

Appendix 2: Coding of socio-demographic variables

Variable	Question & Responses		Coded responses
Gender	Q47: Are you male or female? <input type="checkbox"/> Male <input type="checkbox"/> Female		As per question
Age	Q48: How old are you? <input type="checkbox"/> Under 18 <input type="checkbox"/> 18 to 24 <input type="checkbox"/> 25 to 34 <input type="checkbox"/> 35 to 44 <input type="checkbox"/> 45 to 54 <input type="checkbox"/> 55 to 64 <input type="checkbox"/> 65 to 74 <input type="checkbox"/> 75 to 84 <input type="checkbox"/> 85 or over		As per question
Ethnicity	Q49: What is ethnic group? A. White <input type="checkbox"/> English/ Welsh/ Scottish/ Northern Irish/ British <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy or Irish Traveller <input type="checkbox"/> Any other White background → please write in box B. Mixed/ multiple ethnic groups <input type="checkbox"/> White and Black Carribean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other Mixed/ multiple ethnic background → please write in box C. Asian/ Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Bangladeshi <input type="checkbox"/> Chinese <input type="checkbox"/> Any other Asian background → please write in box D. Black/ African/ Carribean/ Black British <input type="checkbox"/> African		In groups A to E as per question

	<input type="checkbox"/> Carribean <input type="checkbox"/> Any other Black/ African/ Carribean background → please write in box E. Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other ethnic group → please write in box		
Chronic condition	Q31: Which, if any, of the following medical conditions do you have? Please x all the boxes that apply to you <input type="checkbox"/> Alzheimer's disease or dementia <input type="checkbox"/> Angina or long-term heart problem <input type="checkbox"/> Arthritis or long-term joint problem <input type="checkbox"/> Asthma or long-term chest problem <input type="checkbox"/> Blindness or severe visual impairment <input type="checkbox"/> Cancer in the last 5 years <input type="checkbox"/> Deafness or severe hearing impairment <input type="checkbox"/> Diabetes <input type="checkbox"/> Epilepsy <input type="checkbox"/> High blood pressure <input type="checkbox"/> Kidney or liver disease <input type="checkbox"/> Learning difficulty <input type="checkbox"/> Long-term back problem <input type="checkbox"/> Long term mental health problem <input type="checkbox"/> Long-term neurological problem <input type="checkbox"/> Another long-term condition <input type="checkbox"/> None of these conditions... Go to Q33 <input type="checkbox"/> I would prefer not to say... Go to Q33		<input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> Excluded

<p>Employment status</p>	<p>Q50: Which one of these best describes what you are doing at present? If more than one of these applies to you, please x the main ONE only</p> <ul style="list-style-type: none"> <input type="checkbox"/> Full-time paid work (30 hours or more each week) <input type="checkbox"/> Part-time paid work (under 30 hours) <input type="checkbox"/> Full-time education at school, college or university <input type="checkbox"/> Unemployed <input type="checkbox"/> Permanently sick or disabled <input type="checkbox"/> Fully retired from work <input type="checkbox"/> Looking after the home <input type="checkbox"/> Doing something else 	<p>Q52: If you need to see a GP at your GP surgery during your typical working hours, can you take time away from your work to do this?</p> <ul style="list-style-type: none"> <input type="checkbox"/> Yes <input type="checkbox"/> No 	<ul style="list-style-type: none"> <input type="checkbox"/> Full time able to take time off work <input type="checkbox"/> Full time unable to take time off work <input type="checkbox"/> Part time able to take time off work <input type="checkbox"/> Part time unable to take time off work <input type="checkbox"/> Full time education <input type="checkbox"/> Other
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