

AMF CODEBOOK

Irish Health Survey Anonymised Micro data 2019

Please note that

- Data may be subject to future revision.
- Survey data may be subject to sampling error. Great care should be taken when interpreting small cell sizes.

Contents

- There are **6759** observations the dataset. Descriptions of each variable follow below.

Irish Health Survey provides data on various aspects of health. These include data on the health status of the population, the health care usage of the population, and the health determinants of the population. This survey was carried out as a module of the General Household Survey (GHS). The GHS is a national survey that takes place three or four times each year. The survey usually has a core of common demographic questions that are always asked (e.g. age, sex, education, etc.) plus one or more specific sets of survey questions that will change each year. The reference period for the survey is 2019. Data collection began in Q2 2019 and, to achieve a sufficient number of responses, data collection finished in Q1 2020 (as agreed with Eurostat). This sample includes data from each of these quarters. A single individual, aged 15 years or older, was randomly selected from each household.

Variable Name	Data-Type	Description	Response Options
gf	Integer	Grossing Factor	
AW1	Integer	In the past 12 months, have you been absent from work for reasons of health problems? Take into account all kind of diseases, injuries and other health problems that you had and which resulted in your absence from work.	1. Yes 2. No
AW2	Integer	In the past 12 months, how many days in total were you absent from work for reasons of health problems?	Number of days
AC1_No	Integer	None	1=Yes 2=No
AL1	Integer	In the past 12 months, how often have you had an alcoholic drink of any kind [beer, wine, cider, spirits, cocktails, premixes, liquor, homemade alcohol...]?	1. Every day or almost 2. 5-6 days a week 3. 3-4 days a week 4. 1-2 days a week 5. 2-3 days a month 6. Once a month 7. Less than once a month 8. Not in the past 12 months as I no longer drink alcohol 9. Never, or only a few sips or tries, in my whole life
AL2	Integer	Thinking of Monday to Thursday, on how many of these 4 days do you usually drink alcohol?	1. On all 4 days 2. On 3 of the 4 days 3. On 2 of the 4 days 4. On 1 of the 4 days 5. None of the days

AL3	Integer	From Monday to Thursday, how many drinks do you have on average on such a day when you drink alcohol?	<ol style="list-style-type: none"> 1. 16 or more drinks a day 2. 10-15 drinks a day 3. 6-9 drinks a day 4. 4-5 drinks a day 5. 3 drinks a day 6. 2 drinks a day 7. 1 drink a day 8. 0 drinks a day
AL4	Integer	Thinking of Friday to Sunday, on how many of these 3 days do you usually drink alcohol?	<ol style="list-style-type: none"> 1. On all 3 days 2. On 2 of the 3 days 3. On 1 of the 3 days 4. On none of the days
AL5	Integer	From Friday to Sunday, how many drinks do you have on average on such a day when you drink alcohol?	<ol style="list-style-type: none"> 1. 16 or more drinks a day 2. 10-15 drinks a day 3. 6-9 drinks a day 4. 4-5 drinks a day 5. 3 drinks a day 6. 2 drinks a day 7. 1 drink a day 8. 0 drinks a day

AL6	Integer	In the past 12 months, how often have you had [6 or more] drinks containing alcohol on one occasion? For instance, during a party, a meal, an evening out with friends, alone at home, ...	<ol style="list-style-type: none"> 1. Every day or almost 2. 5-6 days a week 3. 3-4 days a week 4. 1-2 days a week 5. 2-3 days a month 6. Once a month 7. Less than once a month 8. Not in the past 12 months 9. Never in my whole life
DH1	Integer	How often do you eat fruit, excluding juice squeezed from fresh fruit or made from concentrate?	<ol style="list-style-type: none"> 1. Once or more a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. Less than once a week 5. Never
DH2	Integer	How many portions of fruit, of any sort, excluding juice, do you eat each day? Note: One portion of fresh fruit is: One medium-sized fruit, such as one apple, banana, pear, orange, nectarine, or a sharon fruit or a number of small-sized fruits: for example two plums, two satsumas, three apricots, two kiwi fruit, seven strawberries, a handful (about 14) of cherries, 6 lychees, a handful of blueberries or a piece of a large-sized fruit: for example half a grapefruit or avocado, a good slice (two-inch slice) of papaya, melon, pineapple, mango, etc.	0

DH3	Integer	How often do you eat vegetables or salad, excluding potatoes and fresh juice or juice made from concentrate? Note: Frozen, dried, canned, etc. vegetables should be included but any kind of vegetable juices or soups (warm and cold) should be excluded.	<ol style="list-style-type: none"> 1. Once or more a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. Less than once a week 5. Never
DH4	Integer	How many portions of vegetables or salad do you eat each day? Note: One portion of vegetables is: Green vegetables: Two broccoli spears, eight cauliflower florets, four heaped tablespoons of cabbage, spinach, spring greens or green beans. Cooked vegetables: Three heaped tablespoons of cooked (e.g., steamed, boiled, microwaved) vegetables such as courgettes, carrots, Brussels sprouts or swede. Salad vegetables: Three sticks of celery, two-inch piece of cucumber, one medium tomato, seven cherry tomatoes. Pulses and beans: Three heaped tablespoons of kidney, cannelloni or butter beans or chick peas. Remember that beans or pulses only count as one of the five day portions.	<ol style="list-style-type: none"> 1. Once or more a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. Less than once a week 5. Never
DH5	Integer	How often do you drink 100% pure fruit or vegetable juice, excluding juice made from concentrate or sweetened juice? Note: 100% pure fruit or vegetable juice means juice from fresh or frozen fruits or vegetables; also, they can be cut in small pieces or mashed (puréed); fresh fruit pressed at home or in a restaurant, bar or similar facility are included as well as pure smoothies not containing other ingredients	<ol style="list-style-type: none"> 1. Once or more a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. Less than once a week 5. Never

DH6	Integer	How often do you drink sugared soft drinks, for example lemonade or cola? Please, exclude light, diet or artificially sweetened soft drinks. Note: Light, diet or artificially sweetened soft drinks are excluded	<ol style="list-style-type: none"> 1. Once or more a day 2. 4 to 6 times a week 3. 1 to 3 times a week 4. Less than once a week 5. Never
CD2	Integer	How would you describe the state of your teeth and gums? Would you say it is.....	<ol style="list-style-type: none"> 1. Very good 2. Good 3. Fair 4. Bad 5. Very bad
CD1_Asthma	Integer	Asthma	<ol style="list-style-type: none"> 1=Yes 2=No

CD1_Bronchitis	Integer	Chronic bronchitis, chronic obstructive pulmonary disease or emphysema?	1=Yes 2=No
CD1_HeartDisease	Integer	Coronary heart disease or angina pectoris?	1=Yes 2=No
CD1_HighBlood	Integer	High Blood Pressure	1=Yes 2=No
CD1_Back	Integer	Lower back disorder or other chronic back defects?	1=Yes 2=No
CD1_Neck	Integer	Neck disorder or other chronic neck defects?	1=Yes 2=No
CD1_Diabetes	Integer	Diabetes	1=Yes 2=No
CD1_Depression	Integer	Depression?	1=Yes 2=No
CD1_Lipids	Integer	Lipids	1=Yes 2=No
CD1_None	Integer	None	1=Yes 2=No
PL2		Difficulty in seeing, even when wearing glasses or contact lenses	1 = No difficulty 2 = Some difficulty 3,4 = A lot of difficulty/Cannot do at all;
PL7		Difficulty in walking up or down 12 steps	1 = No difficulty 2 = Some difficulty 3,4 = A lot of difficulty/Cannot do at all;

PL8		Difficulty in remembering or concentrating	<ul style="list-style-type: none"> 1 = No difficulty 2 = Some difficulty 3,4 = A lot of difficulty/Cannot do at all;
HS1	Integer	How is your health in general? Is it...	<ul style="list-style-type: none"> 1. Very good 2. Good 3. Fair 4. Bad 5. Very bad
HS2	Integer	Do you have any longstanding illness or longstanding health problem?	<ul style="list-style-type: none"> 1. Yes 2. No
HS3A	Integer	Are you limited because of a health problem in activities people usually do? Would you say you are....	<ul style="list-style-type: none"> 1. Severely limited 2. Limited but not severely 3. Not limited at all
HS3B	Integer	Have you been limited for at least the past 6 months?	<ul style="list-style-type: none"> 1. Yes 2. No
HA1A	Integer	Preparing meals?	<ul style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)
HA1B	Integer	Using the telephone?	<ul style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)

HA1C	Integer	Shopping?	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)
HA1D	Integer	Managing medication?	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)
HA1E	Integer	Light housework?	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)
HA1F	Integer	Occasional heavy housework?	<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)

			<ol style="list-style-type: none"> 1. No difficulty 2. Some difficulty 3. A lot of difficulty 4. Cannot do at all/ Unable to do 5. Not applicable (never tried it or do not need to do it)
HA1G	Integer	Taking care of finances and everyday administrative tasks?	
HA2	Integer	Do you usually have help with any of these activities?	<ol style="list-style-type: none"> 1. Yes, with at least one activity 2. No
HA3A	Integer	Would you need more help?	<ol style="list-style-type: none"> 1. Yes, with at least one activity 2. No
HA3B	Integer	Would you need help?	<ol style="list-style-type: none"> 1. Yes, with at least one activity 2. No
IRISHNAT	Integer	Nationality	<ol style="list-style-type: none"> 1. Irish National 2. Non National
MAINSTAT	Integer	Employment Status	<ol style="list-style-type: none"> 1. Working for payment or profit 2. Looking for first regular job 3. Unemployed 4. A student or pupil 5. Retired from employment

			6. Unable to work due to permanent sickness or disability 7. Looking after family home 8. Other
MD1	Integer	During the past two weeks, have you used any medicines that were prescribed for you by a doctor? Note: For the purpose of this survey, if female, exclude contraceptive pills or hormones used solely for contraception.	1. Yes 2. No
MD2	Integer	During the past two weeks, have you used any medicines or herbal medicines or vitamins not prescribed by a doctor? Note: For the purpose of this survey, if female, exclude contraceptive pills or hormones used solely for contraception.	1. Yes 2. No
MH1A	Integer	Over the last 2 weeks, how often have you been bothered by any of the following problems? Little interest or pleasure in doing things?	1. Not at all 2. Several days 3. More than half of the days 4. Nearly every day
MH1B	Integer	Feeling down, depressed or hopeless?	1. Not at all 2. Several days 3. More than half of the days 4. Nearly every day

MH1C	Integer	Trouble falling or staying asleep, or sleeping too much?	<ol style="list-style-type: none">1. Not at all2. Several days3. More than half of the days4. Nearly every day
MH1D	Integer	Feeling tired or having little energy?	<ol style="list-style-type: none">1. Not at all2. Several days3. More than half of the days4. Nearly every day
MH1E	Integer	Poor appetite or overeating?	<ol style="list-style-type: none">1. Not at all2. Several days3. More than half of the days4. Nearly every day

MH1F	Integer	Feeling negative about yourself or that you are a failure or have let yourself or your family down?	<ol style="list-style-type: none"> 1. Not at all 2. Several days 3. More than half of the days 4. Nearly every day
MH1G	Integer	Trouble concentrating on things, such as reading the newspaper or watching television?	<ol style="list-style-type: none"> 1. Not at all 2. Several days 3. More than half of the days 4. Nearly every day
MH1H	Integer	Moving or speaking so slowly that other people could have noticed; or being so fidgety or restless that you have been moving around a lot more than usual?	<ol style="list-style-type: none"> 1. Not at all 2. Several days 3. More than half of the days 4. Nearly every day
PN1	Integer	How much bodily pain have you had during the past 4 weeks?	<ol style="list-style-type: none"> 1. None 2. Very mild 3. Mild 4. Moderate 5. Severe 6. Very Severe
PN2	Integer	During the past 4 weeks, how much did pain interfere with your normal life (including work, home and leisure activities)?	<ol style="list-style-type: none"> 1. Not at all 2. A little bit 3. Moderately

			4. Quite a bit 5. Extremely
PC1_GET	Integer	Do you usually have difficulty doing any of these activities without help ? Getting in and out of a bed or a chair?	1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do it by myself
PC1_DRESS	Integer	Dressing and undressing?	1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do it by myself
PC1_TOIL	Integer	Using toilets?	1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do it by myself
PC1_BATH	Integer	Bathing or showering?	1=No difficulty 2=Some difficulty 3=A lot of difficulty 4=Cannot do it by myself

PC2	Integer	Thinking about all personal care activities where you have difficulty in doing them without help, do you usually have help for any of these activities?	<ol style="list-style-type: none"> 1. Yes, with at least one activity 2. No
PC3A	Integer	Would you need more help?	<ol style="list-style-type: none"> 1. Yes, with at least one activity 2. No
PE1	Integer	When you are WORKING, which of the following best describes what you do? Would you say ...	<ol style="list-style-type: none"> 1. Mostly sitting or standing 2. Mostly walking or tasks of moderate physical effort 3. Mostly heavy labour or physically demanding work 4. Not performing any working tasks
PE2	Integer	In a typical week, on how many days do you WALK for at least 10 minutes continuously in order to get to and from places?	<ol style="list-style-type: none"> 1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 8. I never carry out such a physical activity

PE3	Integer	How much time do you spend walking in order to get to and from places on a typical day?	<ol style="list-style-type: none"> 1. 10 - 29 minutes per day 2. 30 - 59 minutes per day 3. 1 hour to less than 2 hours per day 4. 2 hours to less than 3 hours per day 5. 3 hours or more per day
PE4	Integer	In a typical week, on how many days do you BICYCLE for at least 10 minutes continuously to get to and from places?	<ol style="list-style-type: none"> 1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 8. I never carry out such a physical activity
PE5	Integer	How much time do you spend bicycling in order to get to and from places on a typical day?	<ol style="list-style-type: none"> 1. 10 - 29 minutes per day 2. 30 - 59 minutes per day 3. 1 hour to less than 2 hours per day 4. 2 hours to less than 3 hours per day 5. 3 hours or more per day
PE6	Integer	In a typical week, on how many days do you carry out sports, fitness or recreational physical activities for at least 10 minutes continuously?	<ol style="list-style-type: none"> 1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 8. I never carry out such a physical activity

PE7	Integer	How much time in total do you spend on sports, fitness or recreational physical activities in a typical week?	Hours
PE8	Integer	In a typical week, on how many days do you carry out physical activities specifically designed to STRENGTHEN your muscles such as doing resistance training or strength exercises?	<ol style="list-style-type: none"> 1. 1 day 2. 2 days 3. 3 days 4. 4 days 5. 5 days 6. 6 days 7. 7 days 8. I never carry out such a physical activity
PE9	Integer	How much time do you spend sitting and reclining on a typical day?	<ol style="list-style-type: none"> 1. Less than 4 hours 2. 4 hours to less than 6 hours. 3. 6 hours to less than 8 hours 4. 8 hours to less than 10 hours 5. 10 hours to less than 12 hours 6. 12 hours or more
PA1	0	0	#N/A

PA2	Integer	When was the last time that your blood pressure was measured by a health professional? Note: Health professionals should include individuals who are qualified to test for blood pressure. It will usually be medical or dental staff but may also include pharmacists	<ol style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years 3. 3 to less than 5 years 4. 5 years or more 5. Never
PA3	Integer	When was the last time that your blood cholesterol was measured by a health professional? Note: Health professionals should include individuals who are qualified to test for cholesterol. It will usually be medical or dental staff but may also include pharmacists	<ol style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years 3. 3 to less than 5 years 4. 5 years or more 5. Never
PA4	Integer	When was the last time that your blood sugar was measured by a health professional? Note: Health professionals should include individuals who are qualified to test for blood sugar. It will usually be medical or dental staff but may also include pharmacists	<ol style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years 3. 3 to less than 5 years 4. 5 years or more 5. Never
PA5	Integer	When was the last time you had a faecal occult blood test? Note: The aim of the test is to detect subtle blood loss in the gastrointestinal tract, anywhere from the mouth to the colon Note: Health professionals should include individuals who are qualified to test for faecal occult. It will usually be medical or dental staff but may also include pharmacists	<ol style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years 3. 3 to less than 5 years 4. 5 years or more 5. Never
PA6	Integer	When was the last time you had a colonoscopy? Note: It is visual examination of the colon (with a colonoscope) from the cecum to the rectum	<ol style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years 3. 3 to less than 5 years 4. 5 years or more 5. Never
PA7	Integer	When was the last time you had a mammography (breast X-ray)? Note: Mammography is a procedure used to generate a mammogram, an X-ray image of the breast.	<ol style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years

			<ul style="list-style-type: none"> 3. 3 to less than 5 years 4. 5 years or more 5. Never
PA8	Integer	<p>When was the last time you had a cervical smear test? Note: A cervical smear test: test to screen for uterus cancer known also as a pap smear test.</p>	<ul style="list-style-type: none"> 1. Within the past 12 months 2. 1 to less than 3 years 3. 3 to less than 5 years 4. 5 years or more 5. Never
IC1	Integer	<p>Do you provide care or assistance to one or more persons suffering from some age problem, chronic health condition or infirmity, at least once a week?</p>	<ul style="list-style-type: none"> 1. Yes 2. No
SK1	Integer	<p>Do you smoke any tobacco products (excluding electronic cigarettes or similar electronic devices)? Note: This relates to current smoking habits</p>	<ul style="list-style-type: none"> 1. Yes, daily 2. Yes, occasionally 3. Not at all

SK2B	Integer	On average, how many cigarettes do you smoke each day?	
SK3	Integer	Have you ever smoked tobacco (cigarettes, cigars, pipes) daily, or almost daily, for at least one year?	1. Yes 2. No
SK4	Integer	For how many years have you smoked daily? Count all separate periods of smoking daily. If you dont remember the exact number of years, please give an estimate.	

SK5	Integer	How often are you exposed to tobacco smoke indoors? Note: You can specify that by indoors we mean at home, at work, at public places, at restaurants, etc.	<ol style="list-style-type: none"> 1. Every day, 1 hour or more a day 2. Every day, less than 1 hour per day 3. At least once a week (but not every day) 4. Less than once a week 5. Never or almost never
SK6	Integer	Do you currently use electronic cigarettes or similar electronic devices (e.g. e-shisha, e-pipe)? Note: Electronic cigarettes or e-cigarettes are handheld electronic devices that try to create the feeling of tobacco smoking.	<ol style="list-style-type: none"> 1. Yes, daily vaping 2. Yes, occasionally vaping 3. No, but former vaping 4. Never vaping
SK2A_Rolled	0	Do you smoke manufactured or hand-rolled cigarettes each day? -Rolled	<ol style="list-style-type: none"> 1. Yes

SK2A_Manufactured	0	Do you smoke manufactured or hand-rolled cigarettes each day? -Manufactured	1. Yes
SS3	Integer	How easy is it to get practical help from neighbours if you should need it?	<ol style="list-style-type: none"> 1. Very Easy 2. Easy 3. Possible 4. Difficult 5. Very difficult
Medcard_Medical	Integer	Do you have a medical card? Note: A medical card is a card that entitles the owner/bearer to receive free or reduced-rate medical treatment in the Republic of Ireland	1. Yes, Medical card
Medcard_GP	Integer	Do you have a GP Visit card? Note: A medical card is a card that entitles the owner/bearer to receive free or reduced-rate medical treatment in the Republic of Ireland	1. Yes, GP Visit card

UN1A	Integer	Have you experienced delay in getting health care in the past 12 months because the time needed to obtain an appointment was too long?	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for healthcare
UN1B	Integer	Have you experienced delay in getting health care in the past 12 months due to distance or transportation problems?	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for healthcare
UN2A	Integer	Medical care? Note: If the spontaneous answer is No you should probe if the respondent needed medical care or not. Note: In case no care was needed answer 3. No need should be coded.	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for medical care
UN2B	Integer	Dental care?	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for dental care
UN2C	Integer	Prescribed medicines?	<ol style="list-style-type: none"> 1. Yes 2. No 3. No need for prescribed medicine

AM1	Integer	When was the last time you visited a dentist or orthodontist for the purpose of addressing your own dental care?	<ol style="list-style-type: none"> 1. less than 6 months 2. 6 to less than 12 months 3. 12 months to longer 4. Never
AM2	Integer	When was the last time you consulted a GP (general practitioner) or family doctor for your own care?	<ol style="list-style-type: none"> 1. Less than 12 months ago 2. 12 months ago or longer 3. Never
AM3	Integer	During the past four weeks ending yesterday, how many times did you consult a GP (general practitioner) or family doctor for your own care?	
AM3A	Integer	During these consultations, how many times if any did you meet with each of the following GP personnel?	
AM3B	Integer	The practice doctor(s) only? Note: Only include face to face consultations.	
AM3C	Integer	The practice nurse(s) only?	
AM3D	Integer	Both the practice doctor(s) and nurse(s)?	

AM3E	Integer	A different member of the GP practice (e.g. physiotherapist)?	
AM3F	Integer	I did not visit the GP practice for all the consultations. (number of times this occurred)	
AM3G	Integer	On the most recent consultation with your GP (general practitioner) or family doctor, in what way did consultation take place? Note: Only include consultations with your GP (excluding general information searches)	<ol style="list-style-type: none"> 1. just by phone call 2. by phone call and visit to premises 3. solely by visit to premises 4. by other means (e.g. internet, text etc.)
AM4	Integer	When was the last time you consulted a medical or surgical specialist for your own care? Note: Include visits to doctors as outpatient or emergency departments only, but do not include contacts while in hospital as an in-patient or day-patient. note: Exclude visits to general dentists but include visits to dental surgeons	<ol style="list-style-type: none"> 1. Less than 12 months ago 2. 12 months ago or longer 3. Never
AM5	Integer	During the past four weeks, how many times did you consult a specialist for your own care?	
AM7	Integer	In the past 12 months, have you yourself used or received any home care services? Note: Home care services refer to the provision of medical and nonmedical in-home supporting care services for persons who, due to the physical or mental illness or disability or because of old age, cannot perform specific personal or household care activities or are confined to their own houses	<ol style="list-style-type: none"> 1. Yes 2. No

AM3H_Doctor	Integer	On your most recent consultation with your GP (general practitioner) or family doctor, who did you deal with from the practice members? Note: Select all that apply making your 1st selection the most significant	1. the practice doctor(s)
AM3H_Nurse	Integer	On your most recent consultation with your GP (general practitioner) or family doctor, who did you deal with from the practice members? Note: Select all that apply making your 1st selection the most significant	1. the practice nurse(s)
AM6A_Physiotherapist	Integer	Physiotherapist	
AM6A_Chiropractor	Integer	Chiropractor	
AM6A_None	Integer	None	
AM6B_None	Integer	None	
HO1	Integer	In the past 12 months have you been in hospital as an inpatient, that is overnight or longer?	1. Yes 2. No
HO1B	Integer	Thinking of all these occasions you have been an inpatient, how many nights in total did you spend in hospital?	

HO2A	Integer	In the past 12 months have you been admitted to hospital as a day patient, that is admitted to a hospital for diagnostic, treatment or other types of health care, but not required to remain overnight?	1. Yes 2. No
HO2B	Integer	In the past 12 months how many times have you been admitted to hospital as a day patient?	
height_cms	Integer	Height Range (cms)	less than 140 140.1-149 149.1-159 159.1-169 169.1-179 179.1-189 greater than 189
weight_kgs	Integer	Weight Range (kgs)	40-49 49.1-59 59.1-69 69.1-79 79.1-89 89.1-99 99.1-109 109.1-119 119+
BMI	String	Body Mass Index	
newAgeCl	Integer	Age Range	4- 15 to 24 5- 25 to 29 6- 30 to 34 7- 35 to 39 8- 40 to 44 9- 45 to 49 10- 50 to 54

			11- 55 to 59 12- 60 to 64 13- 65 to 69 14- 70 to 74 15- 75 to 79 16- 80 to 84 17- 85+
DI_5	Integer	Deprivation index	4 = Very Affluent 3 = Affluent 2 = Average 1 = Disadvantaged 0 = Very Disadvantaged;
degurba	Integer	Degree of Urbanisation	1. Cities 2. Towns and Suburbs 3. Rural
Sex	Integer	Sex	Male 2. Female