

UK Biobank touch-screen questionnaire: final version

Unique Name	Question Stem	Responses	Validations	Actions	Hints
INTRO1	<p>You are now ready to start the touch screen interview.</p> <p>Please be reassured that all of your answers will be treated with absolute confidentiality. The information you give us will have your name and address removed,so that no individual could ever be identified by researchers using the data.</p> <p>Press the NEXT button on the screen to continue.</p>	INFO		Goto INTRO1D	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 ask a UK Biobank staff member.
INTRO1D	<p>If you do not wish to answer a question you can select 'Prefer not to answer'.</p> <p>If you want to see previous questions and change your answers, use the BACK button.</p> <p>If you have any difficulties with completing this, you can use the HELP button or ask a staff member for assistance.</p> <p>Remember, if you cannot find an exact answer, please select the closest response.</p>	INFO		Goto INTRO1E	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 ask a UK Biobank staff member.
INTRO1E	The touch screen interview will start by asking you some questions about your home and personal details.	INFO		Goto CONFIRM_ID	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

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	Please touch NEXT to continue.				provided, do not hesitate to ask a UK Biobank staff member.
CONFIRM_ID	Please confirm your identity. Your name is:	SELECT one of 2 from 1 : Yes 0 : No		Default D4 except: 0 : BADNAME	[NULL]
BADNAME	Please tell one of the assessment centre staff that the Key has got someone else's name on it.	INFO		Goto _ENA_	[NULL]
EM_CHECK	Please check carefully. Is your email address	SELECT one of 2 from 1 : Yes 0 : No		Default D4 except: 0 : EM_CHANGE	Email addresses are often tricky to enter, so we want to be certain that we haven't made a mistake with yours. Please check the spelling very carefully. If there is a mistake then answer No and it will be corrected during the next stage of your visit.
EM_GET	We do not have an email address for you. Are you willing/able to help us by giving one?	SELECT one of 2 from 1 : Yes 0 : No		Default D4 except: 1 : EM_CHANGE	Giving your email address is quite handy for us!
EM_CHANGE	A member of staff will record your email address before the end your visit	INFO		Goto D4	
D4	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 5 : Care home		Default D5 except: 4 : D5A 5 : D5A	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,

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		-7 : None of the above -3 : Prefer not to answer			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	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 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		Goto D5A	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	Do you have any of the following in your home? (You can select more than one answer)	TOGGLE of 6 choices 1 : A gas hob or gas cooker 2 : A gas fire that you use regularly in winter time 3 : An open solid fuel fire that you use regularly in winter time	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto D5A1	Solid fuel refers to wood or coal. Regular use is when you use this for most days of the week in the winter time.

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		-7 : None of the above -1 : Do not know -3 : Prefer not to answer			
D5A1	How is your home mainly heated? (You can select more than one answer)	TOGGLE of 9 choices 1 : Gas central heating 2 : Electric storage heaters 3 : Oil (kerosene) central heating 4 : Portable gas or paraffin heaters 5 : Solid fuel central heating 6 : Open fire without central heating -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto D5B	Solid fuel refers to wood or coal. Regular use is when you use this for most days of the week in the winter time.
D5B	How many years have you lived at your current address?	Enter INTEGER OR -10 : Less than a year OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 129$ Expect: undefined Units: years	Goto D7	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	Including yourself, how many people are living together in your household? (Include those who usually live in the	Enter INTEGER OR -1 : Do not know	Require: $\geq 1, \leq 100$ Expect: ≤ 12	Goto D7A	If you live alone, enter 1. Include those who usually live in the house such as students living away

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	house such as students living away from home during term, partners in the armed forces or professions such as pilots)	OR -3 : Prefer not to answer	Units: people		from home during term, partners in the armed forces or professions such as pilots.
D7A	How are the other people who live with you related to you? (You can select more than one answer)	TOGGLE of 9 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	Require ≥ 1 choices -3 : is exclusive	Goto D8	Please select all the options that apply. Answer this question considering all the people who you counted in the household in response to the previous question.
D8	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		Goto D10	Do not include motorcycles.
D10	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		Goto D9	

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		-1 : Do not know -3 : Prefer not to answer			
D9	Which of the following describes your current situation? (You can select more than one answer)	TOGGLE of 9 choices 1 : In paid employment or self-employed 2 : Retired 3 : Looking after home and/or family 4 : Unable to work because of sickness or disability 5 : Unemployed 6 : Doing unpaid or voluntary work 7 : Full or part-time student -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto D12	If more than one situation applies, select all that are appropriate.
D9AA	How many years have you worked in your current job? (If you have more than one job please answer this, and the following questions on work, for your MAIN job only)	Enter INTEGER OR -10 : Less than a year OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 1 , ≤ 119 Expect: ≤ 113 Units: years	Goto D9A	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.

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					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	In a typical WEEK, how many hours do you spend at work? (Do not include hours travelling to and from work)	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≤ 160 Expect: $\geq 1, \leq 74$ Units: hours	Goto D9G	If you have more than one 'current job' then answer this question for your MAIN job only.
D9G	How many times a WEEK do you travel from home to your main work? (count outward journeys only; put 0 if you always work from home)	Enter INTEGER OR -10 : Less than once a week OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 999$ Expect: ≤ 99 Units: times	Goto FUNC()	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	What types of transport do you use to get to and from work? (You can select more than one answer)	TOGGLE of 6 choices 1 : Car/motor vehicle 2 : Walk 3 : Public transport 4 : Cycle -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto D9F	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	About how many miles is it between your home and your work?	Enter INTEGER OR -10 : Less than one mile OR -1 : Do not know OR	Require: $\geq 0, \leq 9999$ Expect: ≤ 70 Units: miles	Goto D9B	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

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		-3 : Prefer not to answer			
D9B	Does your work involve walking or standing for most of the time?	SELECT one of 6 from 1 : Never/rarely 2 : Sometimes 3 : Usually 4 : Always -1 : Do not know -3 : Prefer not to answer		Goto D9C	If you have more than one 'current job' then answer this question your MAIN job only.
D9C	Does your work involve heavy manual or 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		Goto D9D	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	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		Default D9DA except: 1 : D12	If you have more than one 'current job' then answer this question for your MAIN job only. 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	Does your work involve night shifts?	SELECT one of 6 from 1 : Never/rarely 2 : Sometimes 3 : Usually 4 : Always -1 : Do not know		Goto D12	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.

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		-3 : Prefer not to answer			
D12	Which of the following qualifications do you have? (You can select more than one)	TOGGLE of 8 choices 1 : College or University degree 2 : A levels/AS levels or equivalent 3 : O levels/GCSEs or equivalent 4 : CSEs or equivalent 5 : NVQ or HND or HNC or equivalent 6 : Other professional qualifications eg: nursing, teaching -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto D11	A levels/AS levels and equivalent includes the Higher School Certificate O levels/GCSEs and equivalent includes the School Certificate.
D11	At what age did you complete your continuous full time education?	Enter INTEGER OR -2 : Never went to school OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 5, \leq 129$ Expect: ≤ 40 Units: years	Goto INTRO2	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.
INTRO2	Next are some questions about your day to day activities.	INFO		Goto WP1	If you are unsure, please provide an estimate or select Do not know. Answer these questions thinking about

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	<p>We know it may be difficult to answer some of these questions exactly, but an approximate answer is better than none.</p> <p>The first few questions ask about the time you have spent being physically active in the last 4 weeks. To answer these questions, think about all the activities that you do at work, as part of your house work, to get from place to place and in your leisure time.</p> <p>Please touch 'next' to continue.</p>				<p>all the time you have spent being physically active in the last 4 weeks. Include all activities that you do at work, as part of your house work, to get from place to place and in your leisure time.</p>
WP1	<p>In a typical WEEK, on how many days did you walk for at least 10 minutes at a time? (Include walking that you do at work, travelling to and from work, and for sport or leisure)</p>	<p>Enter INTEGER OR -1 : Do not know OR -2 : Unable to walk OR -3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 7$ Expect: undefined Units: days</p>	Goto WP1A	<p>Count the number of days in a week that you walk for at least 10 minutes continuously at a time.</p>
WP1A	<p>How many minutes did you usually spend walking on a typical DAY?</p>	<p>Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 1440$ Expect: $\geq 10, \leq 300$ Units: minutes</p>	Goto WP2	<p>Count the number of minutes that you usually spend walking in one day. 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.</p>
WP2	<p>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)</p>	<p>Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 7$ Expect: undefined Units: days</p>	Goto WP2A	<p>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</p>

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					around the house.
WP2A	How many minutes did you usually spend doing moderate activities on a typical DAY?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 1440$ Expect: $\geq 10, \leq 300$ Units: minutes	Goto WP3	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	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 OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 7$ Expect: undefined Units: days	Goto WP3A	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	How many minutes did you usually spend doing vigorous activities on a typical DAY?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 1440$ Expect: $\geq 10, \leq 300$	Goto WP4	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	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		Goto INTROWP4	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.
INTROWP4	The next few questions ask you about the time you spend being active at home and in your leisure time only. Please touch NEXT to continue.	INFO		Goto WP4A	Remember only to think about activities you do at home and in your leisure time.
WP4A	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		Goto WP4AA	If you are unsure, please provide an estimate or select Do not know.

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		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			
WP4AA	In the last 4 weeks, which forms of transport have you used most often to get about? (Not including any journeys to and from work; you can select more than one answer)	TOGGLE of 6 choices 1 : Car/motor vehicle 2 : Walk 3 : Public transport 4 : Cycle -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto WP4B1	Remember not to include journeys to and from work.
WP4B1	In the last 4 weeks did you spend any time doing the following? (You can select more than one answer)	TOGGLE of 7 choices 1 : Walking for pleasure (not as a means of transport) 2 : Other exercises (eg: swimming, cycling, keep fit, bowling) 3 : Strenuous sports 4 : Light DIY (eg: pruning, watering the lawn) 5 : Heavy DIY (eg: weeding, lawn mowing, carpentry, digging) -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto WP4C	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	How many times in the last 4 weeks did you go walking for pleasure?	SELECT one of 8 from 1 : Once in the last 4 weeks		Goto WP4E1	If you are unsure, please provide an estimate or select Do not know.

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		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			
WP4E1	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 1½ hours 5 :Between 1½ hours and 2 hours 6 :Between 2 and 3 hours 7 :Over 3 hours -1 :Do not know -3 :Prefer not to answer		Goto WP11	If you are unsure, please provide an estimate or select Do not know.
WP4C2	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		Goto WP4E2	If you are unsure, please provide an estimate or select Do not know.

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		<p>6 : Every day -1 : Do not know -3 : Prefer not to answer</p>			
WP4E2	Each time you did other exercises such as swimming, cycling, keep fit, about how long did you spend doing them?	<p>SELECT one of 9 from</p> <p>1 :Less than 15 minutes 2 :Between 15 and 30 minutes 3 :Between 30 minutes and 1 hour 4 :Between 1 hour and 1½ hours 5 :Between 1½ hours and 2 hours 6 :Between 2 and 3 hours 7 :Over 3 hours -1 :Do not know -3 :Prefer not to answer</p>		Goto WP11	If you are unsure, please provide an estimate or select Do not know.
WP4C3	How many times in the last 4 weeks did you do strenuous sports?	<p>SELECT one of 8 from</p> <p>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</p>		Goto WP4E3	If you are unsure, please provide an estimate or select Do not know.
WP4E3	Each time you did strenuous sports, about how long did you spend doing it?	<p>SELECT one of 9 from</p> <p>1 :Less than 15 minutes</p>		Goto WP11	If you are unsure, please provide an estimate or select Do not know.

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		<p>2 :Between 15 and 30 minutes</p> <p>3 :Between 30 minutes and 1 hour</p> <p>4 :Between 1 hour and 1½ hours</p> <p>5 :Between 1½ hours and 2 hours</p> <p>6 :Between 2 and 3 hours</p> <p>7 :Over 3 hours</p> <p>-1 :Do not know</p> <p>-3 :Prefer not to answer</p>			
WP4C4	How many times in the last 4 weeks did you do light DIY?	<p>SELECT one of 8 from</p> <p>1 :Once in the last 4 weeks</p> <p>2 :2-3 times in the last 4 weeks</p> <p>3 :Once a week</p> <p>4 :2-3 times a week</p> <p>5 :4-5 times a week</p> <p>6 :Every day</p> <p>-1 :Do not know</p> <p>-3 :Prefer not to answer</p>		Goto WP4E4	If you are unsure, please provide an estimate or select Do not know.
WP4E4	Each time you did light DIY, about how long did you spend doing it?	<p>SELECT one of 9 from</p> <p>1 :Less than 15 minutes</p> <p>2 :Between 15 and 30 minutes</p> <p>3 :Between 30 minutes and 1 hour</p> <p>4 :Between 1 hour and 1½</p>		Goto WP11	If you are unsure, please provide an estimate or select Do not know.

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		<p>hours</p> <p>5 :Between 1½ hours and 2 hours</p> <p>6 :Between 2 and 3 hours</p> <p>7 :Over 3 hours</p> <p>-1 :Do not know</p> <p>-3 :Prefer not to answer</p>			
WP4C5	How many times in the last 4 weeks did you do heavy DIY?	<p>SELECT one of 8 from</p> <p>1 :Once in the last 4 weeks</p> <p>2 :2-3 times in the last 4 weeks</p> <p>3 :Once a week</p> <p>4 :2-3 times a week</p> <p>5 :4-5 times a week</p> <p>6 :Every day</p> <p>-1 :Do not know</p> <p>-3 :Prefer not to answer</p>		Goto WP4E5	If you are unsure, please provide an estimate or select Do not know.
WP4E5	Each time you did heavy DIY, about how long did you spend doing it?	<p>SELECT one of 9 from</p> <p>1 : Less than 15 minutes</p> <p>2 : Between 15 and 30 minutes</p> <p>3 : Between 30 minutes and 1 hour</p> <p>4 : Between 1 hour and 1½ hours</p> <p>5 : Between 1½ hours and 2 hours</p> <p>6 : Between 2 and 3 hours</p> <p>7 : Over 3 hours</p>		Goto WP11	If you are unsure, please provide an estimate or select Do not know.

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		-1 : Do not know -3 : Prefer not to answer			
WP11	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		Goto WP12	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	Which of the following do you attend once a week or more often? (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	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto WP12A	If this varies, please think about activities in the last year.
WP12A	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	Require: $\geq 0, \leq 24$ Expect: ≤ 10 Units: hours	Goto WP12B	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 is 13 (5 + 8), so you spend approximately 2 hours a day.
WP12B	In a typical DAY in winter, how many	Enter INTEGER	Require: $\geq 0, \leq$	Goto WP5	If the time you spend outdoors in winter

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	hours do you spend outdoors?	OR -10 : Less than an hour a day OR -1 : Do not know OR -3 : Prefer not to answer	24 Expect: ≤ 10 Units: hours		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 is 13 (5 + 8), so you spend approximately 2 hours a day.
WP5	In a typical DAY, how many hours do you spend watching TV? (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	Require: $\geq 0, \leq 24$ Expect: ≤ 8 Units: hours	Goto WP5A	If the time you spend watching TV varies a lot, give the average time for a 24 hour day in the last 4 weeks.
WP5A	In a typical DAY, how many hours do you spend using the computer? (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	Require: $\geq 0, \leq 24$ Expect: ≤ 6 Units: hours	Goto WP7	If the time you spend on the computer 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	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	Require: $\geq 0, \leq 24$ Expect: ≤ 6 Units: hours	Goto WP8	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.
WP8	How often do you drive faster than the speed limit on the motorway?	SELECT one of 7 from 1 : Never/rarely 2 : Sometimes 3 : Often 4 : Most of the time		Goto MB1	If you are unsure, please provide an estimate or select Do not know.

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		<p>5 : Do not drive on the motorway</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>			
MB1	For approximately how many years have you been using a mobile phone at least once per week to make or receive calls?	<p>SELECT one of 7 from</p> <p>0 : Never used mobile phone at least once per week</p> <p>1 : One year or less</p> <p>2 : Two to four years</p> <p>3 : Five to eight years</p> <p>4 : More than eight years</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Default MB2 except: 0 : SL1 -3 : SL1	Do not include time spent text messaging. If you are unsure, please provide an estimate or select Do not know.
MB2	Over the last 3 months, on average how much time per week did you spend making or receiving calls on a mobile phone?	<p>SELECT one of 8 from</p> <p>0 : Less than 5mins</p> <p>1 : 5-29 mins</p> <p>2 : 30-59 mins</p> <p>3 : 1-3 hours</p> <p>4 : 4-6 hours</p> <p>5 : More than 6 hours</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto MB2A	If you are unsure, please provide an estimate or select Do not know.
MB2A	Over the last 3 months, how often have you used a hands-free device/speakerphone when making or receiving calls on your mobile?	<p>SELECT one of 7 from</p> <p>0 : Never or almost never</p> <p>1 : Less than half the time</p> <p>2 : About half the time</p> <p>3 : More than half the time</p>		Goto MB3	If you are unsure, please provide an estimate or select Do not know.

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		4 : Always or almost always -1 : Do not know -3 : Prefer not to answer			
MB3	Is there any difference between your mobile phone use now compared to two years ago?	SELECT one of 6 from 0 : No 1 : Yes, use is now less frequent 2 : Yes, use is now more frequent 3 : I didn't use a mobile phone two years ago -1 : Do not know -3 : Prefer not to answer		Goto MB3A	If you are unsure, please provide an estimate or select Do not know.
MB3A	On what side of the head do you usually use a mobile phone?	SELECT one of 5 from 1 : Left 2 : Right 3 : Equally left and right -1 : Do not know -3 : Prefer not to answer		Goto SL1	If you are unsure, please provide an estimate or select Do not know.
SL1	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	Require: $\geq 1, \leq 23$ Expect: $\geq 3, \leq 12$ Units: hours	Goto SL1AA	If the time you spend sleeping varies a lot, give the average time for a 24 hour day in the last 4 weeks.
SL1AA	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		Goto SL1AB	If this varies a lot, answer this question in relation to the last 4 weeks.

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		-1 : Do not know -3 : Prefer not to answer			
SL1AB	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		Goto SL1A	If this varies a lot, answer this question in relation to the last 4 weeks.
SL1A	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		Goto SL2	If this varies a lot, answer this question in relation to the last 4 weeks.
SL2	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		Goto SL3	If this varies a lot, answer this question in relation to the last 4 weeks.
SL3	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		Goto SL4	If you are unsure, please provide an estimate or select Do not know.

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SL4	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		Goto INTRO3	If you are unsure, please provide an estimate or select Do not know.
INTRO3	Now we would like to ask some questions about smoking. Please touch 'next' to continue	INFO		Goto S1	
S1	Do you smoke tobacco now?	SELECT one of 4 from 1 : Yes, on most or all days 2 : Only occasionally 0 : No -3 : Prefer not to answer		Default S2 except: 1 : S3	
S2	In the past, how often have you smoked tobacco?	SELECT one of 5 from 1 : Smoked on most or all days 2 : Smoked occasionally 3 : Just tried once or twice 4 : I have never smoked -3 : Prefer not to answer		Default S2A except: 1 : S6 4 : S11 -3 : S11	
S2A	In your lifetime, have you smoked a total of at least 100 times?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto S11	
S3	How old were you when you first started smoking on most days?	Enter INTEGER OR -1 : Do not know	Require: $\geq 5, \leq 129$ Expect: ≥ 12	Goto S4	

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		OR -3 : Prefer not to answer	Units: years		
S4	What type of tobacco do you mainly smoke?	SELECT one of 5 from 1 : Manufactured cigarettes 2 : Hand-rolled cigarettes 3 : Cigars or pipes -7 : None of the above -3 : Prefer not to answer		Default S5 except: 1 : S4A 2 : S4A 3 : S4AA	If you smoke cigarettes and cigars and pipes, please select the type of cigarette you smoke. If you smoke both hand-rolled and manufactured cigarettes select the one that you smoke more of.
S4AA	Did you previously smoke cigarettes on most or all days?	SELECT one of 3 from 1 : Yes 0 : No -3 : Prefer not to answer		Default S5 except: 1 : S4AB	
S4AB	About how many cigarettes did you smoke on average each day?	Enter INTEGER OR -10 : Less than one a day OR -1 : Do not know	Require: $\geq 1, \leq 150$ Expect: ≤ 100	Goto S4AC	
S4AC	How old were you when you last smoked cigarettes on most days?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 5 Expect: ≥ 12	Goto S5	
S4A	About how many cigarettes do you smoke on average each day?	Enter INTEGER OR -10 : Less than one a day OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 150$ Expect: ≤ 100 Units: cigarettes	Goto S4B	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

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S4B	How soon after waking do you smoke your first cigarette of the day?	<p>SELECT one of 7 from</p> <p>1 : Less than 5 minutes</p> <p>2 : Between 5-15 minutes</p> <p>3 : Between 30 minutes - 1 hour</p> <p>4 : Between 1 and 2 hours</p> <p>5 : Longer than 2 hours</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto S4C	
S4C	How easy or difficult would you find it to go without smoking for a whole day?	<p>SELECT one of 5 from</p> <p>1 : Very easy</p> <p>2 : Fairly easy</p> <p>3 : Fairly difficult</p> <p>4 : Very difficult</p> <p>-3 : Prefer not to answer</p>		Goto S5	
S5	Have you tried to give up smoking?	<p>SELECT one of 4 from</p> <p>1 : Yes, tried but was not able to stop or stopped for less than 6 months</p> <p>2 : Yes, tried and stopped for at least 6 months</p> <p>0 : No</p> <p>-3 : Prefer not to answer</p>		Goto S5AA	
S5AA	Do you want to stop smoking?	<p>SELECT one of 5 from</p> <p>1 : Yes, definitely</p> <p>2 : Yes, probably</p> <p>3 : No, probably not</p> <p>4 : No, definitely not</p> <p>-3 : Prefer not to answer</p>		Goto S5A	

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S5A	Compared to 10 years ago do you smoke...	SELECT one of 4 from 1 : More nowadays? 2 : About the same? 3 : Less nowadays? -3 : Prefer not to answer		Default DT1 except: 3 : S5B	
S5B	Why did you reduce your smoking? (You can select more than one answer)	TOGGLE of 7 choices 1 : Illness or ill health 2 : Doctor's advice 3 : Health precaution 4 : Financial reasons -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto DT1	
S6	How old were you when you first started smoking on most days?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 5 , ≤ 129 Expect: ≥ 12 Units: years	Goto S7	
S7	What type of tobacco did you usually smoke?	SELECT one of 5 from 1 : Manufactured cigarettes 2 : Hand-rolled cigarettes 3 : Cigars or pipes -7 : None of the above -3 : Prefer not to answer		Default S8 except: 1 : S7A 2 : S7A	If you smoked both hand-rolled and manufactured cigarettes select the one that you smoked more of.
S7A	About how many cigarettes did you smoke on average each day?	Enter INTEGER OR -10 : Less than one a day OR -1 : Do not know	Require: ≥ 1 , ≤ 150 Expect: ≤ 100 Units: cigarettes	Goto S8	Count the total number of cigarettes (including both hand-rolled and manufactured cigarettes if both were smoked) For hand-rolled cigarettes: - One ounce of tobacco makes about 30

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					cigarettes - One gram of tobacco makes about 1 cigarette
S8	How old were you when you last smoked on most days?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 5 , ≤ 129 Expect: ≥ 12 Units: years	Goto S9	
S9	In the time that you smoked, did you ever stop for more than 6 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto S10	
S10	Why did you stop smoking? (You can select more than one answer)	TOGGLE of 7 choices 1 : Illness or ill health 2 : Doctor's advice 3 : Health precaution 4 : Financial reasons -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto S10A	
S10A	How many times did you try to give up smoking before you were successful?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 0 , ≤ 200 Expect: ≤ 20	Goto S10B	If you are unsure, please provide an estimate or select Do not know.
S10B	Do you think you may start smoking again?	SELECT one of 6 from 1 : Yes, definitely 2 : Yes, probably 3 : No, probably not		Goto S11	

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		4 : No, definitely not -1 : Do not know -3 : Prefer not to answer			
S11	Does anyone in your household smoke?	SELECT one of 4 from 1 : Yes, one household member smokes 2 : Yes, more than one household member smokes 0 : No -3 : Prefer not to answer		Goto S12	
S12	At home, about how many hours per WEEK are you exposed to other people's tobacco smoke?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 0 , ≤ 168 Expect: ≤ 100 Units: hours	Goto S13	Please give the number of hours in a typical week over the last year that you have been exposed to other people's tobacco smoke in the home environment.
S13	Outside of your home, about how many hours per WEEK are you exposed to other people's tobacco smoke?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 0 , ≤ 168 Expect: ≤ 100 Units: hours	Goto DT1	Please give the number of hours in a typical week over the last year that you have been exposed to other people's tobacco smoke in environments other than the home (include work, pubs, restaurants etc).
DT1	On average how many heaped tablespoons of COOKED vegetables would you eat per DAY? (Do not include potatoes; put '0' if you do not eat any)	Enter INTEGER OR -10 : Less than one OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≤ 50 Expect: undefined Units: tablespoons	Goto DT2	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know. If you have less than one tablespoon a day select Less than one.
DT2	On average how many heaped tablespoons of SALAD or RAW vegetables would you eat per DAY?	Enter INTEGER OR -10 : Less than one	Require: ≤ 50 Expect: undefined	Goto DT3	Please provide an average considering your intake over the last year. If you are unsure, please provide an

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	(Include lettuce, tomato in sandwiches; put '0' if you do not eat any)	OR -1 : Do not know OR -3 : Prefer not to answer	Units: tablespoons		estimate or select Do not know. If you have less than one tablespoon a day select Less than one.
DT3	About how many pieces of FRESH fruit would you eat per DAY? (Count one apple, one banana, 10 grapes etc as one piece; put '0' if you do not eat any)	Enter INTEGER OR -10 : Less than one OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≤ 50 Expect: undefined Units: pieces	Goto DT2A	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know.
DT2A	About how many pieces of DRIED fruit would you eat per DAY? (Count one prune, one dried apricot, 10 raisins as one piece; put '0' if you do not eat any)	Enter INTEGER OR -10 : Less than one OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≤ 100 Expect: undefined Units: pieces	Goto DT4	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know.
DT4	How often do you eat oily fish? (e.g. sardines, salmon, mackerel, herring)	SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week 3 : 2-4 times a week 4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer		Goto DT5	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know. Oily fish include: Salmon, Anchovies, Trout, Swordfish, Mackerel, Bloaters, Herring, Cachas, Sardines, Carp, Pilchards, Hilsa, Kipper, Jack fish, Eel, Katla, Whitebait, Orange roughy, Tuna (fresh only), Pangas, Sprats.
DT5	How often do you eat other types of fish? (e.g. cod, tinned tuna, haddock)	SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week		Goto DT8	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know.

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		<p>3 : 2-4 times a week 4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer</p>			
DT8	How often do you eat processed meats (such as bacon, ham, sausages, meat pies, kebabs, burgers, chicken nuggets)?	<p>SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week 3 : 2-4 times a week 4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer</p>		Goto DT6	Please provide an average considering your intake over the last year If you are unsure, please provide an estimate or select Do not know.
DT6	How often do you eat chicken, turkey or other poultry? (Do not count processed meats)	<p>SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week 3 : 2-4 times a week 4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer</p>		Goto DT7	Please provide an average considering your intake over the last year If you are unsure, please provide an estimate or select Do not know.
DT7	How often do you eat beef? (Do not count processed meats)	<p>SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week 3 : 2-4 times a week</p>		Goto DT7A	Please provide an average considering your intake over the last year If you are unsure, please provide an estimate or select Do not know.

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		<p>4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer</p>			
DT7A	How often do you eat lamb/mutton? (Do not count processed meats)	<p>SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week 3 : 2-4 times a week 4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer</p>		Goto DT7B	Please provide an average considering your intake over the last year If you are unsure, please provide an estimate or select Do not know.
DT7B	How often do you eat pork? (Do not count processed meats such as bacon or ham)	<p>SELECT one of 8 from 0 : Never 1 : Less than once a week 2 : Once a week 3 : 2-4 times a week 4 : 5-6 times a week 5 : Once or more daily -1 : Do not know -3 : Prefer not to answer</p>		Goto DT8	Please provide an average considering your intake over the last year If you are unsure, please provide an estimate or select Do not know.
DT8A	How old were you when you last ate any kind of meat? (Enter "0" if you have never eaten meat in your lifetime)	<p>Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 129$ Expect: undefined Units: years</p>	Goto DT8B	
DT8B	Which of the following do you NEVER eat?	<p>TOGGLE of 6 choices 1 : Eggs or foods containing</p>	<p>Require ≥ 1 choices</p>	Goto DT9	

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	(You can select more than one answer)	<p>eggs</p> <p>2 : Dairy products</p> <p>3 : Wheat products</p> <p>4 : Sugar or foods/drinks containing sugar</p> <p>5 : I eat all of the above</p> <p>-3 : Prefer not to answer</p>	<p>5 : is exclusive</p> <p>-3 : is exclusive</p>		
DT9	How often do you eat cheese? (Include cheese in pizzas, quiches, cheese sauce etc)	<p>SELECT one of 8 from</p> <p>0 : Never</p> <p>1 : Less than once a week</p> <p>2 : Once a week</p> <p>3 : 2-4 times a week</p> <p>4 : 5-6 times a week</p> <p>5 : Once or more daily</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto DT10	Please provide an average considering your intake over the last year If you are unsure, please provide an estimate or select Do not know.
DT10	What type of milk do you mainly use?	<p>SELECT one of 8 from</p> <p>1 : Full cream</p> <p>2 : Semi-skimmed</p> <p>3 : Skimmed</p> <p>4 : Soya</p> <p>5 : Other type of milk</p> <p>6 : Never/rarely have milk</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto DT10A	If you use more than one type of milk, please select the one that you drink the most. If you are unsure, select Do not know.
DT10A	What type of spread do you mainly use?	<p>SELECT one of 5 from</p> <p>1 : Butter/spreadable butter</p> <p>3 : Other type of</p>		Default DT10B except: 3 : DT10AA	If you use more than one type of spread, please select the one that you use the most. If you are unsure, select Do not know.

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		<p>spread/margarine</p> <p>0 : Never/rarely use spread</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		-1 : DT10AA	
DT10AA	What type of spread do you mainly use?	<p>SELECT one of 9 from</p> <p>4 : Soft (tub) margarine</p> <p>5 : Hard (block) margarine</p> <p>6 : Olive oil based spread (eg: Bertolli)</p> <p>7 : Polyunsaturated/sunflower oil based spread (eg: Flora)</p> <p>2 : Flora Pro-Active or Benecol</p> <p>8 : Other low or reduced fat spread</p> <p>9 : Other type of spread/margarine</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto DT10B	<p>If you use more than one type of spread, please select the one that you use the most.</p> <p>If you are unsure, select Do not know.</p>
DT10B	How many slices of bread do you eat each WEEK?	<p>Enter INTEGER</p> <p>OR</p> <p>-10 : Less than one</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 250$</p> <p>Expect: ≤ 50</p> <p>Units: slices</p>	Goto DT11	<p>For other types of bread:</p> <p>- one bread roll = 2 slices</p> <p>- one pitta bread = 2 slices</p>
DT11	What type of bread do you mainly eat?	<p>SELECT one of 6 from</p> <p>1 : White</p> <p>2 : Brown</p>		Goto DT11A1	<p>If you eat more than one type of bread, please select the one that you eat the most.</p> <p>If you are unsure, select Do not know.</p>

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		<p>3 : Wholemeal or wholegrain 4 : Other type of bread -1 : Do not know -3 : Prefer not to answer</p>			
DT11A1	How many bowls of cereal do you eat a WEEK?	<p>Enter INTEGER OR -10 : Less than one OR -1 : Do not know OR -3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 99$ Expect: ≤ 14 Units: bowls</p>	Goto DT11A	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know.
DT11A	What type of cereal do you mainly eat?	<p>SELECT one of 7 from 1 : Bran cereal (e.g. All Bran, Branflakes) 2 : Biscuit cereal (e.g. Weetabix) 3 : Oat cereal (e.g. Ready Brek, porridge) 4 : Muesli 5 : Other (e.g. Cornflakes, Frosties) -1 : Do not know -3 : Prefer not to answer</p>		Goto DT11B	If you eat more than one type of cereal, please select the one that you eat the most. If you are unsure, select Do not know.
DT11B	Do you add salt to your food? (Do not include salt used in cooking)	<p>SELECT one of 5 from 1 : Never/rarely 2 : Sometimes 3 : Usually 4 : Always -3 : Prefer not to answer</p>		Goto DT12	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know.
DT12	How many cups of tea do you drink each	Enter INTEGER	Require: $\geq 0, \leq$	Goto DT13	Please provide an average considering

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	DAY? (Include black and green tea)	OR -10 : Less than one OR -1 : Do not know OR -3 : Prefer not to answer	99 Expect: ≤ 20 Units: cups		your intake over the last year. If you are unsure, please provide an estimate or select Do not know.
DT13	How many cups of coffee do you drink each DAY? (Include decaffeinated coffee)	Enter INTEGER OR -10 : Less than one OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 99$ Expect: ≤ 10 Units: cups	Goto DT13A	Please provide an average considering your intake over the last year. If you are unsure, please provide an estimate or select Do not know.
DT13AA	What type of coffee do you usually drink?	SELECT one of 6 from 1 :Decaffeinated coffee (any type) 2 :Instant coffee 3 :Ground coffee (include espresso, filter etc) 4 :Other type of coffee -1 :Do not know -3 :Prefer not to answer		Goto DT13A	If you drink more than one type of coffee, please select the one that you drink the most. If you are unsure, select Do not know.
DT13A	How do you like your hot drinks? (Such as coffee or tea)	SELECT one of 5 from 1 : Very hot 2 : Hot 3 : Warm -2 : Do not drink hot drinks -3 : Prefer not to answer		Goto DT14	
DT14	How many glasses of water do you drink each DAY?	Enter INTEGER OR -10 : Less than one	Require: $\geq 0, \leq 99$ Expect: ≤ 10	Goto DT15	Please provide an average considering your intake over the last year. If you are unsure, please provide an

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		OR -1 : Do not know OR -3 : Prefer not to answer	Units: glasses		estimate or select Do not know.
DT15	Have you made any major changes to your diet in the last 5 years?	SELECT one of 4 from 0 :No 1 :Yes, because of illness 2 :Yes, because of other reasons -3 :Prefer not to answer		Goto DT16	
DT16	Does your diet vary much from week to week?	SELECT one of 5 from 1 : Never/rarely 2 : Sometimes 3 : Often -1 : Do not know -3 : Prefer not to answer		Goto A1	
A1	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 5 :Special occasions only 6 :Never -3 :Prefer not to answer		Default A3B except: 4 : A2B 5 : A2B 6 : A1A -3 : INTRO5	If this varies a lot, please provide an average considering your intake over the last year
A1A	Did you previously drink alcohol?	SELECT one of 3 from 1 : Yes 0 : No		Default A7A except: 0 : INTRO5	

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		-3 : Prefer not to answer		-3 : INTRO5	
A2B	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	Require: $\geq 0, \leq 250$ Expect: ≤ 10 Units: glasses	Goto A2C	Please include sparkling red wine here.
A2C	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	Require: $\geq 0, \leq 250$ Expect: ≤ 10 Units: glasses	Goto A2E	Please include sparkling white wine here.
A2E	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	Require: $\geq 0, \leq 250$ Expect: ≤ 10 Units: pints	Goto A2A	
A2A	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	Require: $\geq 0, \leq 250$ Expect: ≤ 10 Units: measures	Goto A2F	
A2F	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	Require: $\geq 0, \leq 250$ Expect: ≤ 10 Units: glasses	Goto A2G	Fortified wines include: Sherry, Port, Vermouth, Muscat, Madeira, Malaga, Tokay, Frontignan, Frontignac.
A2G	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	Require: ≥ 0 Expect: undefined Units: glasses	Goto A5	
A3B	In an average WEEK, how many glasses	Enter INTEGER	Require: $\geq 0, \leq$	Goto A3C	Please include sparkling red wine here.

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	of RED wine would you drink? (There are six glasses in an average bottle)	OR -1 : Do not know OR -3 : Prefer not to answer	250 Expect: ≤ 100 Units: glasses		
A3C	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	Require: $\geq 0, \leq 250$ Expect: ≤ 100 Units: glasses	Goto A3E	Please include sparkling white wine here.
A3E	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	Require: $\geq 0, \leq 250$ Expect: ≤ 100 Units: pints	Goto A3A	
A3A	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	Require: $\geq 0, \leq 250$ Expect: ≤ 100 Units: measures	Goto A3F	For mixed drinks that contain spirits or liqueurs, count one bottle as one measure. There is a question later on alcopops
A3F	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	Require: $\geq 0, \leq 250$ Expect: ≤ 100 Units: glasses	Goto A3G	Fortified wines include: Sherry, Port, Vermouth, Muscat, Madeira, Malaga, Tokay, Frontignan, Frontignac.
A3G	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	Require: ≥ 0 Expect: undefined Units: glasses	Got A5	
A5	When you drink alcohol is it usually with meals?	SELECT one of 5 from 1 : Yes 0 : No		Goto A6	

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		-6 : It varies -1 : Do not know -3 : Prefer not to answer			
A6	Compared to 10 years ago, do you drink?	SELECT one of 5 from 1 : More nowadays 2 : About the same 3 : Less nowadays -1 : Do not know -3 : Prefer not to answer		Default INTRO5 except: 3 : A7	
A7	Why did you reduce the amount you drank?	SELECT one of 7 from 1 : Illness or ill health 2 : Doctor's advice 3 : Health precaution 4 : Financial reasons 5 : Other reason -1 : Do not know -3 : Prefer not to answer		Goto INTRO5	
A7A	Why did you stop drinking alcohol?	SELECT one of 7 from 1 : Illness or ill health 2 : Doctor's advice 3 : Health precaution 4 : Financial reasons 5 : Other reason -1 : Do not know -3 : Prefer not to answer		Goto INTRO5	
INTRO5	Now, some questions about you and your family.	INFO		Goto D2	

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	Touch 'next' to continue.				
D2	Where were you born?	SELECT one of 8 from 1 : England 2 : Wales 3 : Scotland 4 : Northern Ireland 5 : Republic of Ireland 6 : Elsewhere -1 : Do not know -3 : Prefer not to answer		Default YE1 except: 5 : D2A 6 : D2A	
D2A	What year did you first come to live in the United Kingdom?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ANY Expect: undefined	Goto YE1	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.
YE1	What is your ethnic group?	SELECT one of 8 from 1 : White 2 : Mixed 3 : Asian or Asian British 4 : Black or Black British 5 : Chinese 6 : Other ethnic group -1 : Do not know -3 : Prefer not to answer		Default Y3 except: 1 : YE1A 2 : YE1B 3 : YE1C 4 : YE1D	
YE1A	What is your ethnic background?	SELECT one of 4 from 1 : British 2 : Irish 3 : Any other white background		Goto Y3	

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		-3 : Prefer not to answer			
YE1B	What is your ethnic background?	SELECT one of 5 from 1 : White and Black Caribbean 2 : White and Black African 3 : White and Asian 4 : Any other mixed background -3 : Prefer not to answer		Goto Y3	
YE1C	What is your ethnic background?	SELECT one of 5 from 1 : Indian 2 : Pakistani 3 : Bangladeshi 4 : Any other Asian background -3 : Prefer not to answer		Goto Y3	
YE1D	What is your ethnic background?	SELECT one of 4 from 1 : Caribbean 2 : African 3 : Any other Black background -3 : Prefer not to answer		Goto Y3	
Y3	Were you breastfed when you were a baby?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto Y4	
Y4	When you were 10 years old, compared to	SELECT one of 5 from		Goto Y5	

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	average would you describe yourself as:	1 : Thinner 2 : Plumper 3 : About average -1 : Do not know -3 : Prefer not to answer			
Y5	When you were 10 years old, compared to average would you describe yourself as:	SELECT one of 5 from 1 : Shorter 2 : Taller 3 : About average -1 : Do not know -3 : Prefer not to answer		Goto Y6	
Y6	Are you right or left handed?	SELECT one of 4 from 1 : Right-handed 2 : Left-handed 3 : Use both right and left hands equally -3 : Prefer not to answer		Goto Y6A	
Y6A	What best describes the colour of your skin without tanning?	SELECT one of 8 from 1 : Very fair 2 : Fair 3 : Light olive 4 : Dark olive 5 : Brown 6 : Black -1 : Do not know -3 : Prefer not to answer		Goto Y6AA	If you are unsure, please provide an estimate or select Do not know.
Y6AA	What would happen to your skin if it was repeatedly exposed to bright sunlight	SELECT one of 6 from 1 : Get very tanned		Goto Y5A	

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	without any protection?	2 : Get moderately tanned 3 : Get mildly or occasionally tanned 4 : Never tan, only burn -1 : Do not know -3 : Prefer not to answer			
Y5A	Before the age of 15, how many times did you suffer sunburn that was painful for at least 2 days or caused blistering?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 0 , ≤ 999 Expect: ≤ 20 Units: times	Goto Y6B	If you are unsure, please provide an estimate or select Do not know.
Y6B	What best describes your natural hair colour? (If your hair colour is grey, the colour before you went grey)	SELECT one of 8 from 1 : Blonde 2 : Red 3 : Light brown 4 : Dark brown 5 : Black 6 : Other -1 : Do not know -3 : Prefer not to answer		Goto Y6C	If you are unsure, please select the colour closest to your natural adult hair colour or select Do not know.
Y6C	Do people say that you look:	SELECT one of 5 from 1 : Younger than you are 2 : Older than you are 3 : About your age -1 : Do not know -3 : Prefer not to answer		Goto Y1	
Y1	Were you adopted as a child?	SELECT one of 4 from 1 : Yes 0 : No		Default Y1A except: 1 : Y13AD	

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		-1 : Do not know -3 : Prefer not to answer			
Y1A	Are you a twin, triplet or other multiple birth?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto Y7	
Y7	Did your mother smoke regularly around the time when you were born?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto Y13	
Y13	Is your father still alive?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default Y16 except: 1 : Y13A 0 : Y13B	
Y13AD	Is your ADOPTED father still alive?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default Y16AD except: 1 : Y13A 0 : Y13B	
Y13A	What is his age now?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 139 , ≤ 122 Expect: ≥ 144 , ≤ 105 Units: years	Goto Y13D	
Y13B	What was his age when he died?	Enter INTEGER OR	Require: ≥ 10 , ≤ 122	Goto Y13D1	

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		-1 : Do not know OR -3 : Prefer not to answer	Expect: ≥ 15 , ≤ 105 Units: years		
Y13D	Has/did your father ever suffer from? (You can select more than one answer)	TOGGLE of 9 choices 1 : Heart disease 2 : Stroke 8 : High blood pressure 9 : Diabetes 6 : Chronic bronchitis/emphysema 1 : Alzheimer's 0 disease/dementia -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y13E	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.
Y13DAD	Has/did your ADOPTED father ever suffer from? (You can select more than one answer)	TOGGLE of 9 choices 1 : Heart disease 2 : Stroke 8 : High blood pressure 9 : Diabetes 6 : Chronic bronchitis/emphysema 1 : Alzheimer's 0 disease/dementia -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y13EAD	Answer this question for your adopted father only. If you are not sure if your adopted father suffered from any of the listed illnesses please select Do not know. If you know your adopted father suffered from certain listed illnesses but are unsure about others, only select the ones you are sure about.
Y13E	Has/did your father ever suffer from? (You can select more than one answer)	TOGGLE of 8 choices 11 : Parkinson's disease	Require ≥ 1 choices	Goto Y16	Answer this question for blood relations only. If you are not sure if your father suffered

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		12 : Severe depression 3 : Lung cancer 4 : Bowel cancer 13 : Prostate cancer -7 : None of the above -1 : Do not know -3 : Prefer not to answer	-7 : is exclusive -1 : is exclusive -3 : is exclusive		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.
Y13EAD	Has/did your ADOPTED father ever suffer from? (You can select more than one answer)	TOGGLE of 8 choices 11 : Parkinson's disease 12 : Severe depression 3 : Lung cancer 4 : Bowel cancer 13 : Prostate cancer -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y16AD	Answer this question for your adopted father only. If you are not sure if your adopted father suffered from any of the listed illnesses please select Do not know. If you know your adopted father suffered from certain listed illnesses but are unsure about others, only select the ones you are sure about.
Y16	Is your mother still alive?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Branch 1 : Y16A 0 : Y16B -1 : Y17 -3 : Y17	
Y16AD	Is your ADOPTED mother still alive?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default Y17AD except: 1 : Y16A 0 : Y16B	
Y16A	What is her age now?	Enter INTEGER OR	Require: ≥ 139 , ≤ 122	Goto Y16D	

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		-1 : Do not know OR -3 : Prefer not to answer	Expect: ≥ 144 , ≤ 105 Units: years		
Y16B	What was her age when she died?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: ≥ 10 , ≤ 122 Expect: ≥ 15 , ≤ 105 Units: years	Goto Y16D	
Y16D	Has/did your mother ever suffer from? (You can select more than one answer)	TOGGLE of 9 choices 1 : Heart disease 2 : Stroke 8 : High blood pressure 9 : Diabetes 6 : Chronic bronchitis/emphysema 1 : Alzheimer's 0 : disease/dementia -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y16E	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
Y16DAD	Has/did your ADOPTED mother ever suffer from? (You can select more than one answer)	TOGGLE of 9 choices 1 : Heart disease 2 : Stroke 8 : High blood pressure 9 : Diabetes 6 : Chronic bronchitis/emphysema 1 : Alzheimer's 0 : disease/dementia -7 : None of the above	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y16EAD	Answer this question for your adopted mother only. If you are not sure if your adopted mother suffered from any of the listed illnesses please select Do not know. If you know your adopted mother suffered from certain listed illnesses but are unsure about others, only select the ones you are sure about.

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		-1 : Do not know -3 : Prefer not to answer			
Y16E	Has/did your mother ever suffer from? (You can select more than one answer)	TOGGLE of 8 choices 11 : Parkinson's disease 12 : Severe depression 3 : Lung cancer 4 : Bowel cancer 5 : Breast cancer -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y17	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.
Y16EAD	Has/did your ADOPTED mother ever suffer from? (You can select more than one answer)	TOGGLE of 8 choices 11 : Parkinson's disease 12 : Severe depression 3 : Lung cancer 4 : Bowel cancer 5 : Breast cancer -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y17AD	Answer this question for your adopted mother only. If you are not sure if your adopted mother suffered from any of the listed illnesses please select Do not know. If you know your adopted mother suffered from certain listed illnesses but are unsure about others, only select the ones you are sure about.
Y17	How many brothers do you have? (Please include those who have died, and twin brothers. Do not include half-brothers, step-brothers or adopted brothers)	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 25$ Expect: ≤ 10	Goto Y18	
Y17AD	How many ADOPTED brothers do you have? (Please include those who have died)	Enter INTEGER OR -1 : Do not know OR	Require: $\geq 0, \leq 25$ Expect: ≤ 10	Goto Y18AD	

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		-3 : Prefer not to answer			
Y18	How many sisters do you have? (Please include those who have died, and twin sisters. Do not include half-sisters, step-sisters or adopted sisters)	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 25$ Expect: ≤ 10	Goto Y19	
Y18AD	How many ADOPTED sisters do you have? (Please include those who have died)	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 25$ Expect: ≤ 10	Goto Y19AD	
Y19	Have any of your brothers or sisters suffered from any of the following illnesses? (You can select more than one answer)	TOGGLE of 9 choices 1 : Heart disease 2 : Stroke 8 : High blood pressure 9 : Diabetes 6 : Chronic bronchitis/emphysema 1 : Alzheimer's disease/dementia 0 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y20	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.
Y19AD	Have any of your ADOPTED brothers or sisters suffered from any of the following illnesses? (You can select more than one answer)	TOGGLE of 9 choices 1 : Heart disease 2 : Stroke 8 : High blood pressure 9 : Diabetes 6 : Chronic bronchitis/emphysema	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto Y20AD	Answer this question for adopted brothers and sisters only. Include any adopted brothers or sisters who have died. If you are not sure if your adopted brothers or sisters suffered from any of the listed illnesses please select Do not know. If more than one adopted brother or sister has suffered from any of the listed illnesses, you only need to select

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		<p>1 : Alzheimer's disease/dementia 0 : None of the above -1 : Do not know -3 : Prefer not to answer</p>			the illness once.
Y20	<p>Have any or your brothers or sisters suffered from any of the following illnesses? (You can select more than one answer)</p>	<p>TOGGLE of 9 choices 11 : Parkinson's disease 12 : Severe depression 3 : Lung cancer 4 : Bowel cancer 5 : Breast cancer 13 : Prostate cancer -7 : None of the above -1 : Do not know -3 : Prefer not to answer</p>	<p>Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive</p>	Goto Y21	<p>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.</p>
Y20AD	<p>Have any or your ADOPTED brothers or sisters suffered from any of the following illnesses? (You can select more than one answer)</p>	<p>TOGGLE of 9 choices 11 : Parkinson's disease 12 : Severe depression 3 : Lung cancer 4 : Bowel cancer 5 : Breast cancer 13 : Prostate cancer -7 : None of the above -1 : Do not know -3 : Prefer not to answer</p>	<p>Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive</p>	Goto Y21	<p>Answer this question for adopted brothers and sisters only. Include any adopted brothers or sisters who have died. If you are not sure if your adopted brothers or sisters suffered from any of the listed illnesses please select Do not know. If more than one adopted brother or sister has suffered from any of the listed illnesses, you only need to select the illness once.</p>
Y21	<p>How many OLDER brothers/sisters do you have? (Please include those who have died, and twins. Do not include half-, step- or</p>	<p>Enter INTEGER OR -1 : Do not know OR</p>	<p>Require: $\geq 0, \leq 25$ Expect: ≤ 10</p>	Goto Y22	

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	adopted brothers and sisters)	-3 : Prefer not to answer			
Y22	Have any of your mother, father, brothers or sisters died suddenly from a non-accidental cause? (Do not include half-, step- or adopted brothers and sisters)	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto INTRO6	
INTRO6	Now some questions about your feelings and your mood. Work quickly and do not think about the exact meaning of the question. Touch 'next' to continue.	INFO		Goto P18	Work through these questions quickly and do not think about the exact meaning of the question
P18	Does your mood often go up and down?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P19	Work through these questions quickly and do not think about the exact meaning of the question
P19	Do you ever feel 'just miserable' for no reason?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P20	Work through these questions quickly and do not think about the exact meaning of the question
P20	Are you an irritable person?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P21	Work through these questions quickly and do not think about the exact meaning of the question
P21	Are your feelings easily hurt?	SELECT one of 4 from 1 : Yes		Goto P22	Work through these questions quickly and do not think about the exact

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		0 : No -1 : Do not know -3 : Prefer not to answer			meaning of the question
P22	Do you often feel 'fed-up'?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P23	Work through these questions quickly and do not think about the exact meaning of the question
P23	Would you call yourself a nervous person?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P24	Work through these questions quickly and do not think about the exact meaning of the question
P24	Are you a worrier?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P25	Work through these questions quickly and do not think about the exact meaning of the question
P25	Would you call yourself tense or 'highly strung'?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P26	Work through these questions quickly and do not think about the exact meaning of the question
P26	Do you worry too long after an embarrassing experience?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P27	Work through these questions quickly and do not think about the exact meaning of the question

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P27	Do you suffer from 'nerves'?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P28	Work through these questions quickly and do not think about the exact meaning of the question
P28	Do you often feel lonely?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P29	Work through these questions quickly and do not think about the exact meaning of the question
P29	Are you often troubled by feelings of guilt?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P30	Work through these questions quickly and do not think about the exact meaning of the question
P30	Would you describe yourself as someone who takes risks?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P31	Work through these questions quickly and do not think about the exact meaning of the question
P31	In general how happy are you?	SELECT one of 8 from 1 : Extremely happy 2 : Very happy 3 : Moderately happy 4 : Moderately unhappy 5 : Very unhappy 6 : Extremely unhappy -1 : Do not know		Goto P31A	

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		-3 : Prefer not to answer			
P31A	In general how satisfied are you with the WORK that you do?	SELECT one of 9 from 1 : Extremely happy 2 : Very happy 3 : Moderately happy 4 : Moderately unhappy 5 : Very unhappy 6 : Extremely unhappy 7 : I am not employed -1 : Do not know -3 : Prefer not to answer		Goto P31B	
P31B	In general how satisfied are you with your HEALTH?	SELECT one of 8 from 1 : Extremely happy 2 : Very happy 3 : Moderately happy 4 : Moderately unhappy 5 : Very unhappy 6 : Extremely unhappy -1 : Do not know -3 : Prefer not to answer		Goto P31C	
P31C	In general how satisfied are you with your FAMILY RELATIONSHIPS?	SELECT one of 8 from 1 : Extremely happy 2 : Very happy 3 : Moderately happy 4 : Moderately unhappy 5 : Very unhappy 6 : Extremely unhappy -1 : Do not know		Goto P31D	

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		-3 : Prefer not to answer			
P31D	In general how satisfied are you with your FRIENDSHIPS?	SELECT one of 8 from 1 : Extremely happy 2 : Very happy 3 : Moderately happy 4 : Moderately unhappy 5 : Very unhappy 6 : Extremely unhappy -1 : Do not know -3 : Prefer not to answer		Goto P31E	
P31E	In general how satisfied are you with your FINANCIAL SITUATION?	SELECT one of 8 from 1 : Extremely happy 2 : Very happy 3 : Moderately happy 4 : Moderately unhappy 5 : Very unhappy 6 : Extremely unhappy -1 : Do not know -3 : Prefer not to answer		Goto P1	
P1	Over the past two weeks, how often have you felt down, depressed or hopeless?	SELECT one of 6 from 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		Goto P1A	Answer this question thinking about the past 2 weeks. If you are unsure, please provide an estimate or select Do not know.
P1A	Over the past two weeks, how often have you had little interest or pleasure in doing	SELECT one of 6 from 1 : Not at all		Goto P2	Answer this question thinking about the past 2 weeks. If you are unsure, please

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	things?	2 : Several days 3 : More than half the days 4 : Nearly every day -1 : Do not know -3 : Prefer not to answer			provide an estimate or select Do not know.
P2	Over the past two weeks, how often have you felt tense, fidgety or restless?	SELECT one of 6 from 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		Goto P3	Answer this question thinking about the past 2 weeks. If you are unsure, please provide an estimate or select Do not know.
P3	Over the past two weeks, how often have you felt tired or had little energy?	SELECT one of 6 from 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		Goto P4	Answer this question thinking about the past 2 weeks. If you are unsure, please provide an estimate or select Do not know.
P4	Have you ever seen a general practitioner (GP) for nerves, anxiety, tension or depression?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P5	
P5	Have you ever seen a psychiatrist for nerves, anxiety, tension or depression?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know		Goto P6	

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		-3 : Prefer not to answer			
P6	Looking back over your life, have you ever had a time when you were feeling depressed or down for at least a whole week?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default P6C except: 1 : P6A	
P6A	How many weeks was the longest period when you were feeling depressed or down?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 999$ Expect: undefined Units: weeks	Goto P6B	
P6B	How many periods have you had when you were feeling depressed or down for at least a whole week?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 9999$ Expect: undefined Units: periods	Goto P6C	
P6C	Have you ever had a time when you were uninterested in things or unable to enjoy the things you used to for at least a whole week?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default P7 except: 1 : P6D	
P6D	How many weeks was the longest period when you were uninterested in things or unable to enjoy the things you used to?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 999$ Expect: undefined Units: weeks	Goto P6E	
P6E	How many periods have you had when you were uninterested in things or unable to enjoy the things you used to for at least a whole week?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 999$ Expect: undefined Units: periods	Goto P7	

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P7	Have you ever had a period of time lasting at least two days when you were feeling so good, "high", excited or "hyper" that other people thought you were not your normal self or you were so "hyper" that you got into trouble?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto P8	
P8	Have you ever had a period of time lasting at least two days when you were so irritable that you found yourself shouting at people or starting fights or arguments?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto E1	
P8A	Please try to remember a period when you were in a "high" or "irritable" state and select which of the following apply.	TOGGLE of 6 choices 1 : I was more active than usual 1 : I was more talkative than usual 1 : I needed less sleep than usual 1 : I was more creative or had more ideas than usual 1 : All of the above 5 -7 : None of the above	Require ≥ 1 choices 15 : is exclusive -7 : is exclusive	Goto P8B	
P8B	What is the longest time period that these "high" or "irritable" periods have lasted?	SELECT one of 5 from 1 : At least two days, but less than a week 1 : Less than a week 2 1 : A week or more 3		Goto P8C	

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		-1 : Do not know -3 : Prefer not to answer			
P8C	How much of a problem have these "high" or "irritable" periods caused you?	SELECT one of 4 from 1 : No problems 1 1 : Needed treatment or caused 2 problems with work, relationships, finances, the law or other aspects of life -1 : Do not know -3 : Prefer not to answer		Goto E1	
E1	How often are you able to confide in someone close to you?	SELECT one of 8 from 5 : Almost daily 4 : 2-4 times a week 3 : About once a week 2 : About once a month 1 : Once every few months 0 : Never or almost never -1 : Do not know -3 : Prefer not to answer		Goto E2	
E2	In the last 2 years have you experienced any of the following? (You can select more than one answer)	TOGGLE of 8 choices 1 : Serious illness, injury or assault to yourself 2 : Serious illness, injury or assault of a close relative 3 : Death of a close relative 4 : Death of a spouse or partner 5 : Marital	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto INTRO7	

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		<p>separation/divorce</p> <p>6 : Financial difficulties</p> <p>-7 : None of the above</p> <p>-3 : Prefer not to answer</p>			
INTRO7	<p>The next section contains questions about your sexual history.</p> <p>If you feel that a question is too sensitive, you can skip the question or skip the entire section if you prefer.</p>	<p>SELECT one of 2 from</p> <p>1 : Continue</p> <p>2 : Skip this section</p>		<p>Default SE1 except:</p> <p>2 : INTRO8</p>	
SE1	<p>What was your age when you first had sexual intercourse?</p> <p>(Sexual intercourse includes vaginal, oral or anal intercourse)</p>	<p>Enter INTEGER</p> <p>OR</p> <p>-2 : Never had sex</p> <p>OR</p> <p>-3 : Prefer not to answer</p> <p>OR</p> <p>-1 : Do not know</p>	<p>Require: $\geq 3, \leq 129$</p> <p>Expect: ≥ 12</p> <p>Units: years</p>	Goto SE1A	<p>Sexual intercourse includes vaginal, oral or anal intercourse.</p> <p>If you are unsure, please provide an estimate or select Do not know.</p>
SE1A	<p>About how many sexual partners have you had in your lifetime?</p>	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 1, \leq 99997$</p> <p>Expect: ≤ 99</p>	Goto SE2	<p>Sexual intercourse includes vaginal, oral or anal intercourse.</p> <p>If you are unsure, please provide an estimate or select Do not know.</p>
SE2	<p>Have you ever had sexual intercourse with someone of the same sex?</p>	<p>SELECT one of 3 from</p> <p>1 : Yes</p> <p>0 : No</p> <p>-3 : Prefer not to answer</p>		<p>Default SE2A except:</p> <p>0 : INTRO8</p> <p>-3 : INTRO8</p>	<p>Sexual intercourse includes vaginal, oral or anal intercourse.</p>
SE2A	<p>How many sexual partners of the same sex have you had in your lifetime?</p>	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 1, \leq 99997$</p> <p>Expect: ≤ 99</p>	Goto INTRO8	<p>Sexual intercourse includes vaginal, oral or anal intercourse.</p> <p>If you are unsure, please provide an estimate or select Do not know.</p>
INTRO8	<p>Now some questions about your health.</p>	INFO		Goto H3	

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	Please touch 'next' to continue.				
H3	In general how would you rate your overall health?	<p>SELECT one of 6 from</p> <p>1 : Excellent</p> <p>2 : Good</p> <p>3 : Fair</p> <p>4 : Poor</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto H4	
H4	Do you have any long-standing illness, disability or infirmity?	<p>SELECT one of 4 from</p> <p>1 : Yes</p> <p>0 : No</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto H4A	
H4A	Do you receive any of the following? (You can select more than one answer)	<p>TOGGLE of 6 choices</p> <p>1 : Attendance allowance</p> <p>2 : Disability living allowance</p> <p>3 : Blue badge</p> <p>-7 : None of the above</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>	<p>Require ≥ 1 choices</p> <p>-7 : is exclusive</p> <p>-1 : is exclusive</p> <p>-3 : is exclusive</p>	Goto H4B	<p>Only select a response if you personally receive the benefit.</p> <p>Do not include if your spouse or someone in your household receives one of these benefits.</p>
H4B	Do you use private healthcare?	<p>SELECT one of 6 from</p> <p>1 : Yes, all of the time</p> <p>2 : Yes, most of the time</p> <p>3 : Yes, sometimes</p> <p>4 : No, never</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Goto H5	

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H5	Do you wear glasses or contact lenses to correct your vision?	SELECT one of 3 from 1 : Yes 0 : No -3 : Prefer not to answer		Default H5A except: 1 : H5AA	
H5AA	What age did you first start to wear glasses or contact lenses?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 1, \leq 129$ Expect: ≥ 4	Goto H5AB	If you are unsure, please provide an estimate or select Do not know.
H5AB	Why were you prescribed glasses/contacts? (You can select more than one answer)	TOGGLE of 9 choices 1 : For short-sightedness, i.e. only or mainly for distance viewing such as driving, cinema etc (called 'myopia') 2 : For long-sightedness, i.e. for distance and near, but particularly for near tasks like reading (called 'hypermetropia') 3 : For just reading/near work as you are getting older (called 'presbyopia') 4 : For 'astigmatism' 5 : For a 'squint' or 'turn' in an eye since childhood (called 'strabismus') 6 : For a 'lazy' eye or an eye with poor vision since childhood (called 'amblyopia')	Require ≥ 1 choices -1 : is exclusive -3 : is exclusive	Goto FUNC()	

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		7 : Other eye condition -1 : Do not know -3 : Prefer not to answer			
H5AB1	Which eye(s) are affected by myopia (short sight)?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5AB2	Which eye(s) are affected by hypermetropia (long sight)?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5AB3	Which eye(s) are affected by presbyopia?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5AB4	Which eye(s) are affected by astigmatism?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5AB5	Which eye(s) are affected by strabismus (squint)?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5AB6	Which eye(s) are affected by amblyopia (lazy eye)?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	

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H5AB7	Which eye(s) are affected by your other eye condition?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	[NULL]
H5A	Do you have any other problems with your eyes or eyesight?	SELECT one of 3 from 1 : Yes 0 : No -3 : Prefer not to answer		Goto H5C	
H5C	Has a doctor told you that you have any of the following problems with your eyes? (You can select more than one answer)	TOGGLE of 9 choices 1 : Diabetes related eye disease 2 : Glaucoma 3 : Injury or trauma resulting in loss of vision 4 : Cataract 5 : Macular degeneration 6 : Other serious eye condition -7 : None of the above -3 : Prefer not to answer -1 : Do not know	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive -1 : is exclusive	Goto Y6AB	If you are not sure if you have had any of the listed eye problems enter Do not know.
H5E1	Which eye(s) are affected by diabetes related eye disease?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5D1	What was your age when diabetes related eye disease was first diagnosed?	Enter INTEGER OR -1 : Do not know OR	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$	Goto Y6AB	If you are unsure, please provide an estimate or select Do not know.

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		-3 : Prefer not to answer	Units: years		
H5E2	Which eye(s) are affected by glaucoma?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5D2	What was your age when glaucoma was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto Y6AB	If you are unsure, please provide an estimate or select Do not know.
H5E3	Which eye(s) are affected by injury or trauma resulting in loss of vision?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5D3	What was your age when injury or trauma resulting in loss of vision was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto Y6AB	If you are unsure, please provide an estimate or select Do not know.
H5E4	Which eye(s) are affected by a cataract?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5D4	What was your age when a cataract was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto Y6AB	If you are unsure, please provide an estimate or select Do not know.
H5E5	Which eye(s) are affected by macular degeneration?	SELECT one of 3 from 1 : Right eye		Goto FUNC()	

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		2 : Left eye 3 : Both eyes			
H5D5	What was your age when macular degeneration was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto Y6AB	If you are unsure, please provide an estimate or select Do not know.
H5E6	Which eye(s) are affected by the other serious eye condition?	SELECT one of 3 from 1 : Right eye 2 : Left eye 3 : Both eyes		Goto FUNC()	
H5D6	What was your age when the other serious eye condition was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto Y6AB	If you are unsure, please provide an estimate or select Do not know.
Y6AB	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		Goto Y6AC	If you are unsure, please provide an estimate or select Do not know.
Y6AC	How many times a year would you use a solarium or sunlamp?	Enter INTEGER OR -10 : Less than once a year OR -1 : Do not know OR	Require: ≤ 9999 Expect: ≤ 400	Goto H7C	If you are unsure, please provide an estimate or select Do not know.

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		-3 : Prefer not to answer			
H7C	Do you have any of the following? (You can select more than one answer)	TOGGLE of 8 choices 1 : Mouth ulcers 2 : Painful gums 3 : Bleeding gums 4 : Loose teeth 5 : Toothache 6 : Dentures -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto H8	Answer this question thinking about the past year.
H8	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		Goto H9	
H9	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		Goto SY2	
SY2	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		Goto SY3	
SY3	Do you get short of breath walking with	SELECT one of 4 from		Goto SY4	

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	people of your own age on level ground?	1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer			
SY4	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		Default SY5 except: 1 : SY4A	
SY4A	Does this pain ever begin when you are standing still or sitting?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY4B	
SY4B	Do you get this pain in your calf (calves)?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY4C	
SY4C	Do you get pain when you walk uphill or hurry?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY4D	
SY4D	Do you get pain when you walk at an ordinary pace on the level?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know		Default SY4F except: 1 : SY4E	

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		-3 : Prefer not to answer			
SY4E	Does the pain you get while walking ever disappear when you continue walking?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY4F	
SY4F	What do you do if you get pain when you are walking?	SELECT one of 5 from 1 : Stop 2 : Slow down 3 : Continue at same pace -1 : Do not know -3 : Prefer not to answer		Goto SY4G	
SY4G	What happens to the pain you get while walking if you stand still?	SELECT one of 4 from 1 : Pain usually continues for more than 10 minutes 2 : Pain usually disappears in less than 10 minutes -1 : Do not know -3 : Prefer not to answer		Goto SY4H	
SY4H	Have you ever had surgery on the arteries of your legs (other than for varicose veins)?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY4I	
SY4I	Have you ever had surgery to remove any of the following?	SELECT one of 6 from 0 : No 1 : Yes, toes		Goto SY5	

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		2 : Yes, leg below the knee 3 : Yes, leg above the knee -1 : Do not know -3 : Prefer not to answer			
SY5	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 1 : Headache 2 : Facial pain 3 : Neck or shoulder pain 4 : Back pain 5 : Stomach or abdominal pain 6 : Hip pain 7 : Knee pain 8 : Pain all over the body -7 : None of the above -3 : Prefer not to answer	Require ≥ 1 choices 8 : is exclusive -7 : is exclusive -3 : is exclusive	Goto SY1	
SY5B1	Have you had headaches for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	
SY5B2	Have you had facial pains for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	
SY5B3	Have you had neck or shoulder pains for more than 3 months?	SELECT one of 4 from 1 : Yes		Goto SY1	

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		0 : No -1 : Do not know -3 : Prefer not to answer			
SY5B4	Have you had back pains for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	
SY5B5	Have you had stomach or abdominal pains for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	
SY5B6	Have you had hip pains for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	
SY5B7	Have you had knee pains for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	
SY5B8	Have you had pains all over the body for more than 3 months?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto SY1	

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SY1	Do you ever have any pain or discomfort in your chest?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default H10 except: 1 : SY1A	
SY1A	Do you get this pain or discomfort when you walk at an ordinary pace on the level?	SELECT one of 4 from 1 : Yes 0 : No -1 : Unable to walk on the level -3 : Prefer not to answer		Default H10 except: 1 : SY1C 0 : SY1B	
SY1B	Do you get this pain or discomfort when you walk uphill or hurry?	SELECT one of 4 from 1 : Yes 0 : No -1 : Unable to walk up hills or to hurry -3 : Prefer not to answer		Default H10 except: 1 : SY1C	
SY1C	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		Goto H10	[NULL]
H10	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 0 : No -1 : Do not know -3 : Prefer not to answer		Default FUNC() except: 1 : H10A	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.

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					<p>- Sigmoidoscopy - a tube is used to examine the lower bowel. This is usually done in a doctor's office without pain relief.</p> <p>- 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.</p>
H10A	How many years ago was the most recent one of these tests?	<p>Enter INTEGER</p> <p>OR</p> <p>-10 : Less than 1 year ago</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 124$</p> <p>Expect: ≤ 20</p> <p>Units: years</p>	Goto FUNC()	If you are unsure, please provide an estimate or select Do not know.
MH2	Have you ever had a blood test for prostate cancer (prostate specific antigen or PSA test)?	<p>SELECT one of 4 from</p> <p>1 : Yes</p> <p>0 : No</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		<p>Default MH4 except:</p> <p>1 : MH3</p>	If you are unsure, select Do not know.
MH3	How many years ago was your last test?	<p>Enter INTEGER</p> <p>OR</p> <p>-10 : Less than a year ago</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 114$</p> <p>Expect: ≤ 20</p> <p>Units: years</p>	Goto MH4	If you are unsure, please provide an estimate or select Do not know.
MH4	When did you start to grow facial hair?	<p>SELECT one of 5 from</p> <p>1 : Younger than average</p> <p>2 : About average age</p>		Goto MH5	If you are unsure, please provide an estimate or select Do not know.

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		3 : Older than average -1 : Do not know -3 : Prefer not to answer			
MH5	When did your voice break?	SELECT one of 5 from 1 : Younger than average 2 : About average age 3 : Older than average -1 : Do not know -3 : Prefer not to answer		Goto MH6	If you are unsure, please provide an estimate or select Do not know.
MH6	Which of the following best describes your hair/balding pattern?	SELECT one of 6 from 1 : Pattern 1 2 : Pattern 2 3 : Pattern 3 4 : Pattern 4 -1 : Do not know -3 : Prefer not to answer		Goto MH7	If you are unsure, please provide an estimate or select Do not know. [Illustrations presented in this question have been adapted from Giles et al. 2002 Cancer Epidemiol Biomarkers Prev]
MH7	How many children have you fathered?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 200$ Expect: ≤ 15	Goto OP1M	If you are unsure, please provide an estimate or select Do not know.
FH7	Have you ever been for breast cancer screening (a mammogram)?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default FH8 except: 1 : FH7A	
FH7A	How many years ago was your last screen?	Enter INTEGER OR -10 : Less than 1 year ago	Require: $\geq 0, \leq 114$ Expect: ≤ 15	Goto FH8	If you are unsure, please provide an estimate or select Do not know.

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		OR -1 : Do not know OR -3 : Prefer not to answer	Units: years		
FH8	Have you ever had a cervical smear test?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default FH1 except: 1 : FH8B	
FH8B	How many years ago was your last cervical smear test?	Enter INTEGER OR -10 : Less than a year ago OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 119$ Expect: ≤ 15 Units: years	Goto FH1	If you are unsure, please provide an estimate or select Do not know.
FH1	How old were you when your periods started?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 5, \leq 129, \leq 25$ Expect: $\geq 6, \leq 20$ Units: years	Goto FH2	If you are unsure, please provide an estimate or select Do not know.
FH2	Have you had your menopause (periods stopped)?	SELECT one of 5 from 1 : Yes 0 : No 2 : Not sure - had a hysterectomy 3 : Not sure - other reason -3 : Prefer not to answer		Default FH2D except: 1 : FH2A 0 : FH2B 2 : FH3	
FH2A	How old were you when your periods stopped?	Enter INTEGER OR -1 : Do not know	Require: \geq FUNC, $\leq 129, \leq 70$	Goto FH3	If you are unsure, please provide an estimate or select Do not know.

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		OR -3 : Prefer not to answer	Expect: $\geq 40, \leq 60$ Units: years																	
FH2B	How many days since your last menstrual period?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 365$ Expect: ≤ 60 Units: days	Goto FH2C	Please count from the first day of your last menstrual period															
FH2C	How many days is your usual menstrual cycle? (The number of days between each menstrual period)	Enter INTEGER OR -6 : Irregular cycle OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 7, \leq 365$ Expect: $\geq 12, \leq 60$ Units: days	Goto FH2D																
FH2D	Are you menstruating today? (We are asking this as it may affect the urine sample that you have been asked to provide)	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto FH3																
FH3	How many children have you given birth to? (Please include live births only)	Enter INTEGER OR -3 : Prefer not to answer	Require: $\geq 0, \leq 25$ Expect: ≤ 12 Units: children	Goto FH3A																
FH3A	What was the birth weight of your first child in pounds? (do not include twins)	Enter INTEGER OR -1 : Do not know OR -2 : Only had twins OR -3 : Prefer not to answer	Require: $\geq 2, \leq 16$ Expect: ≤ 12 Units: pounds	Goto FUNC()	If you are unsure of the weight in pounds, here is a conversion table for pounds, grams and kilograms. <table border="1"> <thead> <tr> <th>Pounds</th> <th>Grams</th> <th>Kilograms</th> </tr> </thead> <tbody> <tr> <td>2</td> <td>907</td> <td>0.91</td> </tr> <tr> <td>3</td> <td>1361</td> <td>1.36</td> </tr> <tr> <td>4</td> <td>1814</td> <td>1.81</td> </tr> <tr> <td>5</td> <td>2268</td> <td>2.27</td> </tr> </tbody> </table>	Pounds	Grams	Kilograms	2	907	0.91	3	1361	1.36	4	1814	1.81	5	2268	2.27
Pounds	Grams	Kilograms																		
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					<p>6 2721 2.72 7 3175 3.18 8 3629 3.63 9 4082 4.08 10 4536 4.54 11 4990 4.99 12 5443 5.44 13 5897 5.90 14 6350 6.35 15 6804 6.80</p> <p>An exact answer is not necessary. Please enter the birth weight to the closest pound. If your first birth was twins or other multiple birth, enter the birth weight of the first singleton birth. If you have only had twins or other multiple births then select Only twins.</p>
FH3B	How old were you when you had your child?	Enter INTEGER OR -4 : Do not remember OR -3 : Prefer not to answer	Require: $\geq 8, \geq$ FUNC, $\leq 129, \leq$ 65 Expect: $\geq 12, \leq$ 48, \leq FUNC Units: years	Goto FH4	
FH3C	How old were you when you had your FIRST child?	Enter INTEGER OR -4 : Do not remember OR -3 : Prefer not to answer	Require: $\geq 8, \geq$ FUNC, $\leq 65, \leq$ 129 Expect: $\geq 12, \leq$ 48, \leq FUNC Units: years	Goto FH3D	
FH3D	How old were you when you had your LAST child?	Enter INTEGER OR -4 : Do not remember OR	Require: $\geq 8, \geq$ FUNC, $\leq 65, \leq$ 129 Expect: $\geq 12, \leq$	Goto FH4	

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		-3 : Prefer not to answer	48, ≤ FUNC Units: years		
FH4	Have you ever had any stillbirths, spontaneous miscarriages or terminations?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default FH5 except: 1 : FH4A	
FH4A	How many stillbirths? (enter 0 if none)	Enter INTEGER OR -3 : Prefer not to answer OR -1 : Do not know	Require: ≥ 0, ≤ 15 Expect: ≤ 5	Goto FH4B	
FH4B	How many spontaneous miscarriages? (enter 0 if none)	Enter INTEGER OR -3 : Prefer not to answer OR -1 : Do not know	Require: ≥ 0, ≤ 35 Expect: ≤ 11	Goto FH4C	
FH4C	How many terminations? (enter 0 if none)	Enter INTEGER OR -3 : Prefer not to answer OR -1 : Do not know	Require: ≥ 0, ≤ 35 Expect: ≤ 11	Goto FH5	
FH5	Have you ever taken the contraceptive pill? (include the 'mini-pill')	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Default FH6 except: 1 : FH5A	
FH5A	About how old were you when you first went on the contraceptive pill?	Enter INTEGER OR -1 : Do not know OR	Require: ≥ 5, ≤ 129 Expect: ≥ 10, ≤ 50	Goto FH5B	If you are unsure, please provide an estimate or select Do not know.

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		-3 : Prefer not to answer	Units: years		
FH5B	How old were you when you last used the contraceptive pill?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer OR -11 : Still taking the pill	Require: $\geq 5, \leq 129$ Expect: $\geq 10, \leq 60$ Units: years	Goto FH6	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	Have you ever used hormone replacement therapy (HRT)?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto FUNC()	
FH6A	How old were you when you first used HRT?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 16, \leq 129$ Expect: $\geq 35, \leq 65$ Units: years	Goto FH6B	If you are unsure, please provide an estimate or select Do not know.
FH6B	How old were you when you last used HRT?	Enter INTEGER OR -1 : Do not know OR -11 : Still taking HRT OR -3 : Prefer not to answer	Require: $\geq 20, \leq 129$ Expect: $\geq 35, \leq 65$ Units: years	Goto FH9	If you are currently using HRT select Still taking HRT. If you are unsure, please provide an estimate or select Do not know.
FH9	Have you had a hysterectomy (womb removed)?	SELECT one of 4 from 1 : Yes 0 : No -5 : Not sure -3 : Prefer not to answer		Default FH10 except: 1 : FH9A	
FH9A	How old were you when you had your	Enter INTEGER	Require: $\geq 0, \leq$	Goto FH10	If you are unsure, please provide an

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	hysterectomy?	OR -1 : Do not know OR -3 : Prefer not to answer	129 Expect: $\geq 35, \geq$ FUNC, ≤ 69 Units: years		estimate or select Do not know.
FH10	Have you had BOTH ovaries removed?	SELECT one of 4 from 1 : Yes 0 : No -5 : Not sure -3 : Prefer not to answer		Default OP1W except: 1 : FH10A	Only enter Yes if you have had both ovaries removed. If you have only had one ovary removed you will be able to let the interviewer know later in the visit. If you are unsure of whether both ovaries have been removed, select Do not know.
FH10A	How old were you when you had BOTH ovaries removed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq$ 129 Expect: $\geq 35, \leq$ 69 Units: years	Goto OP1W	
OP1M	Have you had any major operations? (For example, operations that required an overnight stay in hospital)	SELECT one of 4 from 1 : Yes - you will be asked about this later by an interviewer 0 : No -1 : Do not know -3 : Prefer not to answer		Goto L1	If you are unsure if you have had a 'major' operation select Do not know and you will be asked about this by an interviewer later during this visit.
OP1W	Have you had any other major operations? (for example, operations that required an overnight stay in hospital)	SELECT one of 4 from 1 : Yes - you will be asked about this later by an interviewer 0 : No -1 : Do not know -3 : Prefer not to answer		Goto L1	If you are unsure if you have had a 'major' operation select Do not know and you will be asked about this by an interviewer later during this visit.
L1	Has a doctor ever told you that you have had any of the following conditions? (You	TOGGLE of 6 choices	Require ≥ 1	Goto L2	If you do not know if you have had any of the listed conditions, enter None of

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	can select more than one answer)	1 : Heart attack 2 : Angina 3 : Stroke 4 : High blood pressure -7 : None of the above -3 : Prefer not to answer	choices -7 : is exclusive -3 : is exclusive		the above. You can check this with an interviewer later in the visit.
L1A1	What was your age when the heart attack was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto L2	If you are unsure, please provide an estimate or select Do not know.
L1A2	What was your age when the angina was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto L2	If you are unsure, please provide an estimate or select Do not know.
L1A3	What was your age when the stroke was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto L2	If you are unsure, please provide an estimate or select Do not know.
L1A4	What was your age when the high blood pressure was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 40, \leq 69$ Units: years	Goto L2	If you are unsure, please provide an estimate or select Do not know.
L2	Has a doctor ever told you that you have had any of the following conditions? (You can select more than one answer)	TOGGLE of 7 choices 5 : Blood clot in the leg (DVT) 7 : Blood clot in the lung 6 : Emphysema/chronic	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto L3	If you do not know if you have had any of the listed conditions, enter None of the above. You can check this with an interviewer later in the visit.

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		<p>bronchitis</p> <p>8 : Asthma</p> <p>9 : Hayfever, allergic rhinitis or eczema</p> <p>-7 : None of the above</p> <p>-3 : Prefer not to answer</p>			
L2A5	What was your age when the blood clot in the leg (DVT) was first diagnosed?	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 129$</p> <p>Expect: $\geq 40, \leq 69$</p> <p>Units: years</p>	Goto L3	If you are unsure, please provide an estimate or select Do not know.
L2A7	What was your age when the blood clot in the lung was first diagnosed?	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 129$</p> <p>Expect: $\geq 40, \leq 69$</p> <p>Units: years</p>	Goto L3	If you are unsure, please provide an estimate or select Do not know.
L2A6	What was your age when the emphysema/chronic bronchitis was first diagnosed?	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 129$</p> <p>Expect: $\geq 40, \leq 69$</p> <p>Units: years</p>	Goto L3	If you are unsure, please provide an estimate or select Do not know.
L2A8	What was your age when the asthma was first diagnosed?	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 129$</p> <p>Expect: $\geq 10, \leq 69$</p> <p>Units: years</p>	Goto L3	If you are unsure, please provide an estimate or select Do not know.
L2A9	What was your age when the hayfever, rhinitis or eczema was first diagnosed?	<p>Enter INTEGER</p> <p>OR</p> <p>-1 : Do not know</p> <p>OR</p> <p>-3 : Prefer not to answer</p>	<p>Require: $\geq 0, \leq 129$</p> <p>Expect: $\geq 10, \leq 69$</p> <p>Units: years</p>	Goto L3	If you are unsure, please provide an estimate or select Do not know.
L3	Has a doctor ever told you that you have	SELECT one of 4 from		Goto L4	If you are unsure if you have been told

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	diabetes?	1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer			you had diabetes, select Do not know and you will be asked about this by an interviewer later during this visit.
L3A	Did you only have diabetes during pregnancy?	SELECT one of 5 from 1 : Yes 0 : No -2 : Not applicable -1 : Do not know -3 : Prefer not to answer		Default L3B except: 1 : L4	
L3B	What was your age when the diabetes was first diagnosed?	Enter INTEGER OR -1 : Do not know OR -3 : Prefer not to answer	Require: $\geq 0, \leq 129$ Expect: $\geq 10, \leq 69$ Units: years	Goto L3C	If you are unsure, please provide an estimate or select Do not know.
L3C	Did you start insulin within one year of your diagnosis of diabetes?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto L4	
L4	Has a doctor ever told you that you have had cancer?	SELECT one of 4 from 1 : Yes - you will be asked about this later by an interviewer 0 : No -1 : Do not know -3 : Prefer not to answer		Goto L5	If you are unsure if you have been told you had cancer, select Do not know and you will be asked about this by an interviewer later during this visit.
L5	Have you fractured/broken any bones in the last 5 years?	SELECT one of 4 from 1 : Yes		Default L5C except:	

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		0 : No -1 : Do not know -3 : Prefer not to answer		1 : L5A	
L5A	Which bones did you fracture/break? (You can select more than one answer)	TOGGLE of 9 choices 1 : Ankle 2 : Leg 3 : Hip 4 : Spine 5 : Wrist 6 : Arm 7 : Other bones -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -1 : is exclusive -3 : is exclusive	Goto L5B	
L5B	Did the fracture result from a simple fall (i.e. from standing height)?	SELECT one of 4 from 1 : Yes 0 : No -1 : Do not know -3 : Prefer not to answer		Goto L5C	A simple fall is any fall from standing height or lower. For example if you trip and fall over, this is a simple fall. Falls from a stool or chair that you are sitting on are also counted as simple. Falls from anything higher ie: down a flight of stairs, from a ladder, from standing on a stool or chair are NOT simple falls. If you have had more than one fracture in the last 5 years, select YES if any one of the fractures resulted from a simple fall.
L5C	Has a doctor ever told you that you have had any other serious medical conditions or disabilities?	SELECT one of 4 from 1 : Yes - you will be asked about this later by an interviewer 0 : No		Goto L6	If you are not sure if you have a serious illness or you are not sure that you have had one of the conditions listed previously, enter Do not know and you will be asked about this by an interviewer later in this visit.

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		-1 : Do not know -3 : Prefer not to answer			
L5DM	Do you regularly take any of the following medications? (you can select more than one answer)	TOGGLE of 6 choices 1 : Cholesterol lowering medication 2 : Blood pressure medication 3 : Insulin -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto L6	If you are not sure if you take any of the types of medications, enter Do not know. You will be asked to provide all of the medications that you take later in the visit.
L5DF	Do you regularly take any of the following medications? (You can select more than one answer)	TOGGLE of 8 choices 1 : Cholesterol lowering medication 2 : Blood pressure medication 3 : Insulin 4 : Hormone replacement therapy 5 : Oral contraceptive pill or minipill -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto L6	If you are not sure if you take any of the types of medications, enter Do not know. You will be asked to provide all of the medications that you take later in the visit.
L6	Do you regularly take any other PRESCRIPTION medications? (Do not forget medications such as puffers or patches)	SELECT one of 4 from 1 : Yes - you will be asked about this later by an interviewer 0 : No		Goto L6C	

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		-1 : Do not know -3 : Prefer not to answer			
L6C	Do you regularly take any of the following? (You can select more than one answer)	TOGGLE of 9 choices 1 : Aspirin 2 : Ibuprofen (e.g. Nurofen) 3 : Paracetamol 4 : Ranitidine (e.g. Zantac) 5 : Omeprazole (e.g. Zanprol) 6 : Laxatives (e.g. Dulcolax, Senokot) -7 : None of the above -1 : Do not know -3 : Prefer not to answer	Require ≥ 1 choices -7 : is exclusive -1 : is exclusive -3 : is exclusive	Goto L7	Some over the counter medicines are known by other names. Please enter the corresponding name if you take any of the following REGULARLY (that is, most days of the week for the last 4 weeks): Aspirin: Alka Rapid Crystals, Alka-Seltzer XS, Anadin Extra, Anadin Original, Askit powders, Aspro Clear, Codis 500, Disprin, Disprin Extra Ibuprofen: Anadin Ultra, Anadin Ibuprofen, Cuprofen Plus, Nurofen, Solpaflex, Ibuleve Paracetamol: Anadin Extra, Hedex Extra, Panadol, Paracodol, Paramol, Solpadeine, Syndol, Veganin, Feminax, Midrid, Migraleve Codeine: Codis 500, Cuprofen Plus, Nurofen Plus, Panadol Ultra, Paracodol, Paramol, Solpadeine Max, Sopadeine Plus, Solpafelx, Syndol, Veganin, Feminax, Migraleve
L7	Do you regularly take any of the following? (You can select more than one answer)	TOGGLE of 9 choices 1 : Vitamin A 2 : Vitamin B 3 : Vitamin C 4 : Vitamin D	Require ≥ 1 choices -7 : is exclusive -3 : is exclusive	Goto L7A	

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		<p>5 : Vitamin E</p> <p>6 : Folic acid or Folate (Vit B9)</p> <p>7 : Multivitamins +/- minerals</p> <p>-7 : None of the above</p> <p>-3 : Prefer not to answer</p>			
L7A	Do you regularly take any of the following? (You can select more than one answer)	<p>TOGGLE of 8 choices</p> <p>1 : Fish oil (including cod liver oil)</p> <p>2 : Glucosamine</p> <p>3 : Calcium</p> <p>4 : Zinc</p> <p>5 : Iron</p> <p>6 : Selenium</p> <p>-7 : None of the above</p> <p>-3 : Prefer not to answer</p>	<p>Require ≥ 1 choices</p> <p>-7 : is exclusive</p> <p>-3 : is exclusive</p>	Goto H_INTRO	
H_INTRO	We would now like find out about your hearing	INFO		Goto H6	
H6	Do you have any difficulty with your hearing?	<p>SELECT one of 5 from</p> <p>1 : Yes</p> <p>0 : No</p> <p>99 : I am completely deaf</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		Default H7 except: 99 : F1	
H7	Do you find it difficult to follow a conversation if there is background noise (such as TV, radio, children playing)?	<p>SELECT one of 4 from</p> <p>1 : Yes</p> <p>0 : No</p> <p>-1 : Do not know</p>		Goto H7A	

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		-3 : Prefer not to answer			
H7A	Do you use a hearing aid most of the time?	SELECT one of 3 from 1 : Yes 0 : No -3 : Prefer not to answer		Goto H7B	
H7B	Do you have a cochlear implant?	SELECT one of 3 from 1 : Yes 0 : No -3 : Prefer not to answer		Goto H11	
H11	Do you get or have you had noises (such as ringing or buzzing) in your head or in one or both ears that lasts for more than five minutes at a time?	SELECT one of 7 from 1 : Yes, now most or all of the time 1 1 : Yes, now a lot of the time 2 1 : Yes, now some of the time 3 1 : Yes, but not now, but have in the past 4 0 : No, never -1 : Do not know -3 : Prefer not to answer		Default H12 except: 11 : H11A 12 : H11A 13 : H11A 14 : H11A	
H11A	How much do these noises worry, annoy or upset you when they are at their worst?	SELECT one of 6 from 11 : Severely 12 : Moderately 13 : Slightly 4 : Not at all -1 : Do not know -3 : Prefer not to answer		Goto H12	

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H12	Have you ever worked in a noisy place where you had to shout to be heard?	SELECT one of 6 from 11 : Yes, for more than 5 years 12 : Yes, for around 1-5 years 13 : Yes, for less than a year 0 : No -1 : Do not know -3 : Prefer not to answer		Goto H13	
H13	Have you ever listened to music for more than 3 hours per week at a volume which you would need to shout to be heard or, if wearing headphones, someone else would need to shout for you to hear them?	SELECT one of 6 from 11 : Yes, for more than 5 years 12 : Yes, for around 1-5 years 13 : Yes, for less than a year 0 : No -1 : Do not know -3 : Prefer not to answer		Goto F1	
F1	Do you play computer games?	SELECT one of 4 from 0 : Never/rarely 1 : Sometimes 2 : Often -3 : Prefer not to answer		Goto FINISH	Answer this question thinking about the past year.
FINISH	Thank you. You have now completed the touch screen questions. If you like you may go back to check your answers using the BACK button on the screen. Otherwise touch NEXT to move onto the next part of the visit.	INFO		Goto FUNC()	
HT_CANDO	We would now like to measure your hearing using the headphones provided.	SELECT one of 4 from		Default HT_FIRST	

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	<p>Are you happy to do this?</p> <p>(If you are wearing a hearing aid, please remove it before putting the headphones on. If you cannot find the headphones, or need assistance putting them on, then please ask a member of staff.)</p>	<p>1 : Yes</p> <p>1 : I can only hear on the right side</p> <p>1 : I can only hear on the left side</p> <p>2 : No, I am unable to do this</p>		<p>except:</p> <p>0 : COG_INIT</p>	
HT_FIRST	<p>Touch the Back button if you want to watch the instruction video again.</p> <p>Remember, whenever the numbers are unclear to you, just guess.</p> <p>Please ensure you have the Red tagged ear-piece on your Right-side ear. If you have any problems with the headphones, please ask a member of staff for assistance.</p> <p>When you are wearing the headphones, touch Next.</p>	INFO		Goto HT_END	
HT_OTHER	<p>Now we would like to measure your hearing on the other side</p> <p>When you are wearing the headphones, touch Next</p>	INFO		Goto HT_END	
HT_END	<p>Thank you. The hearing test is now complete.</p> <p>Please remove the headphones.</p>	INFO		Goto COG_INIT	
COG_INIT	<p>Now we would like to check your memory and reaction times by getting you to play some short games</p>	<p>SELECT one of 2 from</p> <p>1 : Begin games</p> <p>2 : I am unable to try this</p>		<p>Default PM_INTRO</p> <p>except:</p>	

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				2 : TOUCH_ONLY	
PM_INTRO	<p>At the end of the games we will show you four coloured symbols and ask you to touch the Blue Square.</p> <p>However, to test your memory, we want you to actually touch the Orange Circle instead.</p>	INFO		Goto COG_P0	
COG_P0	<p>First, we'd like you to play 2 games of Pairs</p> <p>In this section you will be shown a set of picture cards. Please try to remember as many of them as you can.</p> <p>The pictures will then be turned over. Please identify each pair of pictures by touching them on the screen. Please continue until all the pairs have been correctly identified.</p> <p>Press 'Next' for a short video demonstration.</p>	INFO		Goto COG_P1	
COG_P1	<p>Touch the Back button if you want to watch the instruction video again.</p> <p>The first game will have 3 pairs.</p> <p>When you're ready to begin, touch the Next button</p>	INFO		Goto COG_P2	
COG_P2	<p>In the next section you will be shown 6 pairs of cards. Please identify the pairs again by touching the screen</p>	INFO		Goto FI_INTRO	

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	<p>Press Next when you are ready to begin</p> <p>This game will have 6 pairs of cards.</p>				
FI_INTRO	<p>In this next game you will have two minutes to do as many puzzle questions as possible.</p> <p>Don't spend too long on any one puzzle - you can skip any puzzle if you wish.</p>	<p>SELECT one of 2 from</p> <p>1 : Begin puzzles</p> <p>2 : I am unable to try this</p>		<p>Default FI_1 except:</p> <p>2 : COG_SNI</p>	
FI_1	<p>Add the following numbers together: 1 2 3 4 5 – is the answer?</p>	<p>SELECT one of 7 from</p> <p>13 : 13</p> <p>14 : 14</p> <p>15 : 15</p> <p>16 : 16</p> <p>17 : 17</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		<p>Branch</p> <p>13 : FUNC()</p> <p>14 : FUNC()</p> <p>15 : FUNC()</p> <p>16 : FUNC()</p> <p>17 : FUNC()</p> <p>-1 : FUNC()</p> <p>-3 : FUNC()</p>	
FI_2	<p>Which number is the largest?</p>	<p>SELECT one of 7 from</p> <p>642 : 642</p> <p>308 : 308</p> <p>987 : 987</p> <p>714 : 714</p> <p>253 : 253</p> <p>-1 : Do not know</p> <p>-3 : Prefer not to answer</p>		<p>Branch</p> <p>642 : FUNC()</p> <p>308 : FUNC()</p> <p>987 : FUNC()</p> <p>714 : FUNC()</p> <p>253 : FUNC()</p> <p>-1 : FUNC()</p> <p>-3 : FUNC()</p>	
FI_3	<p>Bud is to Flower as Child is to?</p>	<p>SELECT one of 7 from</p> <p>1 : Grow</p> <p>2 : Develop</p> <p>3 : Improve</p>		<p>Branch</p> <p>1 : FUNC()</p> <p>2 : FUNC()</p> <p>3 : FUNC()</p>	

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		4 : Adult 5 : Old -1 : Do not know -3 : Prefer not to answer		4 : FUNC() 5 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_4	11 12 13 14 15 16 17 18 Divide the sixth number to the right of twelve by three. Is the answer?	SELECT one of 6 from 5 : 5 6 : 6 7 : 7 8 : 8 -1 : Do not know -3 : Prefer not to answer		Branch 5 : FUNC() 6 : FUNC() 7 : FUNC() 8 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_5	If Truda's mother's brother is Tim's sister's father, what relation is Truda to Tim?	SELECT one of 7 from 1 : Aunt 2 : Sister 3 : Niece 4 : Cousin 5 : No relation -1 : Do not know -3 : Prefer not to answer		Branch 1 : FUNC() 2 : FUNC() 3 : FUNC() 4 : FUNC() 5 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_6	If sixty is more than half of seventy-five, multiply twenty-three by three. If not subtract 15 from eighty-five. Is the answer?	SELECT one of 7 from 68 : 68 69 : 69 70 : 70 71 : 71 72 : 72 -1 : Do not know -3 : Prefer not to answer		Branch 68 : FUNC() 69 : FUNC() 70 : FUNC() 71 : FUNC() 72 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_7	Stop means the same as?	SELECT one of 7 from		Branch	

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		<p>1 : Pause 2 : Close 3 : Cease 4 : Break 5 : Rest -1 : Do not know -3 : Prefer not to answer</p>		<p>1 : FUNC() 2 : FUNC() 3 : FUNC() 4 : FUNC() 5 : FUNC() -1 : FUNC() -3 : FUNC()</p>	
FI_8	If David is twenty-one and Owen is nineteen and Daniel is nine years younger than David, what is half their combined age?	<p>SELECT one of 7 from 25 : 25 26 : 26 27 : 27 28 : 28 29 : 29 -1 : Do not know -3 : Prefer not to answer</p>		<p>Branch 25 : FUNC() 26 : FUNC() 27 : FUNC() 28 : FUNC() 29 : FUNC() -1 : FUNC() -3 : FUNC()</p>	
FI_9	Age is to Years as Height is to?	<p>SELECT one of 7 from 1 : Long 2 : Deep 3 : Top 4 : Metres 5 : Tall -1 : Do not know -3 : Prefer not to answer</p>		<p>Branch 1 : FUNC() 2 : FUNC() 3 : FUNC() 4 : FUNC() 5 : FUNC() -1 : FUNC() -3 : FUNC()</p>	
FI_10	150 ... 137 ... 125 ... 114 ... 104 ... What comes next?	<p>SELECT one of 7 from 96 : 96 95 : 95 94 : 94 93 : 93</p>		<p>Branch 96 : FUNC() 95 : FUNC() 94 : FUNC() 93 : FUNC()</p>	

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		92 : 92 -1 : Do not know -3 : Prefer not to answer		92 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_11	Relaxed means the opposite of?	SELECT one of 7 from 1 : Calm 2 : Anxious 3 : Cool 4 : Worried 5 : Tense -1 : Do not know -3 : Prefer not to answer		Branch 1 : FUNC() 2 : FUNC() 3 : FUNC() 4 : FUNC() 5 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_12	100 ... 99 ... 95 ... 86 ... 70 ... What comes next?	SELECT one of 8 from 50 : 50 49 : 49 48 : 48 47 : 47 46 : 46 45 : 45 -1 : Do not know -3 : Prefer not to answer		Branch 50 : FUNC() 49 : FUNC() 48 : FUNC() 47 : FUNC() 46 : FUNC() 45 : FUNC() -1 : FUNC() -3 : FUNC()	
FI_13	If some flinks are plinks and some plinks are stinks then some flinks are definitely stinks?	SELECT one of 6 from 1 : False 2 : True 3 : Neither true nor false -5 : Not sure -1 : Do not know -3 : Prefer not to answer		Branch 1 : FUNC() 2 : FUNC() 3 : FUNC() -5 : FUNC() -1 : FUNC() -3 : FUNC()	
COG_SNI	Lastly, we'd like you to play Snap!	INFO		Goto	

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	<p>The final game involves the use of a Button-Box (pictured below), which you should find on the table in front of you. If you cannot see it, please ask a member of staff for assistance.</p> <p>The aim of this exercise is to record your reaction time. You will be shown two cards at a time. If both cards are the same, then press the button as quickly as possible!</p> <p>Press Next for a short demonstration video</p>			COG_SNP	
COG_SNP	<p>Touch the Back button if you want to watch the instruction video again.</p> <p>When you're ready to begin, then touch the Next button and get ready to press the Button-Box.</p> <p>(there will be 12 sets of cards in total)</p>	INFO		Goto PM_TEST	
PM_TEST	<p>That's the last game. Just one more thing left to do...</p>	INFO		Goto COG_THANK	
COG_THANK	<p>We hope you enjoyed playing the games!</p> <p>You have now finished this section of the visit. Please contact a member of UK Biobank staff who will explain what is to happen next.</p>	INFO			
TOUCH_ONLY	<p>If you are sure you cannot try the memory and reaction checks, please contact a member of UK Biobank staff who will explain what is to happen next.</p>	INFO			

UK Biobank touch-screen questionnaire: final version

	If you wish to re-consider, please touch the BACK button.				
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