipolar disorder	
3	Body dysmorphia	
4	Depression	<b>-&gt; GO TO DEP_B_SIB</b>
5	Premenstrual dysphoric disorder	
6	Post Traumatic Stress Disorder	
7	Obsessive Compulsive Disorder	
8	Eating disorder	<b>-&gt; GO TO EATD_B_SIB</b>
9	Psychosis	
10	Schizophrenia	
11	Schizoaffective disorder	
12	Personality disorder	
13	Other (not listed)	
-7	None of the above	
-1	Do not know	
-3	Prefer not to answer	

[ANX\_B\_SIB]

Which anxiety disorder(s) specifically has your brother or sister been diagnosed with in their lifetime?

**TOGGLE**

1	Generalised anxiety disorder
2	Agoraphobia
3	Social anxiety disorder
4	Panic disorder
5	Panic attacks
6	Specific phobia
7	Other (not listed)
-7	None of the above
-1	Do not know
-3	Prefer not to answer

[DEP\_B\_SIB]

Which depressive disorder(s) specifically has your brother or sister been diagnosed with in their lifetime?

**TOGGLE**

- 1 Major Depressive Disorder
- 2 Perinatal depression
- 3 Postnatal depression
- 4 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EATD\_B\_SIB]

Which eating disorder(s) specifically has your brother or sister been diagnosed with in their lifetime?

**TOGGLE**

- 1 Anorexia nervosa
- 2 Atypical anorexia nervosa
- 3 Bulimia nervosa
- 4 Binge eating disorder
- 5 Other (not listed)
- 7 None of the above
- 1 I don't know
- 3 Prefer not to answer

[NEU\_A\_SIB]

Has your brother or sister ever been diagnosed with any of the following neurological or brain disorders?

**TOGGLE**

- 1 Epilepsy
- 2 Parkinson's disease
- 3 Alzheimer's disease/dementia
- 4 Early onset Alzheimer's disease/dementia
- 5 Vascular dementia
- 6 Migraine with aura
- 7 Migraine without aura
- 8 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[REPRO\_A\_SIB (CONNECT)]

Has your brother or sister ever been diagnosed with any of the following conditions?

**TOGGLE**

- 1 Endometriosis
- 2 Polycystic Ovary Syndrome (PCOS)
- 3 Enlarged prostate
- 4 Fibrocystic Breast, or another Benign Breast Disease (such as proliferative Benign Breast Disease or LCIS)
- 5 Ductal Carcinoma in situ (DCIS)
- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

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**END OF SECTION 4**

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## Your health history [SECTION 5]

This section includes questions about:

- Your general health and any illnesses you may have had in the past.
- Screening tests that you may have had done.
- Details on your reproductive health, covering areas such as children you have had and puberty.
- Medications you might be taking.
- Your mental wellbeing.

All the information you give us is treated confidentially.

Now some questions about your health.

[H3 (URB)]

In general how would you rate your overall health?

### SELECT one of 6 from

- 1 Excellent
- 2 Good
- 3 Fair
- 4 Poor
- 1 Do not know
- 3 Prefer not to answer

#### [H4 (UKB)]

Do you have any physical or mental health conditions or illnesses lasting or expected to last 12 months or more?

**SELECT one of 4 from**

1 Yes  
0 No **-> GO TO H4B**  
-1 Do not know  
-3 Prefer not to answer

[H4A (UKB)]

Do you receive any of the following? (You can select more than one answer)

### TOGGLE of 6 choices

[Require ≥1 choices]

- 1 Attendance allowance
- 2 Personal independence payment (previously disability living allowance)
- 3 Blue badge
- 7 None of the above **[EXCLUSIVE]**
- 1 Do not know **[EXCLUSIVE]**
- 3 Prefer not to answer **[EXCLUSIVE]**

Only select a response if you personally receive the benefit. Do not include if your spouse or someone in your household receives one of these benefits.

[H4B (UKB)]

Do you use private healthcare?

**SELECT one of 6 from**

- 1 Yes, all of the time
- 2 Yes, most of the time
- 3 Yes, sometimes
- 4 No, never
- 1 Do not know
- 3 Prefer not to answer

If you have access to private healthcare but always use the NHS, select No, never.

[COVID (WT Q)]

Do you think that you have or have had COVID-19?

- 1 Yes, confirmed by a positive test
- 2 Yes, suspected by a doctor but not tested
- 3 Yes, my own suspicions
- 4 No
- 1 Do not know
- 3 Prefer not to answer

[Y6AB (UKB)]

Do you wear sun protection (e.g., sunscreen lotion, hat) when you spend time outdoors in the summer?

**SELECT one of 7 from**

- 1 Never/rarely
- 2 Sometimes
- 3 Most of the time
- 4 Always
- 5 Do not go out in sunshine
- 1 Do not know
- 3 Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[H7C (UKB)]

Have you had any of the following in the past year?  
(You can select more than one answer)

**TOGGLE of 8 choices**

**[Require ≥1 choices]**

- 1 Mouth ulcers
- 2 Painful gums
- 3 Bleeding gums
- 4 Loose teeth
- 5 Toothache
- 6 Dentures
- 7 None of the above **[EXCLUSIVE]**
- 3 Prefer not to answer **[EXCLUSIVE]**

[H8 (UKB)]

In the last year have you had any falls?

**SELECT one of 4 from**

- 1 No falls
- 2 Only one fall
- 3 More than one fall
- 3 Prefer not to answer

Do not include falls while playing sport or exercising.

[H9 (UKB)]

Compared with one year ago, has your weight changed?

**SELECT one of 5 from**

- 0 No - weigh about the same
- 2 Yes - gained weight
- 3 Yes - lost weight
- 1 Do not know
- 3 Prefer not to answer

[SY2 (UKB)]

In the last year have you ever had wheeze or whistling in the chest?

**SELECT one of 4 from**

- 1 Yes
- 0 No
- 1 Do not know
- 3 Prefer not to answer

➔ IF WP1 = -2 GO TO SY4I

[SY3 (UKB)]

Do you get short of breath walking with people of your own age on level ground?

**SELECT one of 4 from**

- 1 Yes
- 0 No
- 1 Do not know
- 3 Prefer not to answer

[SY4 (UKB)]

Do you get a pain in either leg on walking?

**SELECT one of 4 from**

- 1 Yes
- 0 No
- 1 Do not know
- 3 Prefer not to answer

This includes hip, knee, ankle, or muscle pain.

[SY4I (UKB)]

Have you ever had surgery to remove any of the following?

**SELECT one of 6 from**

- 0 No
- 1 Yes, toes
- 2 Yes, leg below the knee
- 3 Yes, leg above the knee
- 1 Do not know
- 3 Prefer not to answer

[SY5 (UKB)]

In the **last month** have you experienced any of the following that **interfered with your usual activities?**

(You can select more than one answer)

**TOGGLE of 10 choices**

**[Require ≥1 choices]**

- 1 Headache
- 2 Facial pain
- 3 Neck or shoulder pain
- 4 Back pain

- 5      Stomach or abdominal pain
- 6      Hip pain
- 7      Knee pain
- 9      Premenstrual pains
- 8      Pain all over the body
- 7     None of the above **[EXCLUSIVE]**
- 3     Prefer not to answer **[EXCLUSIVE]**

[SY6]

**Have you ever** experienced any of the following that **interfered with your usual activities regularly for more than 3 months?**

(You can select more than one answer)

**TOGGLE of 10 choices**

**[Require ≥1 choices]**

- 1      Headache
- 2      Facial pain
- 3      Neck or shoulder pain
- 4      Back pain
- 5      Stomach or abdominal pain
- 6      Hip pain
- 7      Knee pain
- 9      Premenstrual pains
- 8      Pain all over the body
- 7     None of the above **[EXCLUSIVE]**
- 3     Prefer not to answer **[EXCLUSIVE]**

Think about whether you have ever in your lifetime had a period of three or more consecutive months where you experienced significant pain that made it difficult for you to take part in your usual activities.

[SY1 (UKB)]

Do you ever have any pain or discomfort in your chest?

**SELECT one of 4 from**

1      Yes	-> <b>SY1A</b>
0      No	-> <b>H10 (UKB)</b>
-1     Do not know	-> <b>H10 (UKB)</b>
-3     Prefer not to answer	-> <b>H10 (UKB)</b>

[SY1A (UKB)]

Do you get this pain or discomfort when you walk at an ordinary pace on the level?

**SELECT one of 4 from**

1	Yes	-> <b>SY1C</b>
0	No	-> <b>SY1B</b>
-1	Unable to walk on the level	-> <b>H10 (UKB)</b>
-3	Prefer not to answer	-> <b>H10 (UKB)</b>

[SY1B (UKB)]

Do you get this pain or discomfort when you walk uphill or hurry?

**SELECT one of 4 from**

1	Yes	-> <b>SY1C</b>
0	No	-> <b>H10 (UKB)</b>
-1	Unable to walk up hills or to hurry	-> <b>H10 (UKB)</b>
-3	Prefer not to answer	-> <b>H10 (UKB)</b>

[SY1C (UKB)]

Does this chest pain go away when you stand still?

**SELECT one of 4 from**

1	Yes
0	No
-1	Do not know
-3	Prefer not to answer

[H10 (UKB)]

Have you ever had a screening test for bowel (colorectal) cancer?

(Please include tests for blood in the stool/faeces or a colonoscopy or a sigmoidoscopy)

**SELECT one of 4 from**

1	Yes	-> <b>H10A</b>
0	No	
-1	Do not know	
-3	Prefer not to answer	

➔ **IF SEX = Female GO TO FH7 (UKB)**

➔ **IF SEX = (Male OR Prefer not to answer) GO TO MH2 (UKB)**

Screening tests for bowel or colorectal cancer include:

- FOBT (faecal occult blood test) - this is when you are given a set of cards and asked to smear a part of your stool on three separate occasions onto the cards and then return the cards to be tested for blood.
- Sigmoidoscopy - a tube is used to examine the lower bowel. This is usually done in a doctor's office without pain relief.

- Colonoscopy - a long tube is used to examine the whole large bowel; you would usually have to drink a large amount of special liquid to prepare the bowel, and you would be given a sedative medication for the procedure.

[H10A (UKB)]

How many years ago was the most recent one of these tests?

**Enter INTEGER**

**[Require  $\geq 0$ ,  $\leq$  current age]**

**Units: years]**

**OR**

-10      Less than 1 year ago

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

**→ IF SEX = Female GO TO FH7 (UKB)**

**→ IF SEX = (Male OR Prefer not to answer) GO TO MH2 (UKB)**

If you are unsure, please provide an estimate or select 'Do not know'.

[MH2 (UKB)]

Have you ever had a blood test for prostate cancer (prostate specific antigen or PSA test)?

**SELECT one of 4 from**

1      Yes

0      No

**-> MH7 (UKB)**

-1      Do not know

**-> MH7 (UKB)**

-3      Prefer not to answer

**-> MH7 (UKB)**

If you are unsure, select 'Do not know'.

[MH3 (UKB)]

How many years ago was your last test?

**Enter INTEGER**

**[Require  $\geq 0$ ,  $\leq$  current age]**

**Units: years]**

**OR**

-10      Less than a year ago

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

[MH7 (UKB)]

How many biological children have you had?

**Enter INTEGER**

**[Require  $\geq 0, \leq 200$ ]**

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

→ **IF ANSWER = 0 AND SEX = Male GO TO L1 (UKB)**

→ **IF ANSWER = 0 AND SEX = Prefer not to answer GO TO FH7 (UKB)**

→ **IF ANSWER = 1 GO TO FH3D (UKB)**

[FH3C (UKB)MM]

How old were you when you had your FIRST child?

**Enter INTEGER**

**[Require  $\geq 8, \leq \text{current age}$**

**Units: years]**

**OR**

-4      Do not remember

**OR**

-3      Prefer not to answer

[FH3D (UKB)MM]

How old were you when you had your LAST child?

**Enter INTEGER**

**[Require  $\geq 8, \leq \text{current age}$**

**Units: years]**

**OR**

-4      Do not remember

**OR**

-3      Prefer not to answer

→ **IF SEX = Male GO TO L1 (UKB)**

→ **IF SEX = Prefer not to answer GO TO FH7 (UKB)**

[FH7 (UKB)]

Have you ever been for breast cancer screening (a mammogram)?

**SELECT one of 4 from**

1	Yes	
0	No	-> FH8
-1	Do not know	-> FH8
-3	Prefer not to answer	-> FH8

[FH7A (UKB)]

How many years ago was your last screen?

**Enter INTEGER**

**[Require  $\geq 0$ ,  $\leq$  current age]**

**OR**

-10      Less than 1      year ago

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[FH8 (UKB)]

Have you ever had a cervical smear test?

**SELECT one of 4 from**

1	Yes	
0	No	-> FH1
-1	Do not know	-> FH1
-3	Prefer not to answer	-> FH1

[FH8B (UKB)]

How many years ago was your last cervical smear test?

**Enter INTEGER**

**[Require  $\geq$  current age]**

**OR**

-10      Less than a year ago

**OR**

-1      Do not know

**OR**

-3      Prefer not to answer



[FH2B (UKB)]

How many days since your last menstrual period?

**Enter INTEGER**

**[Require  $\geq 0, \leq 365$ ,**

**Units: days]**

**OR**

**-10 More than one year**

**OR**

**-1 Do not know**

**OR**

**-3 Prefer not to answer**

Please count from the first day of your last menstrual period. If you are unsure, please provide an estimate or select 'Do not know'.

[FH2C (UKB)]

How many days are there usually between your periods? (This is the time from the first day of one period, to the day before the start of the next)

**Enter INTEGER**

**[Require  $\geq 7, \leq 365$ ,**

**Units: days]**

**OR**

**-6 Irregular cycle**

**OR**

**-1 Do not know**

**OR**

**-3 Prefer not to answer**

**→ IF MH7 > 0 GO TO FH5 (UKB)**

**→ ELSE GO TO FH3**

[FH3 (UKB)]

How many children have you given birth to?

**Enter INTEGER**

**[Require  $\geq 0, \leq 25$ ,**

**Units: children]**

**OR**

**-3 Prefer not to answer**

**→ IF ANSWER = 0 GO TO FH5 (UKB)**

**→ IF ANSWER = 1 GO TO FH3D (UKB)**

[FH3C (UKB)]

How old were you when you had your FIRST child?

**Enter INTEGER**

**[Require  $\geq 0$ ,  $\leq$  current age,**

**Units: years]**

**OR**

-4      Do not remember

**OR**

-3      Prefer not to answer

[FH3D (UKB)]

How old were you when you had your LAST child?

**Enter INTEGER**

**[Require  $\geq 8$ ,  $\leq$  current age,**

**Units: years]**

**OR**

-4      Do not remember

**OR**

-3      Prefer not to answer

[FH5 (UKB)]

Have you **ever used a medical or implant method of contraception?** Please do not respond about condom, diaphragm or natural family planning.

**SELECT one of 4 from**

1	Yes	-> FH5AA
0	No	-> FH6 (UKB)
-1	Do not know	-> FH6 (UKB)
-3	Prefer not to answer	-> FH6 (UKB)

[FH5AA]

What have you used for contraception? Please note we are only asking about medication or implant methods of contraception. Please do not respond about condom, diaphragm or natural family planning.

Select all that apply.

1	Combined pill	-> GO TO FH5A
2	Injection	
3	IUD (coil)	
4	IUS (hormonal coil)	
5	Progesterone only pill (mini pill)	-> GO TO FH5A

- 6 Patch
- 7 Vaginal ring
- 8 Other not listed
- 1 Do not know
- 3 Prefer not to answer

[FH5A (UKB)]

About how old were you when you first went on the contraceptive pill?

**Enter INTEGER**  
**[Require  $\geq$  5,  $\leq$  current age]**  
**OR**  
-1 Do not know  
**OR**  
-3 Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[FH5B (UKB)]

How old were you when you last used the contraceptive pill?

**Enter INTEGER**  
**[Require  $\geq$  FH5A response,  $\leq$  current age]**  
**OR**  
-1 Do not know  
**OR**  
-3 Prefer not to answer  
**OR**  
-11 Still taking the pill

If you are currently taking the pill, select 'Still taking the pill'. If you are unsure, please provide an estimate or select 'Do not know'.

[FH6 (UKB)]

Have you **ever** used hormone replacement therapy (HRT)?

**SELECT one of 4 from**

1	Yes	
0	No	-> GO TO FH9
-1	Do not know	-> GO TO FH9
-3	Prefer not to answer	-> GO TO FH9

[FH6A (UKB)]

How old were you when you first used HRT?

**Enter INTEGER**

**[Require  $\geq 16$ ,  $\leq$  current age]**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[FH6B (UKB)]

How old were you when you last used HRT?

**Enter INTEGER**

**[Require  $\geq$  FH6A,  $\leq$  current age]**

**OR**

-1 Do not know

**OR**

-11 Still taking HRT

**OR**

-3 Prefer not to answer

If you are currently using HRT, select 'Still taking HRT'.

If you are unsure, please provide an estimate or select 'Do not know'.

[FH9 (UKB)]

Have you had a hysterectomy (womb removed)?

**SELECT one of 4 from**

1 Yes

**-> GO TO FH10**

0 No

**-> GO TO FH10**

-5 Not sure

**-> GO TO FH1**

-3 Prefer not to answer

[FH9A (UKB)]

How old were you when you had your hysterectomy?

**Enter INTEGER**

**[Require  $\geq 0$ ,  $\leq$  current age]**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

If you are unsure, please provide an estimate or select 'Do not know'.

[FH10 (UKB)]

Have you had BOTH ovaries removed?

**SELECT one of 4 from**

1	Yes	
0	No	-> GO TO L1(UKB)
-5	Not sure	-> GO TO L1(UKB)
-3	Prefer not to answer	-> GO TO L1(UKB)

Only enter 'Yes' if you have had both ovaries removed

If you are unsure of whether both ovaries have been removed, select 'Do not know'.

[FH10A (UKB)]

How old were you when you had BOTH ovaries removed?

**Enter INTEGER**

**[Require  $\geq 0$ ,  $\leq$  current age]**

**OR**

-1 Do not know

**OR**

-3 Prefer not to answer

[L1 (UKB)]

Have you ever been diagnosed with any of the following by a doctor or other health professional?

Please select all that apply

We will ask more details for any type of disorder that you select here

**TOGGLE**

**[Require  $\geq 1$  choices]**

1	Autoimmune disorder	
	-> GO TO AUTO_A	
2	Blood disorders (Anaemia)	
	-> GO TO BLOOD_A	
3	Cancer	
	-> GO TO CANC_A	
4	Complications or difficulties in pregnancy or childbirth	
	-> SHOW IF FEMALE; GO TO PREG_A	
5	Digestive system or liver problems	
	-> GO TO DIG_A	
6	Endocrine, nutritional and metabolic disorders (e.g., diabetes, thyroid disorder, vitamin deficiencies)	
	-> GO TO EN_A	

7 Eye or visual problems  
**-> GO TO EYE\_A**

8 Fractures, breaks, or joint problems -  
**> GO TO FRAC\_A**

9 Heart or circulatory disease (e.g. high blood pressure or stroke)  
**-> GO TO HEART\_A**

10 Kidney or urinary system disorders  
**-> GO TO KIDN\_A**

11 Lung or respiratory problems  
**-> GO TO LUNG\_A**

12 Mental health conditions (e.g. depression, bipolar disorder)  
**-> GO TO MH\_A**

13 Neurodevelopmental conditions (e.g., Autism spectrum disorder, ADHD)  
**-> GO TO ND\_A**

14 Neurological disorders (things that affect that brain or nervous system)  
**-> GO TO NEU\_A**

15 Reproductive system problems  
**-> GO TO REPRO\_A**

16 Other not listed  
**-> GO TO L5DF**

-7 None of the above  
**-> GO TO L5DF**

-1 Do not know **[EXCLUSIVE]**  
**-> GO TO L5DF**

-3 Prefer not to answer **[EXCLUSIVE]**  
**-> GO TO L5DF**

If the diagnosis was for cancer, please select cancer. We will ask more about the type of cancer in a subsequent question.

[AUTO\_A]

Have you ever been diagnosed with any of the following autoimmune disorders by a doctor or other health professional?

**TOGGLE**

1 Rheumatoid arthritis  
2 Lupus  
3 Inflammatory Bowel Disease (IBD)  
4 Multiple Sclerosis (MS)  
5 Graves' disease  
6 Guillain-Barre syndrome  
7 Psoriasis  
8 Other (not listed)  
-7 None of the above  
-1 Do not know

-3 Prefer not to answer

[BLOOD\_A]

Have you ever been diagnosed with any of the following types of anaemia by a doctor or other health professional?

**TOGGLE**

- 1 Iron deficiency anaemia
- 2 Vitamin deficiency anaemia
- 3 Sickle cell anaemia
- 4 Aplastic anaemia
- 5 Thalassaemia
- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[CANC\_A (CONNECT)]

Which type(s) of cancer specifically were you diagnosed with?

Please indicate where the cancer originated, even if it spread to other body areas

**TOGGLE**

- 1 Anal
- 2 Bladder
- 3 Brain
- 4 Breast
- 5 Cervical
- 6 Colon/rectal
- 7 Oesophageal
- 8 Head and neck (Including cancers of the mouth, sinuses, nose, or throat. Not including brain or skin cancers.)
- 9 Gastric
- 10 Kidney
- 11 Leukaemia (blood and bone marrow)
- 12 Liver
- 13 Lung or bronchial
- 14 Lymphoma
- 15 Ovarian
- 16 Pancreatic
- 17 Prostate
- 18 Skin -> GO TO CANC\_B
- 19 Stomach
- 20 Testicular
- 21 Thyroid

- 22 Uterine (endometrial)
- 23 Another type of cancer
- 1 I know I had cancer, but don't know what type
- 7 None of the above
- 3 Prefer not to answer

[CANC\_B (CONNECT)]

What type of skin cancer specifically were you diagnosed with?

**TOGGLE**

- 1 Melanoma
- 2 Basal cell
- 3 Squamous cell
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[PREG\_A (CONNECT+ICD)]

What type of complication or difficulties with pregnancy or childbirth have you experienced?

**TOGGLE**

- 1 Miscarriage (pregnancy loss before 20 weeks)
- 2 Stillbirth (pregnancy loss after 20 weeks)
- 3 Live birth and still birth (loss of one or more multiples)
- 4 Ectopic or tubal pregnancy
- 5 Trying to get pregnant for more than a year but not getting pregnant during that time
- 6 hyperemesis gravidarum
- 7 Gestational diabetes
- 8 Preterm labour and delivery
- 9 Complicated labour and delivery
- 10 Traumatic labour or delivery
- 11 Pre-eclampsia
- 12 Eclampsia
- 13 Gestational hypertension
- 14 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[DIG\_A (CONNECT)]

Have you ever been diagnosed with any of the following digestive system problems by a doctor or other health professional?

**TOGGLE**

- 1 Gastro-oesophageal Acid Reflux (GORD)
- 2 Barrett's Oesophagus
- 3 Irritable bowel syndrome
- 4 Inflammatory Bowel Disease
- 5 Diverticulitis or Diverticulosis
- 6 Ulcerative Colitis
- 7 Crohn's Disease
- 8 Coeliac Disease (also known as Gluten-Sensitive Enteropathy)
- 9 Gallstones (Biliary Stones)
- 10 Fatty liver disease
- 11 Liver Cirrhosis
- 12 Hepatitis
- 13 Pancreatitis
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EN\_A]

Have you ever been diagnosed with the following conditions by a doctor or health professional?

**TOGGLE**

- 1 Type 1 diabetes
- 2 Type 2 diabetes
- 3 overactive thyroid
- 4 underactive thyroid
- 5 Cushing syndrome
- 6 Lactose intolerance
- 7 Vitamin A deficiency
- 8 Thiamine deficiency
- 9 Vitamin D deficiency
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EYE\_A]

Have you ever been diagnosed with any of the following eye or visual problems by a doctor or other health professional?

**TOGGLE**

- 1 Glaucoma
- 2 Visual impairment including blindness
- 3 Double vision
- 4 Night blindness
- 5 Colour blindness
- 6 Macular degeneration
- 7 Cataracts
- 8 Retinal detachment
- 9 Diabetic retinopathy
- 10 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[FRAC\_A]

What type of fractures, breaks, joint or bone problems have you experienced?

**TOGGLE**

- 1 Hip fracture
- 2 Osteoporosis
- 3 Osteoarthritis (arthritis)
- 4 Gout
- 5 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[HEART\_A (CONNECT)]

Have you ever been diagnosed with any of the following heart or circulatory diseases by a doctor or other health professional?

**TOGGLE**

- 1 B-12 Deficiency (Pernicious Anaemia)
- 2 Coronary Artery/Coronary Heart Disease
- 3 Congestive Heart Failure
- 4 High Cholesterol
- 5 Heart Attack (Myocardial Infarction)
- 6 Abnormal Heart Rhythm (Arrhythmia)
- 7 Chest Pain (Angina)

- 8 Heart Valve Problems
- 9 High Blood Pressure (Hypertension) [Please do **not** include hypertension during pregnancy.]
- 10 Blood Clots (Deep Vein Thrombosis, Pulmonary Embolism)
- 11 Stroke
- 12 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[KIDN\_A (CONNECT)]

Have you ever been diagnosed with any of the following kidney or urinary tract problems by a doctor or other health professional?

**TOGGLE**

- 1 Kidney stones
- 2 Chronic kidney disease (or chronic kidney failure)
- 3 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[LUNG\_A (CONNECT)]

Have you ever been diagnosed with any of the following lung or respiratory conditions by a doctor or other health professional?

**TOGGLE**

- 1 Chronic Obstructive pulmonary disease, COPD (including emphysema and chronic bronchitis)
- 2 Lung fibrosis
- 3 Bronchiectasis
- 4 Asthma
- 5 Hay Fever (Allergic to pollen or Allergic Rhinitis)
- 6 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[ND\_A]

Have you ever been diagnosed with one or more of the following conditions by a professional, even if you don't have it currently? By professional we mean: any doctor, nurse, or person with specialist training.

Please include disorders even if you did not need treatment for them or if you did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

- 1 Autism spectrum disorder
- 2 Developmental learning disorders
- 3 Attention deficit hyperactivity disorder (ADHD)
- 4 Disorder of intellectual development
- 5 Developmental motor coordination disorder
- 6 Developmental speech or language disorders
- 7 Stereotyped movement disorder
- 8 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[MH\_A]

Have you ever been diagnosed with one or more of the following mental health conditions by a professional, even if you don't have it currently? By professional we mean: any doctor, nurse, or person with specialist training.

Please include disorders even if you did not need treatment for them or if you did not agree with the diagnosis. Select ALL that apply

**TOGGLE**

- 1 Anxiety -> GO TO ANX\_B
- 2 Bipolar disorder
- 3 Body dysmorphia
- 4 Depression -> GO TO DEP\_B
- 5 Premenstrual dysphoric disorder
- 6 Post Traumatic Stress Disorder
- 7 Obsessive Compulsive Disorder
- 8 Eating disorder -> GO TO EATD\_B
- 9 Psychosis
- 10 Schizophrenia
- 11 Schizoaffective disorder
- 12 Personality disorder
- 13 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[ANX\_B]

Which anxiety disorder(s) specifically have you been diagnosed with in your lifetime?

**TOGGLE**

- 1 Generalised anxiety disorder
- 2 Agoraphobia
- 3 Social anxiety disorder
- 4 Panic disorder
- 5 Panic attacks
- 6 Specific phobia
- 7 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[DEP\_B]

Which depressive disorder(s) specifically have you been diagnosed with in your lifetime?

**TOGGLE**

- 1 Major Depressive Disorder
- 2 Perinatal depression
- 3 Postnatal depression
- 4 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[EATD\_B]

Which eating disorder(s) specifically have you been diagnosed with in your lifetime?

**TOGGLE**

- 1 Anorexia nervosa
- 2 Atypical anorexia nervosa
- 3 Bulimia nervosa
- 4 Binge eating disorder
- 5 Other (not listed)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[NEU\_A]

Have you ever been diagnosed with any of the following neurological or brain disorders by a doctor or other health professional?

**TOGGLE**

- 1 Epilepsy
- 2 Parkinson's disease

- 3      Alzheimer's disease/dementia
- 4      Early onset Alzheimer's disease/dementia
- 5      Vascular dementia
- 6      Migraine with aura
- 7      Migraine without aura
- 8      Other (not listed)
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

[REPRO\_A (CONNECT)]

Have you ever been diagnosed with any of the following conditions by a doctor or other health professional?

**TOGGLE**

- 1      Endometriosis

**[validation show if question refers to female]**

- 2      Polycystic Ovary Syndrome (PCOS)

**[validation show if question refers to female]**

- 3      Enlarged prostate

**[validation show if question refers to male]**

- 4      Fibrocystic Breast, or another Benign Breast Disease (such as proliferative Benign Breast Disease or LCIS)

- 5      Ductal Carcinoma in situ (DCIS)

- 6      Other (not listed)

- 7     None of the above

- 1     Do not know

- 3     Prefer not to answer

[L5DF]

Do you regularly take medications for any of the following reasons?

**TOGGLE**

- 1      Autoimmune disorders

**-> GO TO AUTO\_MEDS\_A**

- 2      Bone health

**-> GO TO BONE\_MED\_A**

- 3      Cancer

**-> GO TO CANC\_MED\_A**

- 4      Diabetic health

**-> GO TO DIA\_MED\_A**

- 5      Digestive problems (including acid reflux and liver problems)

**-> GO TO DIG\_MED\_A**

- 6      Endocrine disorder (e.g., under or over-active thyroid)

**-> GO TO ENDO\_MED\_A**

7 Heart or circulatory health (e.g., high blood pressure or stroke)

-> **GO TO HEART\_MED\_A**

8 Lung or breathing problems (including asthma)

-> **GO TO LUNG\_MED\_A**

9 Medication for mental health conditions and insomnia (e.g., Depression, bipolar disorder)

-> **GO TO MH\_MED\_A**

10 Neurological disorders (e.g., Alzheimer's, epilepsy, Parkinson's)

-> **GO TO NEURO\_MED\_A**

11 Pain relief

-> **GO TO PAIN\_MED\_A**

12 Reproductive or sexual health (including contraception, erectile dysfunction, menopause or hormone medication)

-> **GO TO REPRO\_MED\_A**

13 Supplements or nutritional health

-> **GO TO SUPP\_MED\_A**

-7 None of the above

-> **GO TO PHQ\_TRIG**

-1 Do not know **[EXCLUSIVE]**

-> **GO TO PHQ\_TRIG**

-3 Prefer not to answer **[EXCLUSIVE]**

-> **GO TO PHQ\_TRIG**

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks. Please also tell us about implants or slow release injections that you have or regularly receive

**[AUTO\_MED\_A]**

Do you regularly take any of the following medication for an autoimmune disorder? (You can select more than one answer)

**TOGGLE**

- 1 Amino salicylates (5-ASAs, mesalazine)
- 2 Azathioprine
- 3 Corticosteroids (e.g., prednisolone)
- 4 Disease-modifying anti-rheumatic drugs (DMARDs, e.g., methotrexate, leflunomide, hydroxychloroquine, sulfasalazine)
- 5 Tacrolimus
- 6 JAK inhibitors
- 7 Tumour Necrosis Factor (TNF) inhibitors
- 8 Tocilizumab
- 9 Rituximab
- 10 Mycophenolate
- 11 Cyclosporine

- 12 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

#### [BONE\_MED\_A]

Do you regularly take any of the following medication for bone health? (You can select more than one answer)

##### **TOGGLE**

- 1 Bisphosphonates (e.g., alendronic acid, ibandronic acid, risendronic acid, zoledronic acid)
- 2 Selective oestrogen receptor modulators (SERMs, Raloxifene)
- 3 Strontium Ranelate
- 4 Monoclonal antibodies (Denosumab, Romosozumab)
- 5 Parathyroid hormone (e.g., teriparatide)
- 6 Vitamin D and/or Calcium supplements
- 7 Hormone Replacement Therapy (HRT)
- 8 Testosterone treatment
- 9 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

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#### [CANC\_MED\_A]

Are you currently receiving any of the following treatments for cancer? (You can select more than one answer)

##### **TOGGLE**

- 1 Chemotherapy
- 2 Hormone therapy

- 2 Immunotherapy / Targeted therapy
- 4 Radiotherapy
- 5 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[DIA\_MED\_A]

Do you regularly take any of the following medication for diabetic health? (You can select more than one answer)

**TOGGLE**

- 1 Acarbose (Glucobay)
- 2 DPP-4 Inhibitors (Gliptins, e.g., Sitagliptin, Vildagliptin, Saxagliptin, Alogliptin)
- 3 GLP-1 (incretin mimetics, e.g., Exenatide, Liraglutide, Lixisenatide)
- 4 Insulin
- 5 Metformin
- 6 Prandial glucose regulator (e.g., Repaglinide, Nateglinide)
- 7 SGLT2 inhibitors (e.g., Dapagliflozin, Canagliflozin, Empagliflozin, Ertugliflozin)
- 8 Statins
- 9 Sulphonylureas (e.g., Glibenclamide, Gliclazide, Glipizide Tolbutamide)
- 10 Thiazolidinediones (e.g., Pioglitazone; Actos)
- 11 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[DIG\_MED\_A]

Do you regularly take any of the following medication digestive problems, acid reflux or liver problems? (You can select more than one answer)

**TOGGLE**

- 1 Proton pump inhibitors (e.g., omeprazole, esomeprazole, lansoprazole, rabeprazole, pantoprazole, dexlansoprazole)
- 2 Other indigestion medicine (e.g., ranitidine, famotidine, nizatidine, cimetidine)

- 3 Laxatives (e.g., Dulcolax, Senokat)
- 4 Aminosalicylates (5-ASAs, mesalazine)
- 5 Azathioprine
- 6 Corticosteroids (e.g., prednisolone)
- 7 Mercaptopurine
- 8 Methotrexate
- 9 JAK inhibitors
- 10 Tumour Necrosis Factor (TNF) inhibitors
- 11 Pancreatin (e.g., Creon, Pancrex)
- 12 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[ENDO\_MED\_A]

Do you regularly take any of the following medication for endocrine disorders? (You can select more than one answer)

**TOGGLE**

- 1 Levothyroxine
- 2 Carbimazole
- 3 Propylthiouracil
- 4 Beta Blocker
- 5 Hydrocortisone
- 6 Prednisolone
- 7 Growth hormone
- 8 Desmopressin
- 9 Dopamine agonists (cabergoline, bromocriptine)
- 10 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[HEART\_MED\_A]

Do you regularly take any of the following medication for heart or circulatory disorders (You can select more than one answer)

**TOGGLE**

- 1 Aspirin (low dose)
- 2 Anticoagulant (blood thinners, e.g., warfarin, Rivaroxaban, dabigatran, apixaban and edoxaban)
- 3 Antiarrhythmic (e.g., flecainide, digoxin)
- 4 Calcium channel blocker (e.g., verapamil, diltiazem)
- 5 Cholesterol lowering medication/statins -> GO To HEART\_MED\_B
- 6 Blood pressure medication (e.g., enalapril, lisinopril, perindopril, ramipril, candesartan, irbesartan, losartan, valsartan and Olmesartan)
- 7 Beta blocker (e.g., bisoprolol, atenolol)
- 8 Diuretic (e.g., Furosemide, Fendrofumethiazide, Amiloride, Bumetanide, Metalozone, Spironolactone)
- 9 Glyceryl trinitrate (GTN)
- 10 Nicorandil
- 11 Anti-platelet (Clopidogrel)
- 12 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[LUNG\_MED\_A]

Do you regularly take any of the following medication? (You can select more than one answer)

**TOGGLE**

- 1 Asthma reliver inhaler (usually blue)
- 2 Asthma preventer inhaler (containing steroid medicine)
- 3 Asthma combination inhaler
- 4 Anticholinergic inhaler (for COPD or asthma, e.g., Tiotropium or Spiriva)
- 5 Leukotriene receptor antagonist (LTRAs) tablets (e.g., Montelukast)
- 6 Tablet bronchodilator (e.g., theophylline)
- 7 Corticosteroids (e.g., prednisolone)
- 8 Other not listed

- 7      None of the above
- 1      Do not know
- 3      Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[MH\_MED\_A ]

Do you regularly take any of the following medication? (You can select more than one answer)

**TOGGLE**

- 1      Antidepressant (e.g. fluoxetine, amitriptyline, sertraline, mirtazapine)  
-> **GO TO MH\_MED\_ANTIDEP**
- 2      Antipsychotic medication (e.g. haloperidol, amisulpiride, aripiprazole, clozapine)  
-> **GO TO MH\_MED\_ANTIPSYC**
- 3      Beta-blocker (e.g., atenolol, bisoprolol, metoprolol, propranolol)
- 4      Benzodiazepine (e.g., alprazolam, diazepam, halazepam, prazepam, clonazepam, clorazepate)
- 5      Lithium
- 6      Sleeping pills (e.g., Antihistamines, melatonin, zopiclone, barbituates)
- 7      Pregabalin
- 8      Valproic acid/Sodium valproate
- 9      Other mood stabilising medication (e.g., Depakote, carbamezapine)
- 10     Other not listed
- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

Please indicate whether you take an antidepressant, even if it is prescribed for a different mental health disorder such as anxiety

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[MH\_MED\_ANTIDEP ]

What type of antidepressant medication do you regularly take? (You can select more than one answer)

**TOGGLE**

- 1 Selective serotonin reuptake inhibitor (SSRI, e.g., Fluoxetine, citalopram, escitalopram, paroxetine, sertraline)
- 2 Tricyclic a (e.g., amitriptyline, clomipramine)
- 3 other (e.g., mirtazapine, venlafaxine, duloxetine)
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[MH\_MED\_ANTIPSYC ]

What type of antipsychotic medication do you regularly take? (You can select more than one answer)

**TOGGLE**

- 1 "Typical" Antipsychotic (e.g., chlorpromazine, haloperidol, promazine, sulpiride)
- 3 "Atypical" Antipsychotic (e.g., amisulpiride, Aripiprazole, clozapine, risperidone, olanzapine, quetiapine)
- 4 None of the above
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

[NEURO\_MED\_A]

Do you regularly take any of the following medication? (You can select more than one answer)

**TOGGLE**

- 1 Anti-epileptic drugs (AEDs, e.g., Sodium valproate, carbamazepine, lamotrigine, levetiracetam, topiramate)
- 2 Acetylcholinesterase (AChE) inhibitors (e.g., Donepezil, galantamine, rivastigmine)
- 3 Amantadine
- 4 Amitriptyline for migraines
- 5 Catechol-O-methyltransferase (COMT) inhibitors (e.g., entacapone, opicapone)
- 6 Levodopa (e.g., co-beneldopa, co-careldopa)
- 7 Dopamine agonists (e.g., pramipexole, ropinirole)
- 8 Memantine

- 9 Monoamine oxidase-B inhibitors (e.g., selegiline, rasagiline, safinamide)
- 10 Pregabalin or Gabapentin
- 11 Propranolol for migraines
- 12 Riluzole
- 13 Triptans
- 14 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

#### [PAIN\_MED\_A (CONNECT/UKB)]

Do you regularly take any of the following medication? (You can select more than one answer)

##### **TOGGLE**

- 1 Aspirin
- 2 Ibuprofen (e.g., Neurofen)
- 3 Paracetamol
- 4 Naproxen (e.g., Naprosyn, Stirlescent, Feminax Ultra, Period Pain Reliever, Boots Period Pain Relief)
- 5 Diclofenac
- 6 Opioids (e.g., codeine, tramadol, morphine, fentanyl, oxycodone, buprenorphine diamorphine)
- 7 Other not listed
- 7 None of the Above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[REPRO\_MED\_A (NHS)]

**SHOW IF SEX = FEMALE | GENDER = FEMALE**

Do you regularly take any of the following medication? (You can select more than one answer)

**TOGGLE**

- 1      Contraceptive medication, coil, implant or patch -> GO TO CONTRA\_MED\_B
- 2      Medication to treat erectile dysfunction (e.g., Sildenafil (Viagra), Tadalafil (Cialis), Vardenafil (Levitra), Avanafil (Spedra))
- 3      Combined Hormone Replacement Therapy (HRT)
- 4      Oestrogen-only HRT
- 5      Oestrogen treatment (Pessary, cream or vaginal ring)
- 6      Testosterone HRT

Oestrogen or testosterone blockers (e.g., clomifene)

Other not listed

- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a medication regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[CONTRA\_MED\_B (NHS)]

What do you regularly or currently use for contraception? Please note we are only asking about medication or implant methods of contraception. Please do not respond about condom, diaphragm or natural family planning.

**TOGGLE**

- 1      Combined pill
- 2      Injection
- 3      Implant
- 4      IUD (coil)
- 5      IUS (hormonal coil)
- 6      Progesterone only pill (mini pill)
- 7      Patch
- 8      Vaginal ring
- 9      Other not listed

- 7     None of the above
- 1     Do not know
- 3     Prefer not to answer

[SUPPL\_MED\_A]

Do you regularly take any of the following supplements? (You can select more than one answer)

**TOGGLE**

- 1 Vitamin A
- 2 Vitamin B
- 3 Vitamin C
- 4 Vitamin D
- 5 Vitamin E
- 6 Folic acid or Folate (Vit B9)
- 7 Multivitamins +/- minerals
- 8 Fish oil (including cod liver oil)
- 9 Glucosamine
- 10 Calcium
- 11 Zinc
- 12 Iron
- 13 Selenium
- 14 St John's wort
- 15 Other not listed
- 7 None of the above
- 1 Do not know
- 3 Prefer not to answer

By regularly we mean something you take on a fixed schedule, or on most days of the week for the last four weeks.

If you know you take a supplement regularly, but don't recognise these names, please check the packaging. Sometimes the brand names on the packaging will not be the same as the key ingredients.

[PHQ\_TRIG]

- ➔ IF select opt out, SKIP to end of section 5
- ➔ ELSE [PHQ9\_1]

[PHQ9\_1]

Over the last two weeks, how often have you been bothered by any of the following problems: [Little interest or pleasure in doing things

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[PHQ9\_2]

Over the last two weeks, how often have you been bothered by any of the following problems: Feeling down, depressed, or hopeless?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[PHQ9\_3]

Over the last two weeks, how often have you been bothered by any of the following problems: Trouble falling or staying asleep, or sleeping too much?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[PHQ9\_4]

Over the last two weeks, how often have you been bothered by any of the following problems: Feeling tired or having little energy?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[PHQ9\_5]

Over the last two weeks, how often have you been bothered by any of the following problems: Poor appetite or overeating?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days

- 4      Nearly every day
- 1     Do not know
- 3     Prefer not to answer

[PHQ9\_6]

Over the last two weeks, how often have you been bothered by any of the following problems: Feeling bad about yourself – or that you are a failure or have let yourself or your family down?

**SELECT one of 6**

- 1      Not at all
- 2      Several days
- 3      More than half the days
- 4      Nearly every day
- 1     Do not know
- 3     Prefer not to answer

[PHQ9\_7]

Over the last two weeks, how often have you been bothered by any of the following problems: Trouble concentrating on things, such as reading the newspaper or watching television?

**SELECT one of 6**

- 1      Not at all
- 2      Several days
- 3      More than half the days
- 4      Nearly every day
- 1     Do not know
- 3     Prefer not to answer

[PHQ9\_8]

Over the last two weeks, how often have you been bothered by any of the following problems: Moving or speaking so slowly that other people could have noticed? Or the opposite – being so fidgety or restless that you have been moving around a lot more than usual?

**SELECT one of 6**

- 1      Not at all
- 2      Several days
- 3      More than half the days
- 4      Nearly every day
- 1     Do not know
- 3     Prefer not to answer

[PHQ9\_9]

Over the last two weeks, how often have you been bothered by any of the following problems: Thoughts that you would be better off dead or of hurting yourself in some way

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

**More on suicidal thoughts**

If you have had thoughts of self-harming or are feeling suicidal contact someone immediately.

- See your GP or the out-of-hours GP service. If you have already taken an overdose or cut yourself badly, dial 999.
- There are helplines with specially trained volunteers who will listen to you, understand what you are going through, and help you through the immediate crisis.
- Contact a friend, family or someone you trust.

The Samaritans operate a service 24      hours a day, 365      days a year, for people who want to talk in confidence. Call 116123.

[PHQ9\_IMPAIR]

[DISPLAY IF ANY PHQ9 > 1)

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

**SELECT one of 6**

- 0 Not difficult at all
- 1 Somewhat difficult
- 2 Very difficult
- 3 Extremely difficult
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_1]

Over the last two weeks, how often have you been bothered by any of the following problems: Feeling nervous, anxious or on edge?

**SELECT one of 6**

- 1 Not at all

- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_2]

Over the last two weeks, how often have you been bothered by any of the following problems: Not being able to stop or control worrying?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_3]

Over the last two weeks, how often have you been bothered by any of the following problems: Worrying too much about different things?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_4]

Over the last two weeks, how often have you been bothered by any of the following problems: Trouble relaxing?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_5]

Over the last two weeks, how often have you been bothered by any of the following problems: Being so restless that it is hard to sit still?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_6]

Over the last two weeks, how often have you been bothered by any of the following problems: Becoming easily annoyed or irritable?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_7]

Over the last two weeks, how often have you been bothered by any of the following problems: Feeling afraid as if something awful might happen?

**SELECT one of 6**

- 1 Not at all
- 2 Several days
- 3 More than half the days
- 4 Nearly every day
- 1 Do not know
- 3 Prefer not to answer

[GAD7\_IMPAIR]

[DISPLAY IF ANY GAD7 > 1)

How difficult have these problems made it for you to do your work, take care of things at home, or get along with other people?

**SELECT one of 6**

- 0 Not difficult at all
- 1 Somewhat difficult
- 2 Very difficult
- 3 Extremely difficult

- 1      Do not know
- 3      Prefer not to answer

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**-----End of Section 5-----**