HEALTH SURVEY

Stress and Health Study
Department of Epidemiology and Public Health
University College London

Civil Service Occupational Health Service

S4/1995
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 anyone, either connected with the Civil Service, or outside it.

PLEASE USE BLOCK LETTERS.

Once returned, this personal identification section will be removed. This will ensure the preservation of confidentiality in subsequent handling of the questionnaires.

SURNAME

FORENAMES (in full)

DATE OF BIRTH

HOME ADDRESS

HOME TELEPHONE NUMBER

WORK ADDRESS (in full)

WORK TELEPHONE NUMBER

MINISTRY/DEPARTMENT (if applicable)

ROOM NUMBER (if applicable)

BUILDING (if applicable)

TODAY'S DATE

Please purchase Image2PDF on http://www.verypdf.com/ to remove this message.
In the last questionnaire we asked you to give us permission to monitor your health via your departmental sickness records. We would like to continue collecting this information and in cases of serious illness to obtain details from your general practitioner. We shall continue to treat all information with the strictest confidence.

If you agree, please complete the following:

Consent given  Yes  No  *(please circle one)*

If yes, please sign your name here  Date

Please could you provide your General Practitioner's name and address.

GP's NAME

ADDRESS (in full)

Please read these before filling in the rest of the questionnaire.

- Please answer all the questions.

- The answers to most questions can be indicated by blocking in the appropriate rectangle - you don't need to be too precise; a single bold stroke over the length of the rectangle will do.

- **Please use the HB pencil enclosed.** Do NOT use a ball-point pen.

- Please DO NOT mark answers with a tick, cross or circle.

- Where a question requires you to indicate a number, simply block in the rectangle next to the appropriate number. The example opposite shows '48'.

- Where the answer is likely to be a phrase or sentence please write in the space indicated.

*Example: What is your sex?  Male  □  Female □

*Example: What is your age?  □ □ □ □ □ □ □ □ □ □

*Example: What was the main reason for being in hospital?  Acute Bronchitis
This section is about your employment status

1. Are you still working as a civil servant?  
Yes ☐ No ☐  ▶ If not still working as a civil servant, please go to question 7.

2. A. What is your exact civil service grade title? (Please write out in full)  
VCSSRTE

B. Please give a description of your job, including level of seniority.  
VLREVT

3. Major changes in the organisation and location of civil service departments have been made and/or are planned. How much do you anticipate these changes will affect your own working conditions/job tasks?  
A lot ☐ Somewhat ☐ A little ☐ Not at all ☐

4. How secure do you feel in your present job? (Please indicate one)  
VCSSECUR

5. Over the past three years has your job: (Please indicate one)  
VCSSEC3Y

6. A. Over the next two years do you expect still to be working in the civil service?  
VCSEXPS

B. If no, which of the following is most likely to be the reason? (Please indicate one)  
VCSNORSN

Now please go to question 13

QUESTIONS 7 - 12 ARE FOR THOSE NO LONGER WORKING IN THE CIVIL SERVICE

7. If you are NOT still working in the civil service, when did you leave?  
Month J F M A M J J A S O N D  
Year 80 90  
19..  

8. What was your last grade in the civil service? (Please write out in full)  
VLGRADD  
VLRENVLRSC
9. By which route did you leave the civil service?  (Please mark one box only) VLRROUTE

- Retirement at 60
- Voluntary Early Retirement
- Retirement on health grounds
- Voluntary Compulsory Redundancy
- Redundancy
- Transfer to company through privatisation
- Left to take a post outside the civil service
- Left to become self-employed
- Other (please specify)

10. Are you currently in paid employment? Yes -> If yes, please go to question 12 VLREMPL No

11. If you are not currently in paid employment, would you classify yourself as? (Please mark one box only) VLRNE

- Unemployed
- Retired
- Long term sick
- Other (please specify)

Now please go to question 13

12. A. What is the exact title of your main current job? What kind of work do you do in it? VLRSC VLERSEG

B. What qualifications or training, if any, are necessary for that job?

C. How many people work at your place of work? VLRCHAR

- less than 25 employees
- 25 or more employees

D. Are you in charge of other people? Yes -> If yes, how many? VLRRECH

- 100
- 200+
- 10
- 20
- 30
- 40
- 50
- 60
- 70
- 80
- 90

E. Are you an employee or self-employed? Yes -> If self-employed, please go to question 13. VLRMPEE

F. If you are an employee, what does your employer make or do?

13. A. Are you married or cohabiting? VMARCOH

- Yes
- No -> If no, go to part C.

B. Is this your first marriage/cohabitation? VFSTMAR

- Yes
- No

C. If NOT now married/cohabiting, which are you? VNOTMAR

- Single (never married)
- Widowed
- Divorced
- Separated

14. A. Are you currently providing any personal care to an aged or disabled relative or friend? VAGEDREL

- Yes
- No -> If no, please go to question 15

B. How many hours in an average week do you spend looking after this person(s)? VHRREL

- 100
- 20
- 30
- 40
- 50
- 60
- 70
- 80
- 90
- 1
- 2
- 3
- 4
- 5
- 6
- 7
- 8
- 9
This section concerns your health

15. In general would you say your health is: (Please indicate one)
   - Excellent
   - Very good
   - Good
   - Fair
   - Poor

16. COMPARED TO ONE YEAR AGO, how would you rate your health in general now? (Please indicate one)
   - Much better now than one year ago
   - Somewhat better now than one year ago
   - About the same as one year ago
   - Somewhat worse now than one year ago
   - Much worse now than one year ago

17. 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 indicate one answer for each question)
   - 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
   - VACTIV1
   - VACTIV0
   - VACTIV0

   B. Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf
   - VACTIV0
   - VACTIV0
   - VACTIV0

   C. Lifting or carrying groceries
   - VACTIV0
   - VACTIV0
   - VACTIV0

   D. Climbing several flights of stairs
   - VACTIV0
   - VACTIV0
   - VACTIV0

   E. Climbing one flight of stairs
   - VACTIV0
   - VACTIV0
   - VACTIV0

   F. Bending, kneeling or stooping
   - VACTIV0
   - VACTIV0
   - VACTIV0

   G. Walking more than one mile
   - VACTIV0
   - VACTIV0
   - VACTIV0

   H. Walking half a mile
   - VACTIV0
   - VACTIV0
   - VACTIV0

   I. Walking one hundred yards
   - VACTIV0
   - VACTIV0
   - VACTIV0

   J. Bathing and dressing yourself
   - VACTIV0
   - VACTIV0
   - VACTIV0

18. 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 indicate one answer for each question)
   - Yes
   - No

   A. Cut down the amount of time you spent on work or other activities
   - VNKHL01
   - VNKHL02
   - VNKHL03

   B. Accomplished less than you would like
   - VNKEM01
   - VNKEM02
   - VNKEM03

   C. Were limited in the kind of work or other activities
   - VNKHL04

   D. Had difficulty performing the work or other activities (for example, it took extra effort)

19. 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 indicate one answer for each question)
   - Yes
   - No

   A. Cut down the amount of time you spent on work or other activities
   - VNKEM01
   - VNKEM02
   - VNKEM03

   B. Accomplished less than you would like
   - VNKEM04
   - VNKEM05
   - VNKEM06

   C. Didn't do work or other activities as carefully as usual

20. 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 indicate one)
   - Not at all
   - Slightly
   - Moderately
   - Quite a bit
   - Extremely

21. How much BODILY pain have you had during the PAST FOUR WEEKS? (Please indicate one)
   - None
   - Very mild
   - Mild
   - Moderate
   - Severe
   - Very severe

22. During the PAST FOUR WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework)? (Please indicate one)
   - Not at all
   - A little bit
   - Moderately
   - Quite a bit
   - Extremely
23. How much of the time during the PAST FOUR WEEKS:
(Please indicate one answer for each question)

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>A good bit of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>vTIME01</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. Did you feel full of life?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME02</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Have you been a very nervous person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME03</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Have you felt so down in the dumps that nothing could cheer you up?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME04</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Have you felt calm and peaceful?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME05</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. Did you have a lot of energy?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME06</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. Have you felt downhearted and blue?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME07</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Did you feel worn out?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME08</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>H. Have you been a happy person?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>vTIME09</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>I. Did you feel tired?</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

24. 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 indicate one)

<table>
<thead>
<tr>
<th>All of the time</th>
<th>Most of the time</th>
<th>Some of the time</th>
<th>A little of the time</th>
<th>None of the time</th>
</tr>
</thead>
<tbody>
<tr>
<td>VHLEMSOC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

25. Please choose the answer that best describes how
TRUE or FALSE each of the following statements
is for you: (Please indicate one answer for each question)

<table>
<thead>
<tr>
<th>Definitely true</th>
<th>Mostly true</th>
<th>Don't know</th>
<th>Mostly false</th>
<th>Definitely false</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSICKES</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>A. I seem to get sick a little easier than other people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VHLTHAN</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. I am as healthy as anybody I know</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VHLTHWRS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. I expect my health to get worse</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VHLTHEXC</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. My health is excellent</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

26. A. Do you experience menopausal symptoms
Yes ☐ No ☐ If no, go to question 27.

If yes, to what extent do you experience the following symptoms?

<table>
<thead>
<tr>
<th>Yes, a lot</th>
<th>Yes, somewhat</th>
<th>Yes, a little</th>
<th>No, not at all</th>
</tr>
</thead>
<tbody>
<tr>
<td>VSYMHO</td>
<td></td>
<td></td>
<td>VSYMNO</td>
</tr>
<tr>
<td>B. Hot flushes</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSYMDEP</td>
<td></td>
<td></td>
<td>VSYMNO</td>
</tr>
<tr>
<td>C. Depression</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSYMMLP</td>
<td></td>
<td></td>
<td>VSYMNO</td>
</tr>
<tr>
<td>D. Sleep disturbance</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSYMBO</td>
<td></td>
<td></td>
<td>VSYMNO</td>
</tr>
<tr>
<td>E. Bone pains</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VSYMNI</td>
<td></td>
<td></td>
<td>VSYMNO</td>
</tr>
<tr>
<td>F. Night sweats</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VMPSYM OT</td>
<td></td>
<td></td>
<td>VMSOTH</td>
</tr>
<tr>
<td>G. Other (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

27. A. Have you ceased having your periods?
Yes ☐ No ☐ If no, go to part D.

If yes:

B. At what age did you stop?

<table>
<thead>
<tr>
<th>10</th>
<th>20</th>
<th>30</th>
<th>40</th>
<th>50</th>
<th>60</th>
<th>70</th>
<th>80</th>
<th>90</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>2</td>
<td>3</td>
<td>4</td>
<td>5</td>
<td>6</td>
<td>7</td>
<td>8</td>
<td>9</td>
</tr>
</tbody>
</table>

C. What was the cause of menopause?

<table>
<thead>
<tr>
<th>Natural menopause</th>
<th>Hysterectomy (removal of womb only)</th>
<th>Hysterectomy plus removal of ovaries</th>
<th>Other (please specify)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td>VPHWYOTH</td>
</tr>
</tbody>
</table>

Please purchase Image2PDF on http://www.verypdf.com/ to remove this message.
D. Have you ever had hormone replacement therapy?  
  Yes ☐  No ☐  → If no, go to question 28.

E. For how long?  
  Years ☐  1  2  3  4  5  6  7  8  9
  ☐  10  20  30
  Months ☐  1  2  3  4  5  6  7  8  9  10  11

F. Please specify name of the medicine(s) taken.
  VHORMTA1
  VHORMTA2
  VHORMTA3

G. Are you still taking hormone replacement therapy?  
  Yes ☐  No ☐

28. A. Do you have any longstanding illness, disability or infirmity?  
  Yes ☐  VLONGILL
  No ☐  → If no, go to question 29.

  If yes:

B. What is the matter with you?
  VLONGIL1  VLONGIL2  VLONGIL3  VLONGIL4  VLONGIL5  VLONGIL6

29. A. Have you ever had any pain or discomfort in your chest?  
  Yes ☐  No ☐  → If no, go to question 30.

  If yes:

B. Do you get this pain or discomfort when you walk uphill or hurry?  
  Yes ☐  VCHPLEV
  No ☐

C. Do you get it when you walk at an ordinary pace on the level?  
  Yes ☐  VCHPACT
  No ☐

D. When you get any pain or discomfort in your chest, what do you do?  
  Stop ☐  Continue at the same pace ☐  VCHPSTOP
  Slow down ☐

E. Does it go away when you stand still?  
  Yes ☐  VCHTIME
  No ☐

F. How soon?  
  In 10 minutes or less ☐  More than 10 minutes ☐  VCHPLOC

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

  VCHPSIT1  VCHPSIT2  VCHPSIT3  VCHPSIT4
  RIGHT

  VCHPSIT5  VCHPSIT6  VCHPSIT7  VCHPSIT8
  VCHPSIT9

  LEFT

  FRONT VIEW
30. A. Have you ever had a severe pain across the front of your chest lasting half an hour or more?
   Yes ☐  No ☐  ► If no, go to question 31.
   If yes:

   B. Did you talk to a doctor about it?
   Yes ☐  No ☐  ► If no, go to question 31.
   If yes:

   C. What did he/she say it was?

VCHPDIA

VCHPDNUM

31. These questions concern any HEART PROBLEMS you may have had. (Please answer yes or no to each question)

   A. Has a doctor ever told you that you have had ANGINA?
      Yes ☐  No ☐  ► If no, go to part B. VANG
      If yes: When was the first time? 19........

      Are you still suffering from angina?
      Yes ☐  No ☐

      When was the last time you had angina? 19........

   B. Has a doctor ever told you that you have had a HEART ATTACK (MYOCARDIAL INFARCT/CORONARY THROMBOSIS)?
      Yes ☐  No ☐  ► If no, go to part C. VMI
      If yes: How many heart attacks have you had? 1 ☐  2 ☐  3+ ☐

      When were these attacks?
      1st ☐  2nd ☐  3rd ☐

      19........ 19........ 19........

   C. Has a doctor ever told you that you have HIGH BLOOD PRESSURE (HYPERTENSION)?
      Yes ☐  No ☐  ► If no, go to part D. VHP
      If yes: When was the first time? 19........ VHPFST

      Have you ever had drug treatment for high blood pressure? Yes ☐  No ☐

      Are you still receiving drug treatment now?
      Yes ☐  No ☐

   D. Has a doctor ever told you that you have had a STROKE?
      Yes ☐  No ☐  ► If no, go to part E. VSTR

   E. Have you ever had any OTHER HEART TROUBLE suspected or confirmed?
      Yes ☐  No ☐

      If yes: Please specify (eg. heart failure, irregular heart beat)

      VOHTDIAG
32. These questions concern any TESTS or TREATMENT you may have had for CHEST PAIN or HEART DISEASE.

Have you ever 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.
If you need more space please use the back page.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>Year</th>
<th>Hospital Name/Town</th>
<th>Consultant</th>
</tr>
</thead>
<tbody>
<tr>
<td>A. An exercise ECG (treadmill) test</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VEXECG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>B. Angiogram or X-ray of your coronary arteries (a dye test of the arteries)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAGRAM</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>C. Angioplasty of coronary arteries (balloon treatment for angina)</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VAPLAS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>D. Coronary artery bypass graft (CABG) operation</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VCABG</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>E. An admission to hospital with chest pain, angina or heart attack</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VADMCH</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>F. An admission to hospital with other heart trouble</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VADMOT</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>G. Other heart tests or operations</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>VHTOPS</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

If yes, please specify ▶

VADMOTTY

VHTOPST1  VHTOPST2  VHTOPST3
This section concerns your health in general

33. A. 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?

If yes:

B. Please list any medicines below. And the reasons for taking

(i) VPRSMED1
   VPRSMED2
(ii) VPRSMED3
    VPRSMED4
(iii) VPRSMED5
     VPRSMED6
(iv) VPRSMED7
    VPRSMED8

34. Have you ever been told by a doctor that you have, or have had, any of the following?

(Please answer yes or no for each question)

| Condition                                      | VHIATUS | VGASULC | VGALLST | VOSARTH | VRHARTH | VGOUT | VOSTPOR | VBRONCH | VASTHMA | VTUBERC | VTHYROI | VDEPRES | VANXIE T | VDIABET | VKIDSTO | VCYSUTI | VEPILEP | VCANCER |
|------------------------------------------------|---------|---------|---------|---------|---------|-------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|---------|
| Hiatus hernia, heart burn or reflux disease    |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Gastric, peptic or duodenal ulcer             |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Gall bladder disease (gall stones)            |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Osteoarthritis ('wear and tear' arthritis)    |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Rheumatoid arthritis                          |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Gout                                           |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Osteoporosis                                  |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Bronchitis                                     |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Asthma                                         |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Tuberculosis                                   |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Thyroid disease (including goitre)            |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Depression or depressive illness              |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Anxiety state or chronic anxiety              |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Agoraphobia (fear of open spaces)             |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Diabetes                                       |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Kidney stones                                  |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Bladder infection (cystitis or urinary tract infection) |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Epilepsy (fits or convulsions)                 |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
| Cancer (If yes, please specify)               |         |         |         |         |         |       |         |         |         |         |         |         |         |         |         |         |         |         |         |         |         |
35. The following question concerns any back pain which you may have had during the last 12 months, excluding back pain due to feverish illness such as flu or (in women) due to the menstrual period. Back pain is any pain located on the shaded areas of the diagram.

VBAKPAIN

During the last year have you had any back pain which lasted for more than one day?

Yes  
No  

36. During the two weeks ending yesterday, have you visited your GENERAL PRACTITIONER (family doctor)?

Yes  
No  

If yes, what were the reasons.

VGP2WKR1  VGP2WKR2  VGP2WKR3  VGP2WKR4

37. In cases of serious illness which have involved attendance at hospital, we would like permission to obtain details from the hospital records. (Please note this is different from the consent requested on the first page). This information will be treated with the strictest confidence.

VCONSHOS

CONSENT GIVEN  Yes  No  (please mark one)

If yes, please sign your name here

SIGNATURE  GP's NAME (unless given on the first page)

GP's ADDRESS (in full)

DATE