CONFIDENTIAL

HEALTH SURVEY

STRESS AND HEALTH STUDY
DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH
UNIVERSITY COLLEGE LONDON

OCCUPATIONAL HEALTH AND SAFETY AGENCY

PHASE 5 - 1997
This Questionnaire contains questions covering many aspects of your life and as you will see below we have divided these areas into separate sections for you to complete. You may find it helpful to complete the Questionnaire a section at a time.

| SECTION 1 | WORK HISTORY & PERSONAL DETAILS | 5 |
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General Instructions

Please read these instructions 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.

Example: What is your sex? Male Female

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

Where a question requires you to indicate a number, simply block in the rectangle next to the appropriate number. The examples opposite shows 1948 and 19.

Example 1: 1948

Example 2: 19

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

Example: What was the main reason for being in hospital

Acute Bronchitis

Once again thank you very much for your co-operation
Thank you very much for continuing to participate in our study of stress and health. The enclosed Questionnaire marks the beginning of the next phase of the study which will bring us up to date with any changes in your employment status, your state of health, and includes some new questions on various aspects of your lifestyle and social life which are relevant to health. The information you have provided so far is truly impressive and continues to give us important knowledge about the factors which can contribute to ill-health. Thank you again for your invaluable participation in this study.

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.

<table>
<thead>
<tr>
<th>Surname</th>
</tr>
</thead>
<tbody>
<tr>
<td>Forenames (in full)</td>
</tr>
<tr>
<td>Date of Birth</td>
</tr>
<tr>
<td>Home Address (in full)</td>
</tr>
<tr>
<td>Home Telephone Number</td>
</tr>
<tr>
<td>Work Address (in full)</td>
</tr>
<tr>
<td>Work Telephone Number</td>
</tr>
<tr>
<td>Room Number (if applicable)</td>
</tr>
<tr>
<td>Building (if applicable)</td>
</tr>
<tr>
<td>Today's Date</td>
</tr>
</tbody>
</table>

PLEASE USE BLOCK LETTERS.
As before, a crucial aspect of this study is the accurate identification of illness through Questionnaire and Civil Service sickness absence records. We sometimes need to obtain additional details from your general practitioner and hospital records. In order to do this we need your permission again please.

We shall continue to treat all information in the strictest confidence.

If you agree, please complete the following:

Consent given       Yes       No       TCONSHOS
(please mark one)

If Yes, please sign your name here

Date

GPs NAME

ADDRESS (in full)
SECTION 1 WORK HISTORY & PERSONAL DETAILS

These questions are about your employment status

1.1 What was your grade title when you first joined the Civil Service?  
Please give full title

1.2 Were you a fast stream entrant?  
Yes  No  TFSTREAM

1.3 a. Are you still working in the Civil Service?  
Yes  No  
If no please go to Question 14  TCSSTILL

b. In which Ministry/Department do you work?  
TMINDP

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

Grade/Job Title  TCSSCLAS

TCSGRAD  TCSLEVEL

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


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


f. Are you in charge of other people?  Yes  No  TINCHAR


g. Have you been promoted in the last 5 years?  
Yes  No  TPRM5Y

in which year were you last promoted?  19  TPRM5YR

h. Do you currently work in a ‘Next Steps’ agency or other organisation operating on ‘Next Steps’ lines?  
Yes  No  TNSCURR

Please give the name of the ‘Next Steps’ agency/other organisation in full (and the acronym if you know it, eg. Security Facilities Executive (SAFE))

TNSCNAM

Is the section in which you work likely to become a ‘Next Steps’ agency or organisation operating on Next Steps’ lines in the future?  
Yes  No  TNSLIKLY

i. Do you think the work you are doing is likely to be privatised?  
Yes  No  Don’t know  TPRIVLIK

j. There have been many changes in the Civil Service over the past 8 years. Overall, have these changes affected you?  
Beneficially  Adversely  Not at all  TCSCHABA

Please go to Question 1.6
Questions 1.4 - 1.5 are for those who have left the Civil Service

1.4 a. By which route did you leave the Civil Service? (Please mark one box only)

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

1.4 b. When did you leave Civil Service employment?

- Month
- Year

1.4 c. What was your last grade in the Civil Service? (Please write out in full)

- Civil Service grade
- Description of job including level of seniority

1.4 d. If you left before retirement age, how much was your decision affected by changes in the Civil Service over the last 5-8 years? (Please mark one box only)

- Exclusively
- Very much
- Quite
- A little
- Not at all

1.4 e. Have you had any paid jobs since leaving the Civil Service? TLRPAID

- Yes
- No

If Yes, TLRPAIDN

1.4 f. How many paid jobs have you had since leaving the Civil Service, including your present job if you have one?

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

- Yes
- No

If No, please go to part g.

1.4 h. Do your previous periods of unemployment add up to

- less than 3 months
- 3 - 6 months
- 6 - 12 months
- more than 12 months

1.4 i. Are you in paid employment at present? TLRREML

- Yes
- No

If you are NOT in paid employment please go to Question 1.5

1.4 j. How would you classify yourself? (Please mark one box only)

- Unemployed
- Housewife/husband
- Retired
- Student
- Long-term sick
- Other (please specify)

1.4 k. How long is it since you were last in paid employment?

- Years
- Months

1.4 l. Would you like to find another job?

- Yes
- No

1.4 m. Are you currently looking for paid employment?

- Yes
- No

1.4 n. How would you rate your chances of finding another job? (Please mark one box only)

- Very good
- Good
- Fair
- Poor
- No chance at all
b. What kind of work do you do in it? (List the main things you do in the job)

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

d. How many people are employed at your place of work?
less than 25 employees
25 or more employees

TLREMAIN

e. Are you in charge of other people? Yes No
TLRECHAR

f. Are you: an employee or self-employed? TLREMP
Employee
Self-employed
if self-employed please go to Question 1.6

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

h. Is your present job? (please indicate one only)
a permanent post
a temporary post
a fixed term contract
other
TLREPOST

These questions are for those who are currently in paid employment (Civil Service or other).

1.6 a. Is your present job full time part time (less than 30 hours per week) TEFTPT

b. How secure do you feel your present job is? (Please mark one box only)
Very secure
Secure
Not very secure
Very insecure
TESecure

c. Are you looking for another job? Yes No TELookJ

d. How many hours do you work per average week in your main job, including work brought home?
hours TEMainHR

e. Do you have any other paid employment in addition to your main job?
Yes No
if No, please go to Question 1.7
TEOTEMPL

f. How many hours do you work in an average week in your additional employment?
hours TEOTEMHR

We would like to ask some brief questions about your spouse (partner).

1.7 Is your spouse (partner) currently doing any paid work? Please indicate one only.
Yes: full time (over 30 hours/week)
No: unemployed - seeking work
No: Looking after the house/family
Yes: part-time (less than 30 hours/week)
No: retired
No: Not working - other reasons

TWORKSP

1.8 How old was your spouse (partner) when he/she finished full time education? TAGEDDSP
We would like to check that our records concerning your personal / home circumstances are accurate and that we have not missed any information. We would be grateful if you would answer the following questions.

1.9 Which of the following ethnic groups do you consider that you belong to?
- Black-Caribbean
- Black-African
- Black-Other
- Indian
- Pakistani
- Bangladeshi
- Chinese
- White
- Other (please specify)

1.10 a. Are you married or cohabiting?
   - Yes
   - No

b. Is this your first marriage/cohabitation?
   - Yes
   - No

1.11 Does anyone live in your household besides you?
   - Yes
   - No

1.12 Please specify who is living in your household:
   a. Spouse or partner
   - Yes
   - No
   
   b. Any other adults
   - Yes
   - No
   
   c. Adult children (18+)
   - Yes
   - No
   
   d. Children
   - Yes
   - No

   e. During the last 12 months how many people have lived in your household on a permanent basis?
   - Number

Could you help us check that our records about your education are complete.

1.13 a. Have you, at any time, been in full-time or part-time education since leaving school?
   - Yes
   - No

b. How many years of education have you had, including primary, secondary school, college, technical college, polytechnic and university?
   - Number

   c. What is the highest level of examination or qualification that you obtained when you first left full-time education?
   (Please exclude any short gaps, eg, between school and university)
   - No academic qualifications
   - School Certificate
   - Matriculation
   - ‘O’ Level
   - ‘A’ Level, SCE Higher
   - ‘S’ Level
   - BA/BSc
   - University or CNAH Higher degree (e.g. MA/MSc, PhD)
   - City and Guilds
   - National Diplomas and Certificates (e.g. ONC, HND, etc.)
   - Other (please specify)

1.14 Have you obtained any higher qualification since first leaving full-time education?
   - Yes
   - No

1.15 What is the highest level of examination or qualification that you have attained?
   - School Certificate
   - Matriculation
   - ‘O’ Level
   - GCSE (and CSE)
   - ‘A’ Level, SCE Higher
   - ‘S’ Level
   - BA/BSc
   - University or CNAH Higher degree (e.g. MA/MSc, PhD)
   - City and Guilds
   - National Diplomas and Certificates (e.g. ONC, HND, etc.)
   - Professional Qualification (degree equivalent/higher etc.)
   - Other (please specify)
SECTION 2 - HEALTH & ILLNESS

This Section covers your general health, as well as specific diseases. We are interested in psychological, physical and social aspects of your health, as well as any diagnoses which your doctor(s) may have made.

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

If Yes, please list below

- i. TLONGST
- ii. TLONGST1
- iii. TLONGST2
- iv. TLONGST4
- v. TLONGST5
- vi. TLONGST6

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

- TCHPAIN

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

- TCHPUPH

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

- TCHPLEV

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

- TCHPACT

- Stop
- Slow down
- Continue at the same pace

f. How soon?

- In 10 minutes or less
- More than 10 minutes

- TCHPTIME

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

- TCHPLOC

RIGHT

- TCHPSIT1
- TCHPSIT2
- TCHPSIT3
- TCHPSIT4
- TCHPSIT5

FRONT VIEW

LEFT

- TCHPSIT6
- TCHPSIT7
- TCHPSIT8
- TCHPSIT9

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

- TCHPEXT

b. Did you talk to a doctor about it?

- TCHPDOC

c. What did he/she say it was?

- TCHPDIA

d. How many of these attacks have you had?

- TCHPNUM

1

2

3

4

5

6+

We would be very grateful if you would give us details of all past episodes of health problems - even if you have told us about them before. This will help us to make sure that we do not miss any information.

(please answer Yes or No to each question)
2.4 a. Has a doctor ever told you that you have had ANGINA?  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>19</th>
<th>TANGFST</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was the first time? (Please indicate year)</td>
<td>19</td>
<td>TANGSTIL</td>
<td></td>
</tr>
<tr>
<td>Are you still suffering from angina? Yes</td>
<td>No</td>
<td>TANGSLST</td>
<td></td>
</tr>
<tr>
<td>When was the last time you had angina? (Please indicate year)</td>
<td>19</td>
<td>TANGGLST</td>
<td></td>
</tr>
</tbody>
</table>

b. Have you ever taken any 'NITRATE' medicines (including tablets under the tongue, sprays, patches)?

Nitrate medicines include: Glyceril Trinitrate (contained in drugs such as Nitrolingual Spray, Suscard, Sustac, Percutol)  
Isosorbide Dinitrate (contained in drugs such as Cedocard, Isordil, Sorbichew, Isoket)  
Isosorbide Mononitrate (contained in drugs such as Ismo, Elantan, Monit, Imdur)  

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>TINITNAME</th>
</tr>
</thead>
<tbody>
<tr>
<td>When did you first take these nitrate medicines:</td>
<td>19</td>
<td>TINITFST</td>
</tr>
<tr>
<td>Are you still taking these nitrate medicines?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>1</th>
<th>2</th>
<th>3+</th>
<th>TMINUM</th>
</tr>
</thead>
<tbody>
<tr>
<td>How many heart attacks have you had?</td>
<td>2nd</td>
<td>2nd</td>
<td>3rd</td>
<td>19</td>
<td>19</td>
</tr>
<tr>
<td>When were these attacks? (Please indicate year)</td>
<td>19</td>
<td>TMI</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

d. Has a doctor ever told you that you have HIGH BLOOD PRESSURE (HYPERTENSION)?

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>THBP</th>
</tr>
</thead>
<tbody>
<tr>
<td>When was the first time? THBPST</td>
<td>19</td>
<td></td>
</tr>
<tr>
<td>Have you ever had drug treatment for high blood pressure?</td>
<td>Yes</td>
<td>No</td>
</tr>
<tr>
<td>Are you still receiving drug treatment now?</td>
<td>Yes</td>
<td>No</td>
</tr>
</tbody>
</table>

e. Has a doctor ever told you that you have an ENLARGED HEART, FLUID ON THE LUNGS or HEART FAILURE?

| Enlarged heart | Yes | No | TENHT |  
| Fluid on the lungs | Yes | No | TFLULUNG |  
| Heart failure | Yes | No | THF |  

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

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
<th>TOHTDIAG</th>
</tr>
</thead>
</table>

These questions concern any TEST(S) or TREATMENT(S) you may have had for CHEST PAIN or HEART DISEASE.

If you ever had any of the following? (Please answer Yes or No to each Question)

If you need more space, please use the back page.

<table>
<thead>
<tr>
<th>a. An exercise/stress ECG</th>
<th>Yes</th>
<th>YEAR</th>
<th>HOSPITAL NAME/TOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>No</td>
<td></td>
<td>TEXECGHO</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>CONSULTANT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TEXECGCO</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>b. Angiogram or X-ray</th>
<th>Yes</th>
<th>YEAR</th>
<th>HOSPITAL NAME/TOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>of your coronary arteries</td>
<td>No</td>
<td></td>
<td>TAGRAMHO</td>
</tr>
<tr>
<td>(a dye test of the arteries)</td>
<td></td>
<td></td>
<td>CONSULTANT</td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td>TAGRAMCO</td>
</tr>
</tbody>
</table>

| c. Angioplasty of | Yes | YEAR | HOSPITAL NAME/TOWN |
| coronary arteries | No  |      | TAPLASHO          |
| iballoon treatment |     |      | CONSULTANT        |
| for angina)       |     |      | TAPLASCO          |

| d. Coronary artery bypass | Yes | YEAR | HOSPITAL NAME/TOWN |
| operation               | No  |      | TCABGHO           |
|                         |     |      | CONSULTANT        |
|                         |     |      | TCABGCO           |

| e. An admission to hospital | Yes | YEAR | HOSPITAL NAME/TOWN |
| with chest pain, angina or | No  |      | TADMCHHO          |
| heart attack               |     |      | CONSULTANT        |
|                           |     |      | TADMCHCO          |

| f. Other heart tests or operations, or admissions to hospital for other heart trouble | Yes | YEAR | HOSPITAL NAME/TOWN |
|                                                                                     | No  |      | TOHTOAHO          |
|                                                                                     |     |      | CONSULTANT        |
|                                                                                     |     |      | TOHTOACO          |

(e.g. 24 hours ECG, pacemaker, thallium scan, echocardiogram, or resting ECG not done as part of the Stress & Health study).

TOHTOAT1 TOHTOAT2 TOHTOAT3 TOHTOAT4 TOHTOAT5 TOHTOAT6
2.6 Do you have a FAMILY HISTORY of heart disease or high blood pressure in a parent, brother or sister?

<table>
<thead>
<tr>
<th>Relation</th>
<th>Age of onset</th>
<th>Type of disease</th>
<th>Is this relative alive?</th>
</tr>
</thead>
<tbody>
<tr>
<td>i</td>
<td>TFHHAGE1</td>
<td>TFHHTYP1</td>
<td>Yes</td>
</tr>
<tr>
<td>ii</td>
<td>TFHHAGE2</td>
<td>TFHHTYP2</td>
<td>Yes</td>
</tr>
<tr>
<td>iii</td>
<td>TFHHAGE3</td>
<td>TFHHTYP3</td>
<td>Yes</td>
</tr>
<tr>
<td>iv</td>
<td>TFHHAGE4</td>
<td>TFHHTYP4</td>
<td>Yes</td>
</tr>
</tbody>
</table>

We would like to know about your birth and birthweight.

2.7 Where were you born?  TBWTLOC

- In hospital (please specify)
- At home
- Elsewhere

If you do not know your birthweight, please ask a member of your family. If no-one knows your birthweight, please indicate in the box.

2.8 a. How much did you weigh at birth?  TBWTlbs

<table>
<thead>
<tr>
<th>lbs</th>
<th>ozs</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Where, or from whom, did you obtain the information about your birthweight?  TBWTSRC

<table>
<thead>
<tr>
<th>Family Memory</th>
<th>Written record</th>
<th>Other</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.9 a. Has a doctor ever told you that you have diabetes?  TDIABET

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. What treatments or diets are you currently using for your diabetes?

Please answer Yes or No to each Question.

- Special or Diabetic diet
  - Yes
  - No
- Tablets
  - Yes
  - No
- Insulin
  - Yes
  - No

2.10 Have you ever been diagnosed as having cancer?  TCANCER

<table>
<thead>
<tr>
<th>YEAR</th>
<th>HOSPITAL NAME/TOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

2.11 a. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?  TBTHRHHUR

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Are you short of breath when walking with other people of your own age on level ground?  TBTHRWHOT

c. Do you have to stop for breath when walking at your own pace on level ground?  TBTHRWWOW

d. Are you short of breath when washing or dressing?  TBTHRWSAS

e. Are you troubled by breathlessness when lying down at night?  TBTHRHLIE

f. Do you suffer from swollen ankles?  TSWOLANK

<table>
<thead>
<tr>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
2.12.a. Do you usually bring up any phlegm from your chest first thing in the morning in winter?  TPHLEG
   Yes       No

   b. Do you usually bring up phlegm in the morning on most days for as much as three months in the winter?  TPHLREG
       Yes       No

   c. In the past three years have you had a period of increased cough and phlegm lasting for three weeks or more?  TPHLINC
       None       One period       Two or more periods

2.13.a. Have you ever had a sudden attack of weakness or numbness on one side of the body?  TSTRWEAK
       Yes       No

   b. Have you ever had a sudden attack of slurred speech or difficulty in finding words?  TSTRSLUR
       Yes       No

   c. Have you ever had a sudden attack of vision loss or blurred vision in one or both eyes?  TSTRVISI
       Yes       No

   d. Have you seen a doctor about these attacks?  TSTRDOC
       Yes       No

   e. What did the doctor say these attacks were?  TSTRDIAG
      Stroke       Transient Ischaemic Attack ('TIA' or mini stroke)       Other

2.14.a. Do you get any pains in either leg on walking?  TLEG-PAIN
       Yes       No

   b. Does this pain ever begin when you are standing still or sitting?  TLPSTILL
       Yes       No

   c. Do you get this pain in your calf or calves?  TLP-CALF
       Yes       No

   d. Do you get it when you walk uphill or hurry?  TLP-UPH
       Yes       No

   e. Do you get it when you walk at an ordinary pace on the level?  TLP-LEV
       Yes       No

   f. Does this pain ever disappear while you are still walking?  TLP-STP-GO
       Yes       No

   g. What do you do if you get it when you are walking?
      Stop       Slow down       Continue at same pace  TLP-ACT

   h. What happens to it if you stand still?
      Usually continues more than 10 minutes       Usually disappears in 10 minutes or less  TLP-TIME

2.15.a. Has a doctor ever told you that you have bad circulation in the arteries of your legs ('INTERMITTENT CLAUDICATION')?  TICLA-U-YR
       Yes       No

       YEAR       HOSPITAL NAME/TOWN
       TICLA-U-YR       TICLA-U-HO

       CONSULTANT
       TICLA-U-CO
b. Has a doctor ever told you that you have had a blood clot in the veins of your leg (DEEP VEIN THROMBOSIS)?
TDVT

No
Yes

YEAR HOSPITAL NAME/TOWN
TDVTTHO

Consultant
TDVTCO

C. Has a doctor ever told you that you have had a blood clot on your lungs (PULMONARY EMBOLUS)?
TPEMB

No
Yes

YEAR HOSPITAL NAME/TOWN
TPEMBHO

Consultant
TPEMBCO

Health and Daily Activities

2.16 In general, would you say your health is:-
TGENHLTH

Please indicate one only.
Excellent  Very good  Good  Fair  Poor

2.17 Compared to one year ago, how would you rate your health in general now?
TGLTHNOW

Please indicate one only.
Much better now than one year ago  Somewhat worse now than one year ago
Somewhat better now than one year ago  Much worse now than one year ago
About the same as one year ago

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

2.19 During the past 4 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.

2.20 During the past 4 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.

2.21 During the past 4 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 only.

THLSOC

Not at all  Slightly  Moderately  Quite a bit  Extremely
2.22 How much bodily pain have you had during the past 4 weeks? Please indicate one only. TBODPAIN

None  Very mild  Mild  Moderate  Severe  Very severe

2.23 During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)? Please indicate one only. TPAININT

Not at all  A little bit  Moderately  Quite a bit  Extremely

2.24 How much of the time, during the past 4 weeks? Please indicate 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?
b. Have you been a very nervous person?
c. Have you felt so down in the dumps that nothing could cheer you up?
d. Have you felt calm and peaceful?
e. Did you have a lot of energy?
f. Have you felt downhearted and low?
g. Did you feel worn out?
h. Have you been a happy person?
i. Did you feel tired?

2.25 During the past 4 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 only. THLEMSOC

All of the time  Most of the time  Some of the time  A little of the time  None of the time

2.26 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.

Definitely true  Mostly true  Don't know  Mostly false  Definitely false

a. I seem to get sick a little easier than other people  
b. I am as healthy as anybody I know  
c. I expect my health to get worse  
d. My health is excellent

2.27 a. Are you, or have you ever been, registered disabled with a Job Centre under the Disabled Persons Employment Act (the green card scheme)?

TREGDIS

Yes  No  

b. What is the disability for which you are registered?

TDISABIL

---

2.28 Do you wear a hearing aid at all? THIMPHA

Yes  No

2.29 Do you have difficulty hearing someone talking to you in a quiet room (with hearing aid if normally worn)? THIMPQT

Yes  No

2.30 Do you have great difficulty following a conversation if there is background noise, for example, a TV, radio or children playing (with hearing aid if normally worn)? THIMPBG

Yes  No

2.31 Do you have difficulty recognising a friend across the road, even if glasses or contact lenses are worn? THIMPRF

Yes  No
2.32a. 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 within the last fourteen days?

Yes  No  

b. Please list any medicines below and the reasons for taking them

(i) TPRSDRG1 
(ii) TPRSDRG2 
(iii) TPRSDRG3 
(iv) TPRSDRG4 
(v) TPRSDRG5 
(vi) TPRSDRG6 

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:-

2.33 Been able to concentrate on whatever you're doing?
TGHQ01 Better than usual  Same as usual  Less than usual  Much less than usual

2.34 Lost much sleep over worry?
TGHQ02 Not at all  No more than usual  Rather more than usual  Much more than usual

2.35 Been having restless, disturbed nights?
TGHQ03 Not at all  No more than usual  Rather more than usual  Much more than usual

2.36 Been managing to keep yourself busy and occupied?
TGHQ04 More so than usual  Same as usual  Rather less than usual  Much less than usual

2.37 Been getting out of the house as much as usual?
TGHQ05 More so than usual  About same as usual  Less than usual  Much less than usual

2.38 Been managing as well as most people would in your shoes?
TGHQ06 Better than most  About the same  Rather less well  Much less well

2.39 Felt on the whole you were doing things well?
TGHQ07 Better than usual  About the same  Less well than usual  Much less well

2.40 Been satisfied with the way you've carried out your task?
TGHQ08 More satisfied  About same as usual  Less satisfied than usual  Much less satisfied

2.41 Been able to feel warmth and affection for those near to you?
TGHQ09 Better than usual  About same as usual  Less well than usual  Much less well
### HAVE YOU RECENTLY?

<table>
<thead>
<tr>
<th>Question</th>
<th>Less well than usual</th>
<th>Same as usual</th>
<th>Less so than usual</th>
<th>More so than usual</th>
<th>Much less able</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>2.42</strong> Been finding it easy to get on with other people?</td>
<td></td>
<td>Less well than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less well</td>
</tr>
<tr>
<td><strong>2.43</strong> Spent much time chatting with people?</td>
<td></td>
<td>Less time than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td><strong>2.44</strong> Felt that you are playing a useful part in things?</td>
<td></td>
<td>Less useful than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less useful</td>
</tr>
<tr>
<td><strong>2.45</strong> Felt capable of making decisions about things?</td>
<td></td>
<td>Less so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less capable</td>
</tr>
<tr>
<td><strong>2.46</strong> Felt constantly under strain?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.47</strong> Felt you couldn’t overcome your difficulties?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.48</strong> Been finding life a struggle all the time?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.49</strong> Been able to enjoy your normal day-to-day activities?</td>
<td></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
<tr>
<td><strong>2.50</strong> Been taking things hard?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.51</strong> Been getting scared or panicky for no good reason?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.52</strong> Been able to face up to your problems?</td>
<td></td>
<td>More so than usual</td>
<td>Same as usual</td>
<td>Less able than usual</td>
<td>Much less able</td>
</tr>
<tr>
<td><strong>2.53</strong> Found everything getting on top of you?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.54</strong> Been feeling unhappy and depressed?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.55</strong> Been losing confidence in yourself?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.56</strong> Been thinking of yourself as a worthless person?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.57</strong> Felt that life is entirely hopeless?</td>
<td></td>
<td>Not at all</td>
<td>No more than usual</td>
<td>Rather more than usual</td>
<td>Much more than usual</td>
</tr>
<tr>
<td><strong>2.58</strong> Been feeling hopeful about your own future?</td>
<td></td>
<td>More so than usual</td>
<td>About same as usual</td>
<td>Less so than usual</td>
<td>Much less hopeful</td>
</tr>
<tr>
<td><strong>2.59</strong> Been feeling reasonably happy, all things considered?</td>
<td></td>
<td>More so than usual</td>
<td>About same as usual</td>
<td>Less so than usual</td>
<td>Much less than usual</td>
</tr>
</tbody>
</table>
HAVE YOU RECENTLY:-

2.60 Been feeling nervous and strung-up all the time?
TGHQ28 Not at all No more than usual Rather more than usual Much more than usual

2.61 Felt that life isn't worth living?
TGHQ29 Not at all No more than usual Rather more than usual Much more than usual

2.62 Found at times you couldn't do anything because your nerves were too bad?
TGHQ30 Not at all No more than usual Rather more than usual Much more than usual

2.63 How many hours of sleep do you have on an average week night?
TSLEEP 5 hours or less 6 hours 7 hours 8 hours 9 hours or more

2.64 How often in the past month did you: Not at all 1-3 days 4-7 days 8-14 days 15-21 days 22-31 days

SECTION 3 - WOMEN'S HEALTH

3.1 Have you ever had any of the following operations? Please answer Yes or No to each question

TUT2 a. Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy)
   Yes age
   No

TUT b. Removal of uterus (womb) only (hysterectomy)
   Yes age
   No

TUT1 c. Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)
   Yes age
   No

TOV2 d. Removal of both ovaries only (bilateral oophorectomy)
   Yes age
   No

TOVI e. Removal of one ovary only (oophorectomy)
   Yes age
   No

3.2 a. Are you still having periods or menstrual bleeding?
   Yes No

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

TPERWHY

3.3 a. Have you ever had hormone replacement therapy (HRT)?
   Yes No

b. Are you still taking HRT? Yes No

c. What medicine(s) are you taking? If yes, please give the name(s).
   Patch/implant Yes Name
   Tablet No Yes Name

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d. **Before** you first started HRT, had your periods or menstrual bleeding stopped?  **THRSTOP**
   - Yes
   - No

e. How old were you when your periods stopped?  **THRPAGE**

f. Were your periods stopped by
   - Natural menopause
   - Surgery (as described in Question 3.1)
   - Chemotherapy/radiation therapy
   - Other (Please specify, e.g. endometrial ablation, TCRE)

3.4 a. Are you taking any contraceptive pills?  **TORALCON**
   - Yes
   - No

b. Which pill are you currently taking?  *Please give the name*

Name  **TOCYTYPE**

3.5 Which of the following descriptions apply to your periods during the last 12 months?  *Please answer Yes or No to each question.*
   a. Normal for you in terms of regularity, flow and duration  **TPERNORM**
   - Yes
   - No
   b. Less regular than usual  **TPERREG**
   - Yes
   - No
   c. Shorter in duration over the year  **TPERSH**
   - Yes
   - No
   d. One or more skipped periods  **TPERSKP**
   - Yes
   - No

3.6 a. When was the first day of your last period or menstrual bleed?  **TPERLSTD**
   - Date

   **TPERLSTM**

b. What is the usual length of your cycle (the number of days between the first day of one period and the first day of the next period)?  **TCYCLNG**

3.7 Are your periods or menstrual bleeding regular?
   - Always
   - Usually
   - Sometimes
   - Never  **TPERREGU**

3.8 a. Do you experience menopausal symptoms?  **TSYMMEN**
   - Yes
   - No

   To what extent do you experience the following symptoms?  *Please answer all questions*
   - Yes
   - No
   - Somewhat
   - A little
   - Not at all
   a. Hot flushes  **TSYMHOTF**
   b. Depression  **TSYMDEP**
   c. Sleep disturbance  **TSYMSLP**
   d. Bone pains  **TSYMBON**
   e. Night sweats  **TSYMNIG**
   f. Other, please specify  **TMPSYMOT**

3.9 a. Have you ever had any children?  **TWCHLD**
   - Yes
   - No

b. How many children have you had?  **TWCHLDNO**

c. How old were you when your first child was born?  **TWCHLDAG**
We would like to know about your activities at work and in your free time that involve physical activity.

4.1 Getting about in the PAST WEEK

a. On average, for how many minutes did you walk outside your home/workplace?
   - on each weekday: TWLKOUTA
   - on each weekend day: TWLKOUTB

b. On average, for how many minutes did you pedal cycle?
   - on each weekday: TPEDCYCA
   - on each weekend day: TPEDCYCB

c. On average, how many flights of stairs did you climb?
   - on each weekday: TSTAIRSA
   - on each weekend day: TSTAIRSB

4.2 Other physical activities in the PAST FOUR WEEKS. Please indicate the number of occasions and total time spent on each of the activities listed. Write in other types of activity not listed, as applicable.

a. SPORTS AND GAMES
   - Occasions in the past 4 weeks
     None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1/2 | 2-3 | 4-5 | 6-10 | 11+
   - Total hours in past 4 weeks
     TSOCCERF
     TGOLF
     TSWIMF
     TSPORT1 (Football, including coaching etc.)
     TSPORT2

b. GARDENING
   - Occasions in the past 4 weeks
     None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1/2 | 2-3 | 4-5 | 6-10 | 11+
   - Total hours in past 4 weeks
     TWEEDF (Weeding, hoeing, pruning etc.)
     TMOWF (Manual lawn mowing)
     TGDARDN (Other gardening e.g. digging, planting, clearing ground etc. (please specify))

c. HOUSEWORK
   - Occasions in the past 4 weeks
     None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1/2 | 2-3 | 4-5 | 6-10 | 11+
   - Total hours in past 4 weeks
     ARYWH (Carrying heavy shopping)
     [COOK (Cooking)
     [ANGWH (Hanging out washing)
     [HOUWW (Other housework e.g. dusting, ironing, hoovering (please specify))
     [HOUWW2 (THOUSWW1 (THOUSWW2

d. DO-IT-YOURSELF
   - Occasions in the past 4 weeks
     None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1/2 | 2-3 | 4-5 | 6-10 | 11+
   - Total hours in past 4 weeks
     ARWASH (Manual car washing)
     AIDEC (Painting/decorating)
     [DIY (Other DIY e.g. household repairs, woodwork, bricklaying (please specify))

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4.3 How many times a week do you engage in vigorous physical activity enough to make you out of breath, and for how long in total? Please specify the activity.

<table>
<thead>
<tr>
<th>Occasions per week</th>
<th>Total hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1/2</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>3</td>
<td>4</td>
</tr>
<tr>
<td>4</td>
<td>5</td>
</tr>
<tr>
<td>5</td>
<td>6+</td>
</tr>
</tbody>
</table>

4.4 On average, how many HOURS A WEEK do you spend:

<table>
<thead>
<tr>
<th>Occasions per week</th>
<th>Total hours per week</th>
</tr>
</thead>
<tbody>
<tr>
<td>None</td>
<td>1</td>
</tr>
<tr>
<td>1</td>
<td>2</td>
</tr>
<tr>
<td>2</td>
<td>3+</td>
</tr>
<tr>
<td>3</td>
<td>2-5</td>
</tr>
<tr>
<td>4</td>
<td>6-10</td>
</tr>
<tr>
<td>5</td>
<td>11-20</td>
</tr>
<tr>
<td>6</td>
<td>21-30</td>
</tr>
<tr>
<td>7</td>
<td>31-40</td>
</tr>
<tr>
<td>8</td>
<td>40+</td>
</tr>
</tbody>
</table>

4.5 a. Do you smoke cigarettes now (that is, not cigars/pipe)?

Yes
No

b. What kind of cigarettes do you smoke?

Manufactured
Yes
No
Hand rolled
Yes
No

c. How many manufactured cigarettes do you smoke per day? and/or cigarettes

TCIGNUM

d. About how many ounces of tobacco do you use per week for handrolled cigarettes?

TTOBOZ

4.6 How soon after waking do you smoke your first cigarette of the day?

TCIGWAKE

Less than 5 minutes
Between 5 and 15 minutes
Between 15 and 30 minutes
Between 30 minutes and 1 hour
Between 1 and 2 hours
More than 2 hours

4.7 How easy or difficult would you find it to go without smoking for a whole day?

TNOCIGDY

Very easy
Fairly easy
Fairly difficult
Very difficult

4.8 How much do you want to give up smoking altogether?

TCIGQUIT

Not at all
Slightly
Moderately
Quite strongly
Very strongly

4.9 a. If not a current cigarette smoker did you smoke in the past?

Yes
No

b. How many manufactured cigarettes did you smoke per day? and/or cigarettes

TCIGNP

c. How many ounces of tobacco did you use per week for handrolled cigarettes?

TTOBP

d. How old were you when you stopped smoking?

TSMKSTOP

age

4.10 How old were you when you started smoking?

TSMKSTRT

age
<table>
<thead>
<tr>
<th>Section</th>
<th>Question</th>
<th>Options</th>
</tr>
</thead>
<tbody>
<tr>
<td>4.11 a</td>
<td>Do you smoke cigars?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.11 b</td>
<td>How many cigars per week?</td>
<td>T, CIGARNO</td>
</tr>
<tr>
<td>4.11 c</td>
<td>Do you smoke a pipe?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.11 d</td>
<td>How many ounces of tobacco do you smoke per week?</td>
<td>T, TOBOP</td>
</tr>
<tr>
<td>4.12</td>
<td>Does your husband/wife/partner smoke?</td>
<td>T, SMOKESP</td>
</tr>
<tr>
<td>4.13</td>
<td>How many people smoke in the household where you live?</td>
<td>T, SMOKE</td>
</tr>
<tr>
<td>4.14</td>
<td>If at work, are you exposed to other people's smoke?</td>
<td>T, TEXSMWK</td>
</tr>
<tr>
<td>4.15 a</td>
<td>In the past 12 months have you taken an alcoholic drink?</td>
<td>Indicate one only</td>
</tr>
<tr>
<td>4.15 b</td>
<td>If No, have you always been a non-drinker?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.16 a</td>
<td>Have you had an alcoholic drink in the last seven days?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.16 b</td>
<td>In the last seven days, how many drinks have you had of each of the following?</td>
<td>Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures. If none, please indicate 0.</td>
</tr>
<tr>
<td>4.17 a</td>
<td>Have you ever felt that you ought to cut down on your drinking?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.17 b</td>
<td>Have people annoyed you by criticising your drinking?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.17 c</td>
<td>Have you ever felt bad or guilty about your drinking?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.17 d</td>
<td>Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?</td>
<td>Yes, No</td>
</tr>
<tr>
<td>4.18 a</td>
<td>What type of bread do you eat most frequently?</td>
<td>Indicate one only</td>
</tr>
<tr>
<td>4.18 b</td>
<td>What type of milk do you usually use?</td>
<td>Indicate one only</td>
</tr>
<tr>
<td>4.19</td>
<td>How often do you eat fresh fruit or vegetables?</td>
<td>Indicate one only</td>
</tr>
</tbody>
</table>
### SECTION 5 - SOCIAL LIFE

#### Activities and Hobbies

5.1 In your spare time are you involved in any of the following activities? Please indicate which responses apply to you.

How often have you taken part in these activities in the last 12 months?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Weekly</th>
<th>Monthly</th>
<th>Less often</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Religious activities/observance</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>b. Positions of office, school governor, councillor etc</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>c. Involvement in clubs and organisations, voluntary or official</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>d. Courses and education/evening classes</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>e. Cultural visits to stately homes, galleries, theatres, cinema or live music events</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>f. Social indoor games, cards, bingo, chess etc.</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>g. Visiting friends and relatives</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>h. Going to pubs and social clubs</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>i. Individual occupations, e.g. reading, listening to music</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>j. Household tasks e.g. DIY, maintenance, decorating.</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>k. Practical activities, making things with your hands e.g. pottery, drawing etc.</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>l. Gardening</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>m. Using a home computer for leisure</td>
<td>No</td>
<td>Yes</td>
<td>if Yes ➤</td>
</tr>
<tr>
<td>TSPACOM</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.2 Here is a list of some things a person (a household) might be able to have or do.

<table>
<thead>
<tr>
<th>Necessity</th>
<th>Don't have</th>
<th>Would like/lack of money</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Freezer</td>
<td>TDNHVFRZ</td>
<td>TDWBMFRZ</td>
</tr>
<tr>
<td>ii. Tumble Dryer</td>
<td>TDNHVDRY</td>
<td>TDWBMDRY</td>
</tr>
<tr>
<td>iii. Dishwasher</td>
<td>TDNHVCDF</td>
<td>TDWBMDCDF</td>
</tr>
<tr>
<td>iv. CD Player</td>
<td>TDNHVRFG</td>
<td>TDWBMRGF</td>
</tr>
<tr>
<td>v. Spare room for guests</td>
<td>TDNHVGDN</td>
<td>TDWBMDGN</td>
</tr>
<tr>
<td>vi. Garden</td>
<td>TDNHVCOM</td>
<td>TDWBMCOM</td>
</tr>
<tr>
<td>vii. Home Computer</td>
<td>TDNVHOUT</td>
<td>TDWBMOUT</td>
</tr>
<tr>
<td>viii. Going out to a restaurant, cinema, theatre etc. once a week</td>
<td>TDNHV2HO</td>
<td>TDWBM2HO</td>
</tr>
<tr>
<td>ix. Two annual holidays away from home</td>
<td>TDNVHSAV</td>
<td>TDWBMSAV</td>
</tr>
<tr>
<td>x. Enough money to save</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
5.3 Think of this ladder as representing where people stand in our society.

At the top of the ladder are the people who are the best off - those who have the most money, most education and best jobs. At the bottom are the people who are the worst off - who have the least money, least education, and the worst jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

TLAD

Where would you place yourself on this ladder?
Please place a large "X" on the rung where you think you stand.

5.4 Please read each of the following statements below and indicate the extent to which you agree with each statement. Try to be as accurate and honest as you can as you answer the questions. Try not to let your answer to one question influence your answers to other questions. There are no correct or incorrect answers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Neutral</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. It's important to me to take time to plan out where I'm going in life</td>
<td>TTORTSE1</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. I let my emotions cool before I act</td>
<td>TTORTSE2</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I don't think much about my long-term goals</td>
<td>TTORTSE3</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I often respond quickly and emotionally when something happens</td>
<td>TTORTSE4</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. I have many long-term goals that I will work to achieve</td>
<td>TTORTSE5</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. I'm always on guard for things that might come at me</td>
<td>TTORTSE6</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. I keep a cool head when I am angry or frightened</td>
<td>TTORTSE7</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>h. I'm not someone who worries about who's coming up behind me</td>
<td>TTORTSE8</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>i. I'm on my guard in most situations</td>
<td>TTORTSE9</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

This Section concerns people in your life who you feel close to and from whom you can obtain support (either emotional or practical) including close relatives and good friends.

5.5 How many people do you feel very close to? (It does not matter where they live or whether you have seen them recently).

number TCPNO
5.6 Who have you felt closest to in the last 12 months? Please describe in terms of their relationship to you: (e.g. WIFE, SON, AUNT, BOYFRIEND, MALE FRIEND, FEMALE FRIEND). Remember these are just examples and we would like you to write in whoever you feel closest to.

WRITE IN THE PERSON YOU ARE CLOSEST TO HERE: -

Thinking about the person you are closest to, please tell us how you would rate the practical and emotional support they have provided for you IN THE LAST 12 MONTHS.

a. How much in the last 12 months did this person give you information, suggestions and guidance that you found helpful?

b. How much in the last 12 months could you rely on this person (was this person there when you needed him/her)?

c. How much in the last 12 months did this person make you feel good about yourself?

d. How much in the last 12 months did you share interests, hobbies and fun with this person?

e. How much in the last 12 months did this person give you worries, problems and stress?

f. How much in the last 12 months did you want to confide in (talk frankly, share feelings with) this person?

g. How much in the last 12 months did you confide in this person?

h. How much in the last 12 months did you trust this person with your most personal worries and problems?

i. How much in the last 12 months would you have liked to have confided more in this person?

j. How much in the last 12 months did talking to this person make things worse?

k. How much in the last 12 months did he/she talk about his/her personal worries with you?

l. How much in the last 12 months did you need practical help from this person with major things (e.g. look after you when ill, help with finances, children)?

m. How much in the last 12 months did this person give you practical help with major things?

n. How much in the last 12 months would you have liked more practical help with major things from this person?

o. How much in the last 12 months did this person give you practical help with small things when you needed it? (e.g. chores, shopping, watering plants etc.)

5.7 a. Are there any relatives outside your household with whom you have regular contact (either by visit, telephone or letters)? (Not necessarily the same person each time)

Almost daily
Once every few months
About once a week
About once a month
Never/almost never
No relatives outside household

b. How often do you regularly visit or are visited by these relatives?

Almost daily
Once every few months
About once a week
About once a month
Never/almost never
No relatives outside household

c. How many relatives do you see once a month or more?
5.8 a. Are there any friends or acquaintances with whom you have regular contact (either by visit, telephone or letters)?
(Not necessarily the same person each time) TCONFND
- Almost daily
- About once a week
- Once every few months
- Never/almost never

b. How often do you regularly *visit* or are *visited* by these friends or acquaintances? TVSTFRND
- Almost daily
- About once a week
- Once every few months
- Never/almost never

c. How many friends and acquaintances do you see once a month or more? TVSTFRM
- None
- 1-2
- 3-5
- 6-10
- More than 10

5.9 How much do you agree or disagree with the following statements? Please indicate one for each of the following questions.

<table>
<thead>
<tr>
<th>DISAGREE</th>
<th>AGREE</th>
</tr>
</thead>
<tbody>
<tr>
<td>Strongly</td>
<td>Moderately</td>
</tr>
</tbody>
</table>

a. At Home, I feel I have control over what happens in most situations TCONTHM

b. At Work, I feel I have control over what happens in most situations TCONTWK

c. I feel that what happens in my life is often determined by factors beyond my control TBELYCON

d. Over the next 5-10 years I expect to have many more positive than negative experiences

5.10 All things considered how satisfied or dissatisfied are you with your standard of living? TSTDLIV

Please indicate on the scale below how satisfied or dissatisfied you feel:

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>A little dissatisfied</th>
<th>No feelings</th>
<th>A little satisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
</table>

5.11 a. How often do you have any worries or problems with other relatives (e.g. parents or in-laws)? TFAMPRB3

b. How often does it happen that you do not have enough money to afford the kind of food or clothing you/your family should have? TFAMPRB5

c. How much difficulty do you have in meeting the payment of bills? TFAMPRB6

d. To what extent do you have problems with your housing (e.g. too small, repairs, damp, etc.)? TFAMPRB7

e. To what extent do you have problems with the neighbourhood in which you live (e.g. noise, unsafe street, few local facilities)? TFAMPRB8

5.12 All things considered how satisfied or dissatisfied are you with your life as a whole? TWHOLSAT

Please indicate on the scale below how satisfied or dissatisfied you feel:

<table>
<thead>
<tr>
<th>Very dissatisfied</th>
<th>Moderately dissatisfied</th>
<th>A little dissatisfied</th>
<th>No feelings</th>
<th>A little satisfied</th>
<th>Moderately satisfied</th>
<th>Very satisfied</th>
</tr>
</thead>
</table>

5.13 Here is a list of some of the things households need to do. In your household, who would you say took the main responsibility for these tasks under normal circumstances? Please answer all questions.

<table>
<thead>
<tr>
<th>Self</th>
<th>Male partner, relative or friend</th>
<th>Female partner, relative or friend</th>
<th>Shared equally</th>
<th>Outside help</th>
<th>Not applicable</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Washing and ironing TRESWASH</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. Preparing main daily meal TRESMEAL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. Household cleaning TRESCLEA</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. Household shopping TRESSHOP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. Paying regular bills TRESBILL</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Repairing household equipment TRESREQP</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>g. Repairing car TRESRCAR</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
As you know the Civil Service is going through major changes. Also many of you are approaching retirement age, or have retired.

Previously we relied on your Civil Service grade to indicate your income. However, Civil Service grade is not as clear an indicator of income as before and there are many of you to whom it no longer applies. We would therefore very much appreciate your help in completing the following questions.

As with all other questions, the information you provide will be kept strictly confidential and used for study purposes only.

5.14 What is the total current yearly amount you receive from your wage, pension, benefit allowance or annual salary (before tax is deducted)? Please indicate one category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount Range</th>
<th>TINCOWN</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £9,999</td>
<td>£10,000 - £14,999</td>
<td></td>
</tr>
<tr>
<td>£20,000 - £24,999</td>
<td>£25,000 - £34,999</td>
<td></td>
</tr>
<tr>
<td>£30,000 - £69,999</td>
<td>£35,000 - £49,999</td>
<td></td>
</tr>
<tr>
<td>More than £70,000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.15 a. How many people (including yourself) contributed to your household finances with income from any source (any source includes wages or salary from work, money from a second job or odd jobs, income from savings or investments, rent or property, pension, benefits and/or maintenance etc.) over the last 12 months? TINCHH

Number of people

b. What total income (including your own) has your household received in the last 12 months from the sources in Question 5.15 a.?

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount Range</th>
<th>TINCHH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £999</td>
<td>£1000 - £2999</td>
<td></td>
</tr>
<tr>
<td>£2000 - £9999</td>
<td>£10000 - £19999</td>
<td></td>
</tr>
<tr>
<td>£60000 - £9999999</td>
<td>£1000000 - £1999999</td>
<td></td>
</tr>
<tr>
<td>More than £200000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.16 a. If you sold all the assets you own in your household, for example, your house, car, caravan, boat, and jewellery, cashed in your savings and investments, and paid off any debts you have (including your mortgage), how much money do you think you would have? Please indicate one category.

<table>
<thead>
<tr>
<th>Category</th>
<th>Amount Range</th>
<th>TASSETHH</th>
</tr>
</thead>
<tbody>
<tr>
<td>Less than £4999</td>
<td>£5000 - £9999</td>
<td></td>
</tr>
<tr>
<td>£40000 - £9999999</td>
<td>£1000000 - £49999999</td>
<td></td>
</tr>
<tr>
<td>More than £500000</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

b. Thinking of the next 10 years, how financially secure do you feel?

- Secure
- Fairly secure
- Fairly insecure
- Insecure

5.17 a. Were you ever separated from your mother for a year or more as a child (that is, up until you were 16)? TMATSEP

Yes No

b. What age were you when you were first separated from your mother for at least a year? TMATSEPA

years old

c. Why did the separation happen? TMATSEPR

- Parents separated/divorced
- Mother died
- Mother ill
- Adoption
- Evacuation
- Other reason

d. Did any of the following things happen during your childhood (that is, up until you were 16)?

<table>
<thead>
<tr>
<th>Event</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>You spent 4 or more weeks in hospital</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your parents were divorced</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your father/mother were unemployed</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your parent(s) were mentally ill or drunk</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You were physically abused by someone</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your parents very often argued or fought</td>
<td></td>
<td></td>
</tr>
<tr>
<td>You were in an orphanage/children's home</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your family had continuing financial</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your family/household did not have an</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Your family/household owned a car</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
The next few questions are about your mother, or the woman who cared for you most of your life whilst you were growing up (that is up until you were 16).

If you were cared for by your father, or in a home with a male care giver but without a female care giver, please go to Question 5.19.

5.18 Please show how you remember your mother (or the woman who cared for you) during the years you were growing up.

(Please mark one answer on each line)

<table>
<thead>
<tr>
<th>A great deal</th>
<th>Quite a lot</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
</table>

a. How much did she understand your problems and worries? TMOTUNDE

b. How much could you confide in her about things that were bothering you? TMOTCONF

c. How much love and affection did she give you? TMOTLOVE

d. How much time and attention did she give you when you needed it? TMOTTIME

e. How strict was she with her rules for you? TMOTSTRI

f. How harsh was she when she punished you? TMOTHARS

g. How much did she expect you to do your best in everything you did? TMOTEXBE

5.19 Please show how you remember your father (or the man who cared for you), during the years you were growing up, if you were brought up in a home without a male parent please go to Question 5.20.

(Please mark one answer on each line.)

<table>
<thead>
<tr>
<th>A great deal</th>
<th>Quite a lot</th>
<th>A little</th>
<th>Not at all</th>
</tr>
</thead>
</table>

a. How much did he understand your problems and worries? TFATUNDE

b. How much could you confide in him about things that were bothering you? TFATCONF

c. How much love and affection did he give you? TFATLOVE

d. How much time and attention did he give you when you needed it? TFATTIME

e. How strict was he with his rules for you? TFATSTRI

f. How harsh was he when he punished you? TFATHARS

g. How much did he expect you to do your best in everything you did? TFATEXBE

This section is about your relationships with your partner and other adults.

5.20 Please read the following statements. If a statement describes you exactly, give it a score of 100. If a statement describes a complete opposite to you, give it a score of 0. You can give any number between 0 and 100 but please do not give the same number twice.

EXTROV₁ a. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don’t worry about being alone or having others not accept me.

NTROV₁ b. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.

EXTROV₂ c. I want to be completely emotionally intimate with others, but I often find others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don’t value me as much as I value them.

NTROV₂ d. I am comfortable without close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.
Below are some statements which describe people's beliefs and attitudes and the way they might react to some situations. If the statement applies to you or describes you in general, indicate True. If the statement does not describe you indicate False.

5.21 I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others
      TRUE  FALSE

5.22 I think most people would lie to get ahead
      TRUE  FALSE

5.23 When someone does me a wrong I feel I should pay him back if I can, just for the principle of the thing
      TRUE  FALSE

5.24 Most people are honest chiefly through fear of being caught
      TRUE  FALSE

5.25 Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it
      TRUE  FALSE

5.26 It takes a lot of argument to convince most people of the truth
      TRUE  FALSE

5.27 I feel that I have often been punished without cause
      TRUE  FALSE

5.28 My way of doing things is apt to be misunderstood by others
      TRUE  FALSE

5.29 I don't blame anyone for trying to grab everything he/she can get in this world
      TRUE  FALSE

5.30 No one cares much what happens to you
      TRUE  FALSE

5.31 It is safer to trust nobody
      TRUE  FALSE

5.32 Most people make friends because friends are likely to be useful to them
      TRUE  FALSE

5.33 I am sure I am being talked about
      TRUE  FALSE

5.34 Most people inwardly dislike putting themselves out to help other people
      TRUE  FALSE

5.35 People often disappoint me
      TRUE  FALSE

5.36 I commonly wonder what hidden reason another person may have for doing something nice for me
      TRUE  FALSE

5.37 There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something they have done
      TRUE  FALSE

5.38 Some of my family have habits that bother and annoy me very much
      TRUE  FALSE

5.39 I am often inclined to go out of my way to win a point with someone who has opposed me
      TRUE  FALSE

5.40 I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes on to those under them
      TRUE  FALSE

5.41 I do not blame a person for taking advantage of someone who lays himself open to it
      TRUE  FALSE

5.42 People generally demand more respect for their own rights than they are willing to allow for others
      TRUE  FALSE

5.43 I have often found people jealous of my good ideas just because they had not thought of them first
      TRUE  FALSE
5.44 Please read each of the following statements below and indicate the extent to which you agree with each statement. Try to be as accurate and honest as you can as you answer the questions. Try not to let your answer to one question influence your answers to other questions. There are no correct or incorrect answers.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Absolutely agree</th>
<th>Somewhat agree</th>
<th>Absolutely disagree</th>
<th>Somewhat disagree</th>
<th>Cannot say</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. I feel that it is impossible to reach the goals I would like to strive for</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>b. The future to me seems to be hopeless, and I can't believe that things are changing for the better</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>c. I look forward to the future with hope and enthusiasm</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>d. I might as well give up because I can't make things better for myself</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>e. All I can see ahead of me is unpleasantness rather than pleasantness</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>f. Things just won't work out the way I want them to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

5.44 please go to Section 7

SECTION 6 - PRE-RETIREMENT & RETIREMENT

We would like this Section to be completed by people aged 50 years and above.

As many of you are now approaching retirement age and some of you have already retired, the study has been extended to cover your experiences of retirement. We would be very grateful if you could complete the following questions.

6.1 a. Have you given any consideration to, and/or made preparations for your future retirement? TPRCNSID
       b. Please indicate which areas you have given consideration to and/or made preparations for.

<table>
<thead>
<tr>
<th>Area</th>
<th>Not considered</th>
<th>Considered</th>
<th>Made preparations</th>
</tr>
</thead>
<tbody>
<tr>
<td>TPRINCOM Income</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPRACTIV Activities/ Interests</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPRACCOM Accommodation</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPRHOLID Holidays</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>TPROHER Others (please specify)</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

6.2 Do you think you are given enough choice about the age at which you can retire? TPRCHCE

6.3 Below are statements about attitudes or feelings towards retirement. Please indicate any statement(s) which apply to you.

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<th>Statement</th>
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<tr>
<td>a. I am looking forward to retirement</td>
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<td>b. I have no feelings either way</td>
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<td>c. I look forward to the freedom to organise my own time</td>
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<td>d. I have mixed feelings about retirement</td>
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<td>e. I have a fear of loneliness</td>
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<td>f. I dislike change in daily routines</td>
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<td>g. I shall be relieved to leave my job</td>
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6.3 Please go to Section 7
to be completed by people who have already retired.

4 a. Do you feel your transition from work into retirement could have been improved? TRTTRANS

Yes ☐ No ☐ If No, please go to Question 6.5

b. Would any of the following have been helpful? Please indicate any statement(s) which apply to you.

TRTLEAD A lead-in period of part-time working TRTINTO Having more interests outside work TRTTINFO Being given more information about retirement TRTPPLAN More planning for retirement TRTOTHE Other (please specify)

5.5 There are five statements about attitudes and feelings towards your health in retirement. Which statements apply to you? Please answer Yes or No for each.

a. I worry about getting a physical disability

b. I look after myself more as I have more time

c. I feel more relaxed and less stressed

d. I worry about not being able to get the health care I might need

e. I worry about my health

5.6 Do any of the following statements describe your feelings about retirement? Please answer Yes or No for each.

a. I enjoy the freedom to organise my own time

b. I feel guilty about not working

c. I was relieved to have left my last job

d. I feel less pressured for time

e. I can do things spontaneously

6.7 a. With retirement, do you feel your life has gone through a major change?

Yes ☐ No ☐ TRTMAJOR

b. What has affected you most? Please indicate one statement. TRTMFCTR

Not working ☐ A change in financial position ☐

A change in daily routines ☐ A change in roles/relationships at home ☐

Adjusting to a new identity as a retired person ☐ Other (please specify) ☐

TRTMOTHI
SECTION 7 - WORK

The following questions are about your work. For each please indicate the one answer that best describes your job or the way you deal with problems occurring at work. Please answer all questions.

7.1 Concerning your particular work:
- Do you have to work very fast?
- Do you have to work very intensively?
- Do you have enough time to do everything?
- Do you have the possibility of learning new things through your work?
- Does your work demand a high level of skill or expertise?
- Does your job require you to take the initiative?
- Do you have to do the same thing over and over again?
- Do you have a choice in deciding HOW you do your work?
- Do you have a choice in deciding WHAT you do at work?

7.2 About your position at work - how often do the following statements apply? Please answer all questions.
- Others take decisions concerning my work
- I have a good deal of say in decisions about work
- I have a say in my own work speed
- My working time can be flexible
- I can decide when to take a break
- I have a say in choosing with whom I work
- I have a great deal of say in planning my work environment

7.3 About consistency and clarity regarding your job. Please answer all questions.
- Do different groups at work demand things from you that you think are hard to combine?
- Do you get sufficient information from line management (your superiors)?
- Do you get consistent information from line management (your superiors)?

7.4 Regarding your job involvement. Please answer all questions.
- Does your job provide you with a variety of interesting things?
- Is your job boring?

7.5 When you are having difficulties at work: Please answer all questions.
- How often do you get help and support from your colleagues?
- How often are your colleagues willing to listen to your work related problems?
- How often do you get help and support from your immediate superior?
- How often is your immediate superior willing to listen to your problems?

7.6 About your job in general. How satisfied have you been with the following? Please answer all questions.
- Your usual take home pay
- Your work prospects
- The people you work with
- Physical working conditions
- The way your section is run
- The way your abilities are used
- The interest and skill involved in your job
- Your job as a whole taking everything into consideration
7. Do you agree with the following statements?

a. I have constant time pressure due to a heavy work load
b. I have many interruptions and disturbances in my job
c. I have a lot of responsibility in my job
d. I am often pressured to work overtime
e. I have experienced or expect to experience an undesirable change in my work situation
f. My job promotion prospects are poor
g. My job security is poor
h. I am treated unfairly at work

7.8 Do you agree or disagree with the following statements?

a. If a task has to be done well I'd better take care of it myself
b. I can get very upset when someone hinders me in my duties
c. As soon as I get up in the morning, I start thinking about work problems
d. When I come home, I can easily relax and 'switch off' work
e. People close to me say I sacrifice myself too much for my job
f. For me, family or private life comes first, then work
g. Work rarely lets me go, it is still on my mind when I go to bed
h. Every once in a while I like it when others hold me back from working
i. If I postpone something that I was supposed to do today, I will have trouble sleeping at night

7.9 Do you agree with the following statements? (please note the order of 'Yes', 'No' is changed)

a. Considering all my efforts and achievements, my work prospects are adequate
b. I receive the respect I deserve from my superiors and colleagues
c. I experience adequate support in difficult situations
d. Considering all my efforts and achievements, I receive the respect and prestige I deserve at work

7.10 To what extent does your family life and family responsibilities interfere with your performance on your job in any of the following ways?

Would you say:-

a. Family matters reduce the time you can devote to your job
b. Family worries or problems distract you from your work
c. Family activities stop you getting the amount of sleep you need to do your job well
d. Family obligations reduce the time you need to relax or be by yourself

7.11 To what extent do your job responsibilities interfere with your family life?

Would you say:-

a. Your job reduces the amount of time you can spend with the family
b. Problems at work make you irritable at home
c. Your job involves a lot of travel away from home
d. Your job takes so much energy you don't feel up to doing things that need attention at home
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