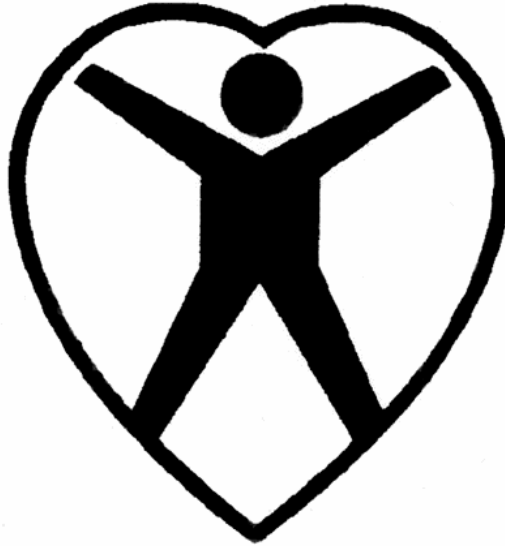


P2029

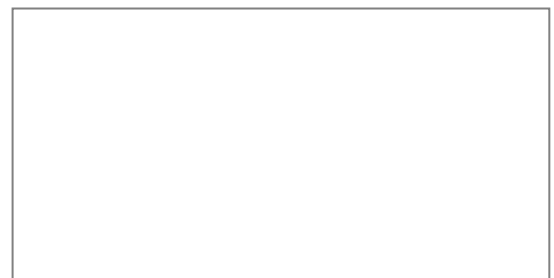
CONFIDENTIAL



STRESS AND HEALTH STUDY

**DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH
UNIVERSITY COLLEGE LONDON**

PHASE 6 – 2001



Version A
SN 1-6
Card 7-8
Batch 9-13

Thank you for your continuing participation in our study of stress and health. We would be very grateful if you could complete this further questionnaire which will bring us up to date with any changes in your employment status, any new illnesses you may have had and your use of health services.

The answers to these questions will, of course, be kept strictly confidential. All information on individuals will go into statistics for all men and women in the study, and it will not be possible to identify your responses from any reports or publications.

Under no circumstances will any information from an individual record be made available to the Civil Service, or anyone else outside the research team.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

Yes ₁

No ₂

or sometimes you have to write a number in the box, for example

2

Some questions don't apply to everybody. Where you should skip questions it tells you where to go next to the box you have ticked; otherwise please continue through each question in turn.

SECTION 1 - This section is about your health

Q1. In general would you say your health is:

(Please tick one)

114

Excellent

1

Very good

2

Good

3

Fair

4

Poor

5

Q2. COMPARED TO ONE YEAR AGO, how would you rate your health in general now?

(Please tick one)

115

Much better now than one year ago

1

Somewhat better now than one year ago

2

About the same as one year ago

3

Somewhat worse than one year ago

4

Much worse than one year ago

5

Q3. The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

(Please tick one box on every row)

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	116
b. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	117
c. Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	118
d. Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	119
e. Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	120
f. Bending, kneeling or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	121
g. Walking more than one mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	122
h. Walking half a mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	123
i. Walking one hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	124
j. Bathing and dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	125

Q4. During the **past four weeks** have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

(Please tick one per row)

	Yes	No	
a. Cut down the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	126
b. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	127
c. Were limited in the kind of work or other activities you could do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	128
d. Had difficulty performing the work or other activities (for example, it took extra effort)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	129

Q5. During the **past four weeks** have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

(Please tick one per row)

	Yes	No	
a. Cut down the amount of time you spent on work or other activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	130
b. Accomplished less than you would like	<input type="checkbox"/> 1	<input type="checkbox"/> 2	131
c. Didn't do work or other activities as carefully as usual	<input type="checkbox"/> 1	<input type="checkbox"/> 2	132

Q6. During the **past four weeks** to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? *(Please tick one)*

133

- | | | |
|-------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 1 |
| Slightly | <input type="checkbox"/> | 2 |
| Moderately | <input type="checkbox"/> | 3 |
| Quite a bit | <input type="checkbox"/> | 4 |
| Extremely | <input type="checkbox"/> | 5 |

Q7. How much **bodily** pain have you had during the **past four weeks**?

(Please tick one)

134

- | | | |
|-------------|--------------------------|---|
| None | <input type="checkbox"/> | 1 |
| Very mild | <input type="checkbox"/> | 2 |
| Mild | <input type="checkbox"/> | 3 |
| Moderate | <input type="checkbox"/> | 4 |
| Severe | <input type="checkbox"/> | 5 |
| Very severe | <input type="checkbox"/> | 6 |

Q8. During the **past four weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

(Please tick one)

135

- | | | |
|-------------|--------------------------|---|
| Not at all | <input type="checkbox"/> | 1 |
| Slightly | <input type="checkbox"/> | 2 |
| Moderately | <input type="checkbox"/> | 3 |
| Quite a bit | <input type="checkbox"/> | 4 |
| Extremely | <input type="checkbox"/> | 5 |
-

Q9. How much of the time during the **past four weeks**:

(Please tick one answer for each question)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
a. Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	136
b. Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	137
c. Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	138
d. Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	139
e. Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	140
f. Have you felt downhearted and low?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	141
g. Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	142
h. Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	143
i. Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	144

Q10. During the **past four weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc)?

(Please tick one answer for each question)

	All of the time	Most of the time	Some of the time	A little of the time	None of the time	
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	145

Q11. Please choose the answer that best describes how **TRUE** or **FALSE** each of the following statements is for you:

(Please tick one answer for each question)

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
a.	I seem to get sick a little easier than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	146
b.	I'm as healthy as anyone I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	147
c.	I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	148
d.	My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	149

Q12. How many times have you visited your GP in the last **12 months?**

ENTER NUMBER 150-51

--	--

Q13. Have you been admitted to hospital (including as a day case) in the **last 12 months?**

Yes ¹⁵²₁

No ¹⁵³⁻⁵⁴₂ — Go to question 14a

b. If yes, please specify the number of times:

ENTER NUMBER ¹⁵³⁻⁵⁴

and the reason for hospitalisation(s):

Cause 1		¹⁵⁵⁻⁵⁷	(month)			(year)					¹⁵⁸⁻⁶³
Cause 2		¹⁶⁴⁻⁶⁶	(month)			(year)					¹⁶⁷⁻⁷²
Cause 3		²⁰⁹⁻¹¹	(month)			(year)					²¹²⁻¹⁷
Cause 4		²¹⁸⁻²⁰	(month)			(year)					²²¹⁻²⁶

Spare
173-80
SN 1-6
Card 7-8

Q14a. Do you have any longstanding illness, diseases or medical conditions for which you have sought treatment in the last 12 months? (Longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time).

Yes ²²⁷₁

No ₂ ——— Go to question 15a

b. If yes, please list below

i		iv	
	228-30		237-39
ii		v	
	231-33		240-42
iii		vi	
	234-36		243-45

246-51
Spare 252-80

SN 1-6
Card 7-8

Q15a. This question concerns any medicines that you may have taken during the last fourteen days. Have you been taking any medicines, tablets, tonics or pills **prescribed by a doctor** (excluding contraceptive pills) within the last fourteen days?

Yes ³⁰⁹₁

No ₂ ——— Go to question 16a

b. If yes, please list any medicines below

And the reasons for taking

i			310-15
ii			316-21
iii			322-27
iv			328-33
v			334-39
vi			340-45

346-57

Q16a. At the moment are you following a special diet prescribed by your doctor or dietician?

Yes ³⁵⁸₁

No ₂ — Go to question 17a

b. If yes, how long have you been following such a diet? *(Please tick one)*

³⁵⁹

Less than 1 year ₁

1-2 years ₂

3-5 years ₃

6-10 years ₄

Spare 360-380

SN 1-6
Card 7-8

Q17a. Have you ever broken/fractured a bone?

Yes ⁴⁰⁹₁

No ₂ — Go to question 18a

b. Which bone did you break/fracture?

1st injury: name of bone(s) broken

410-11

2nd injury: name of bone(s) broken

412-13

3rd injury: name of bone(s) broken

414-15

Q17c. Please specify what caused the bone(s) to break/fracture?

	1st injury	2nd injury	3rd injury
i. Fall from greater than standing height e.g. from chair or stairs	416 <input type="text"/> 1	417 <input type="text"/> 1	418 <input type="text"/> 1
ii. Fall from standing height e.g. walking	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
iii. Fall from less than standing height e.g. getting out of a chair	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
iv. Road traffic accident	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
v. High energy trauma e.g. sports injury	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5
vi. Other, please specify	<input type="text"/> 6	<input type="text"/> 6	<input type="text"/> 6

Please mark the skeleton below with a cross to show where the break/fractures occurred. For the first injury label injury 1, for second label injury 2 etc.



Q18a. Has a doctor ever told you that you have Osteoporosis, brittle bones, or bone loss?

Yes ⁴¹⁹₁

No ₂ — Go to page 14

b. If yes, when was the first time your doctor diagnosed this? ENTER YEAR

				⁴²⁰⁻²³
--	--	--	--	-------------------

WOMEN'S HEALTH - MEN PLEASE GO TO QUESTION 22

Q19a. Are you still having periods or menstrual bleeding?

Yes ⁴²⁴₁ — Go to question 20a

No ₂

b. How old were you when your periods, or menstrual bleeding stopped?

ENTER AGE ⁴²⁵⁻²⁶ years

c. Were your periods or menstrual bleeding stopped by: *(Please tick one)*

⁴²⁷₁ Natural menopause

₂ Hysterectomy (removal of womb only)

₃ Hysterectomy (plus removal of ovaries)

₄ Chemotherapy/radiation therapy

₅ Other (Please specify e.g. endometrial ablation, TRCE)

Q20a. Have you ever had hormone replacement therapy (HRT)?

Yes ⁴²⁸₁

No ₂ — Go to question 21a

b. Are you still taking HRT?

Yes ⁴²⁹₁

No ₂ — Go to question 21a

c. What brand are you taking?

Patch/implant	Yes	<input type="checkbox"/>	Name	<input type="text"/>	
	No	<input type="checkbox"/>			
Tablet	Yes	<input type="checkbox"/>	Name		<input type="text"/>
	No	<input type="checkbox"/>			

430, 431-42, 443, 444-55

d. Before you first started HRT, had your periods or menstrual bleeding stopped?

Yes

No — Go to question 21a

456

e. How old were you when your periods stopped?

ENTER AGE years

457-58

f. Were your periods stopped by

(Please tick one)

Natural menopause	<input type="checkbox"/>
Hysterectomy (removal of womb only)	<input type="checkbox"/>
Hysterectomy (plus removal of ovaries)	<input type="checkbox"/>
Chemotherapy/radiation therapy	<input type="checkbox"/>
Other (Please specify e.g. endometrial ablation, TRCE?)	<input type="checkbox"/>

459

If you are no longer having periods or menstrual bleeding, please go to question 22

Q21a. Are you taking any contraceptive pills?

Yes

No — Go to question 22

460

b. Which pill are you currently taking?

Please give the name

461-62

FOR MEN AND WOMEN - GENERAL HEALTH QUESTIONS

Please read this carefully. We should like to know if you have had any medical complaints, and how your health has been in general **over the past few weeks**. Please answer **ALL** questions on the following pages simply by indicating the answer which you think most nearly applies to you. Remember that we want to know about your present and recent complaints, **not** those you had in the past. It is important that you try to answer **ALL** the questions.

HAVE YOU RECENTLY...

(Tick one box for each question)

	Better than usual	Same as usual	Less than usual	Much less than usual	
Q22. Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	463

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q23. Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	464

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q24. Been having restless, disturbed nights?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	465

	More so than usual	Same as usual	Rather less than usual	Much less than usual	
Q25. Been managing to keep yourself busy and occupied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	466

	More so than usual	About the same as usual	Less than usual	Much less than usual	
Q26. Been getting out of the house as much as usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	467

	Better than most	About the same	Rather less well	Much less well	
Q27. Been managing as well as most people would in your shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	468

	Better than usual	About the same	Less well than usual	Much less well	
Q28. Felt on the whole you were doing things well?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	469

		More satisfied	About the same as usual	Less satisfied than usual	Much less satisfied	
Q29.	Been satisfied with the way you've carried out your task(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	509

		Better than usual	About the same as usual	Less well than usual	Much less well	
Q30.	Been able to feel warmth and affection for those near to you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	510

		Better than usual	About the same as usual	Less well than usual	Much less well	
Q31.	Been finding it easy to get on with other people?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	511

		More time than usual	About the same as usual	Less time than usual	Much less than usual	
Q32.	Spent much time chatting with people?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	512

		More so than usual	Same as usual	Less useful than usual	Much less useful	
Q33.	Felt that you are playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	513

		More so than usual	Same as usual	Less so than usual	Much less capable	
Q34.	Felt capable of making decisions about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	514

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q35.	Felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	515

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q36.	Felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	516

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q37. Been finding life a struggle all the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	517

	More so than usual	Same as usual	Less so than usual	Much less than usual	
Q38. Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	518

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q39. Been taking things hard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	519

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q40. Been getting scared or panicky for no good reason?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	520

	More so than usual	Same as usual	Less able than usual	Much less able	
Q41. Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	521

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q42. Found everything getting on top of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	522

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q43. Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	523

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q44.	Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	524

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q45.	Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	525

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q46.	Felt that life is entirely hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	526

		More so than usual	About the same as usual	Less so than usual	Much less hopeful	
Q47.	Been feeling hopeful about your own future?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	527

		More so than usual	About the same as usual	Less so than usual	Much less than usual	
Q48.	Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	528

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q49.	Been feeling nervous and strung-up all the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	529

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q50.	Felt that life isn't worth living?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	530

		Not at all	No more than usual	Rather more than usual	Much more than usual	
Q51.	Found at times you couldn't do anything because your nerves were too bad?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	531

This section concerns chest pain and other aspects of heart disease.

Q52a. Have you ever had any pain or discomfort in your chest?

Yes ⁵³²
1

No ₂

Go to question 53a

b. If yes,
Do you get this pain or discomfort when you walk uphill or hurry?

Yes ⁵³³
1

No ₂

c. Do you get it when you walk at an ordinary pace on the level?

Yes ⁵³⁴
1

No ₂

d. When you get any pain or discomfort in your chest, what do you do?

(Please tick one)

Stop ⁵³⁵
1

Slow down ₂

Continue at the same pace ₃

e. Does it go away when you stand still?

Yes ⁵³⁶
1

No ₂

Go to question 52g

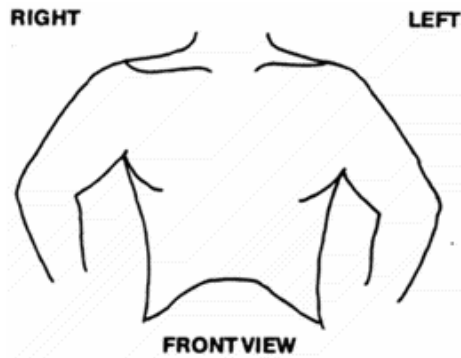
f. If yes, how soon?

In 10 minutes or less ⁵³⁷
1

More than 10 minutes ₂

g. Where do you get this pain or discomfort? Mark the place(s) with an **X** on the diagram

538-46



Q53a. Have you ever had a severe pain across the front of your chest lasting half an hour or more?

Yes ⁵⁴⁷₁

No ₂ — Go to question 54

b. If yes:
Did you talk to a doctor about it?

Yes ⁵⁴⁸₁

No ₂ — Go to d

c. If yes:
What did he/she say it was?

549-51

d. How many of these attacks have you had?

ENTER NUMBER

⁵⁵²⁻⁵³

Q54. These questions concern any TEST(S) or TREATMENT(S) you may have had for CHEST PAIN or HEART DISEASE.
Since 1997 have you had any of the following? (Please answer Yes or No to each question)
 If yes: Please give year, hospital, town and the name of the consultant for each occasion.

a. An exercise/stress ECG Heart tracing whilst walking or running on a treadmill (not as part of the Stress & Health Study)

		YEAR		HOSPITAL NAME/TOWN
Yes	609 <input type="checkbox"/> 1	610-13	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
No	<input type="checkbox"/> 2			
				CONSULTANT

b. Angiogram or X-ray of your coronary arteries (a dye test of the arteries)

		YEAR		HOSPITAL NAME/TOWN
Yes	614 <input type="checkbox"/> 1	615-18	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
No	<input type="checkbox"/> 2			
				CONSULTANT

c. Angioplasty of coronary arteries (balloon treatment for angina) or insertion of a stent

		YEAR		HOSPITAL NAME/TOWN
Yes	619 <input type="checkbox"/> 1	620-23	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	
No	<input type="checkbox"/> 2			
				CONSULTANT

d. Coronary artery bypass graft (CABG) operation

		YEAR	
	624	625-28	HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
	1		
No	<input type="checkbox"/>		
	2		
			CONSULTANT
			<input type="text"/>

e. An admission to hospital with chest pain, angina or heart attack

		YEAR	
	629	630-33	HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
	1		
No	<input type="checkbox"/>		
	2		
			CONSULTANT
			<input type="text"/>

f. Other heart tests or operations, or admissions to hospital for other heart trouble.

		YEAR	
	634	635-38	HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="text"/>
	1		
No	<input type="checkbox"/>		
	2		
			CONSULTANT
			<input type="text"/>

If yes to f. please specify (e.g. 24 hour ECG, pacemaker, thallium scan echocardiogram, or resting ECG *not* done as part of the Stress & Health study)

639-56

Q55a. Has a doctor ever told you that you have had ANGINA?

Yes	<input type="checkbox"/>	
	657	
	1	
No	<input type="checkbox"/>	Go to question 55e
	2	

b. If yes:
When was the first time? ENTER YEAR

658-61			

c. Are you still suffering from angina?

Yes

662
1

No

2

d. When was the last time you had angina?
ENTER YEAR

663-66			

e. Has a doctor ever told you that you have had a HEART ATTACK (MYOCARDIAL INFARCT/ CORONARY THROMBOSIS)?

Yes

667
1

No

2

 — Go to h

f. How many heart attacks have you had?
ENTER NUMBER

668-69	

g. When were these attacks?

ENTER YEAR
1st heart attack

709-12			

2nd heart attack

713-16			

3rd heart attack

717-20			

h. Have you ever had any OTHER HEART TROUBLE suspected or confirmed? (e.g. valve disease, congenital heart disease or irregular heart beat)

Yes

721
1

No

2

If yes:
Please specify

722-39

Spare 670-80
SN 1-6
Card 7-8

Spare 740-44

SECTION 2 -This section is about your employment status

Q56a. Are you still working as a Civil Servant?

Yes ⁷⁴⁵₁

No ₂ — Go to question 57

b. In which Ministry/Department do you work?

746-49

c. Please give your present Civil Service grade/job title - IN FULL

750-53

d. Which of the following is closest to your current grade?

(Please tick one)

⁷⁵⁴⁻⁵⁵

Administrative Assistant (AA)	<input type="checkbox"/>	01	— Go to question 67
Administrative Officer (AO)	<input type="checkbox"/>	02	
Executive Officer (EO)	<input type="checkbox"/>	03	
Higher Executive Officer (HEO)	<input type="checkbox"/>	04	
Senior Executive (SEO)	<input type="checkbox"/>	05	
Grade 7	<input type="checkbox"/>	06	
Grade 6	<input type="checkbox"/>	07	
Grade 5	<input type="checkbox"/>	08	
Grade 4	<input type="checkbox"/>	09	
Grade 3	<input type="checkbox"/>	10	
Grade 2	<input type="checkbox"/>	11	
Grade 1	<input type="checkbox"/>	12	

Q57. If you are NOT still working in the Civil Service, when did you leave?

(Month) (Year)

--	--	--	--	--	--

756-61

Q58a. Please give your last Civil Service grade/job title - IN FULL

--

762-65

b. Which of the following is closest to your last grade in the Civil Service?

(Please tick one)

766-67

- | | | |
|--------------------------------|--------------------------|----|
| Administrative Assistant (AA) | <input type="checkbox"/> | 01 |
| Administrative Officer (AO) | <input type="checkbox"/> | 02 |
| Executive Officer (EO) | <input type="checkbox"/> | 03 |
| Higher Executive Officer (HEO) | <input type="checkbox"/> | 04 |
| Senior Executive (SEO) | <input type="checkbox"/> | 05 |
| Grade 7 | <input type="checkbox"/> | 06 |
| Grade 6 | <input type="checkbox"/> | 07 |
| Grade 5 | <input type="checkbox"/> | 08 |
| Grade 4 | <input type="checkbox"/> | 09 |
| Grade 3 | <input type="checkbox"/> | 10 |
| Grade 2 | <input type="checkbox"/> | 11 |
| Grade 1 | <input type="checkbox"/> | 12 |

Q59. By which route did you leave the Civil Service?

(Please tick one)

768-69

- | | | |
|---|--------------------------|----|
| Retirement at 60 | <input type="checkbox"/> | 01 |
| Voluntary Early Retirement | <input type="checkbox"/> | 02 |
| Retirement on health grounds | <input type="checkbox"/> | 03 |
| Voluntary Compulsory Redundancy | <input type="checkbox"/> | 04 |
| Redundancy | <input type="checkbox"/> | 05 |
| Transfer to company through privatisation | <input type="checkbox"/> | 06 |
| Left to take a post outside the Civil Service | <input type="checkbox"/> | 07 |
| Left to become self-employed | <input type="checkbox"/> | 08 |
| Other (please specify) | <input type="checkbox"/> | 09 |

Q60. Have you had any paid jobs since leaving the Civil Service?

- | | | |
|-----|--------------------------|---|
| Yes | <input type="checkbox"/> | 1 |
| No | <input type="checkbox"/> | 2 |
- Go to question 62

Q61. If yes:
How many paid jobs have you had since leaving the Civil Service, including your present job if you have one?

Enter number

Q62. Excluding your present situation, have you had any periods of unemployment since leaving the Civil Service?

809

Yes 1

No 2 ——— Go to question 64

Q63. Do your previous periods of unemployment add up to...

(Please tick one)

810

Less than 3 months 1

3-6 months 2

6-12 months 3

more than 12 months 4

Q64. Are you currently in paid employment?

811

Yes 1 ——— Go to question 66a

No 2

Q65. If you are not currently in paid employment, would you classify yourself as:

(Please tick one)

812

Unemployed 1

Retired 2

Long term sick 3

Other (please specify) 4

————— Go to question 70

Q66a. What is the exact title of your main current job, including those of you who are self-employed? (Please give the full title by which the job is known and give the rank or grade if you have one)

b. What kind of work do you do in it? (list the main things you do in the job)

813-15

816-17

818-20

c. What sort of work place do you work at?

(Please tick one)

821-22

- | | |
|---|----|
| Factory or workshop | 01 |
| Agriculture/farming or forestry business | 02 |
| Transport business (airline, railway, shipping) | 03 |
| Shop | 04 |
| Bank or building society | 05 |
| Other private company office | 06 |
| National or local government office | 07 |
| School, college or university | 08 |
| Hospital, Health Centre | 09 |
| Other, please describe | 10 |

d. How many people work at the place where you work?

(Please tick one)

	823	
1-9	<input type="checkbox"/>	1
10-24	<input type="checkbox"/>	2
25-49	<input type="checkbox"/>	3
50 or more	<input type="checkbox"/>	4

e. Are you an employee or self-employed?

	824	
Employee	<input type="checkbox"/>	1 — Go to h
Self-employed	<input type="checkbox"/>	2 — Go to f

f. Do you employ other people?

	825	
Yes	<input type="checkbox"/>	1
No	<input type="checkbox"/>	2 — Go to question 67

g. How many people do you employ?

	826	
1-24	<input type="checkbox"/>	1
25 or more	<input type="checkbox"/>	2

h. Are you:

(Please tick one)

	827	
A manager	<input type="checkbox"/>	1
a foreman or supervisor	<input type="checkbox"/>	2
or none of the above	<input type="checkbox"/>	3 — Go to question 67

i. How many people do you manage or supervise?

	828	
1-24	<input type="checkbox"/>	1
25 or more	<input type="checkbox"/>	2

TO BE ANSWERED BY EVERYONE IN EMPLOYMENT

Q67. Is your job...

full-time	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 829 1 </div>
part-time	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 2 </div>

Q68. How secure do you feel in your present job?

(Please tick one)

Very secure	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 830 1 </div>
Secure	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 2 </div>
Insecure	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 3 </div>
Very insecure	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 4 </div>

Q69. Over the past three years has your job:

(Please tick one)

Become more secure	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 831 1 </div>
Remained unchanged	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 2 </div>
Become less secure	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 3 </div>

Q70. How much do you agree or disagree with the following statements?

(Please tick one)

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree	
a. At home , I feel I have control over what happens in most situations	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 1 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 2 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 3 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 4 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 5 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 6 </div>	832
b. At work , I feel I have control over what happens in most situations	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 1 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 2 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 3 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 4 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 5 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 6 </div>	833
c. Over the next 5-10 years I expect to have many more positive than negative experiences	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 1 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 2 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 3 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 4 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 5 </div>	<div style="border: 1px solid black; width: 40px; height: 20px; margin: 0 auto; position: relative;"> 6 </div>	834

Q71a. Are you married or cohabiting?

Yes ⁸³⁵₁ — Go to question 72

No ₂

b. If NOT married/cohabiting, are you

Single, never married ⁸³⁶₁ — Go to question 72

Widowed ₂

Divorced ₃

Separated ₄

c. If widowed/divorced or separated - what year did this happen?

Year ⁸³⁷⁻⁴⁰

--	--	--	--

Q72. What is your date of birth?

(Day) (Month) (Year)

				1	9		
--	--	--	--	----------	----------	--	--

841-48

Q73a. How old was your father when he finished full-time continuous education?

ENTER AGE ⁸⁴⁹⁻⁵⁰ years

b. What is/was your father's main job? (Please give the full title by which the job is/was known and give the rank or grade if he has/had one)

c. What kind of work does/did your father do in that job? (list the main things he does/did in the job)

d. What qualifications or training, if any, are/were necessary for that job?

851-53

854-55

856-57

e. Is/was he an employee or self employed?

Employee

Self-employed

f. How many people work/worked at his place of work?

Less than 25 employees

25 or more employees

g. Is/was he in charge of other people?

Yes — Go to h

No — Go to question 74

h. If yes,
How many?

1-24

25 or more

Q74. Please enter today's date:

(Day) (Month) (Year)

				2	0	0	1
--	--	--	--	---	---	---	---

863-70

PLEASE ADD ANY COMMENTS BELOW

871
Spare 872-80

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE
RETURN IT IN THE LARGE REPLY-PAID ENVELOPE ADDRESSED TO:
*The National Centre for Social Research
Operations Dept.
100 Kings Road
Brentwood
Essex CM14 4LX***