

Serial number

1001-1009

CK

1010

Person

1011-1012

Interviewer ID No.

1013-1016

Point No.

1017-1021

CARD (01) 1022-1023
BATCH : 1024-1028

HEALTH AND LIFESTYLES OF PEOPLE AGED 50 AND OVER

Self-Completion questionnaire

In Confidence

THIS QUESTIONNAIRE IS FOR

First name

1029-1059

Date of birth

Day	Month	Year
<input type="text"/>	<input type="text"/>	<input type="text"/>
1060-1061	1062-1063	1064-1065

Sex

<input type="text"/>	Male	<input type="text"/>	Female
1066	1	2	

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this

Or writing a number in a box like this

Sometimes you will find instructions telling you which questions to answer next like this:

Yes → Go to **2**

No → Go to **3**

Sometimes you will find a question asking how often you have done something over a period of time. If you have not done it at all, please write '0' in the box.

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is in your home (or will be coming to your home for an interview) once you have completed the questionnaire, please hand it back to the interviewer. If not, please return the completed questionnaire in the pre-paid envelope as soon as possible after your interview.

PLEASE START THE QUESTIONNAIRE AT QUESTION **1 ON THE NEXT PAGE**

THANK YOU AGAIN FOR YOUR HELP

SPARE COLS 1067-1091

1 Which of these statements apply to you?

Tick all that apply

- I read or listen to news daily 01
- I have a hobby or pastime 02
- I have taken a holiday in the UK in the last 12 months 03
- I have taken a holiday abroad in the last 12 months 04
- I have gone on a day trip or outing in the last 12 months 05
- I own a mobile phone or a smartphone 06
- I voted in the last General Election 07
- None of these statements apply to me 08

1092-1107

2 Are you a member of any of these organisations, clubs or societies?

Tick all that apply

- Political party, trade union or environmental groups 01
- Tenants groups, resident groups, Neighbourhood Watch 02
- Church or other religious groups 03
- Charitable associations 04
- Education, arts or music groups or evening classes 05
- Social clubs 06
- Sports clubs, gyms, exercise classes 07
- Any other organisations, clubs or societies 08

Go to **3**

No, I am not a member of any organisations, clubs or societies

09 → Go to **4**

1108-1125

3 Thinking about all the organisations, clubs or societies that you are a member of, how many committee meetings (including online meetings), if any, do you attend in a year? If none, please enter '0'.

Please write the number in this box

1126-1128

SPARE COLS 1129-1140

4 Thinking about the past year, how often, if at all, have you done any of the following activities?

Tick one box on each line

	Twice a month or more	About once a month	Every few months	About once or twice a year	Less than once a year	Never	
Go to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1141
Eat out of the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1142
Go to an art gallery or museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1143
Go to the theatre, a concert or the opera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1144

5 In the past 2 years, has a doctor, social worker or other health professional referred you to take part in any of the following:

Tick one box on each line

	Yes, I attended more than 1 session	Yes, I attended just 1 session	Yes, but I did not accept	No	
Arts, crafts, music, reading groups, or social groups	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1145
Gardening or nature activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1146
Outdoor health or fitness activities/clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1147
Indoor exercise or other clubs/activities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1148
Adult learning or skills development training	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1149
Employment or benefit support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1150
Other social, community or volunteering activity	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1151

6 We would now like to ask you some questions about your use of the Internet and email. On average, how often do you use the Internet or email?

Tick one box

Every day, or almost every day	<input type="checkbox"/> 1	} Go to 7	1152
At least once a week (but not every day)	<input type="checkbox"/> 2		
At least once a month (but not every week)	<input type="checkbox"/> 3		
At least once every 3 months	<input type="checkbox"/> 4		
Less than every 3 months	<input type="checkbox"/> 5		
Never	<input type="checkbox"/> 6	Go to 11	

7 In which of the following places have you used the Internet or email in the last 3 months?

Tick all that apply

- At home 1
- At places of work (other than home) 2
- At place of education 3
- At another person's home 4
- On the move 5
- Other place (e.g. library, internet café) 6

1153-1158

8 How often do your family or friends help you use the Internet (e.g. to do online banking, shopping, book tickets etc)?

Tick one box

- All of the time 1
- Some of the time 2
- Rarely or never 3

1159

9 On which of the following devices do you access the Internet?

Tick all that apply

- Desktop computer 1
- Laptop computer 2
- Tablet (e.g. iPad, Samsung Galaxy Tab) 3
- Smartphone (e.g. iPhone, Android phone) 4
- Other device 5

1160-1164

10

For which of the following activities did you use the Internet in the last 3 months?

Tick all that apply

- Sending/receiving e-mails 01
- Making video calls or voice calls (using applications such as Skype, Zoom, Teams, WhatsApp or FaceTime) 02
- Finding information on health-related issues 03
- Managing my finances (online banking, paying bills, paying taxes) 04
- Shopping/ buying goods or services 05
- Selling goods or services over the Internet e.g. via auctions 06
- Using social networking sites (Facebook, Twitter, LinkedIn, Instagram, blogging or Flickr) 07
- Reading news/ newspaper/ blog websites 08
- Streaming TV/videos/radio (BBC iPlayer, Netflix, Amazon Prime, YouTube) 09
- Listening to music (Spotify, Apple Music) 10
- Playing online games 11
- Reading e-books 12
- Looking for a job or sending a job application 13
- Getting information about government services (benefits, taxes, a driving license or passport, etc.) 14
- Route planning / checking travel times for public transport 15
- Checking live traffic updates / satellite navigation 16
- Buying public transport tickets online 17
- Booking a taxi or minicab 18
- Finding out about amenities available in the area (e.g. restaurants, cafes, shops, garages) 19
- Controlling remotely or monitoring household appliances (such as lighting, heating or security) using a smartphone, tablet, or computer 20
- Accessing Government services (e.g. claiming a benefit) 21
- Work 22
- Managing my health care (e.g. Online consultations, booking appointments, requesting medications etc.) 23
- Gambling including playing the lottery online, poker, bingo, horse racing etc. 24
- None of the above 25

11

There are a number of reasons why people do not use the Internet more. Which of the following apply to you?

Tick all that apply

- My IT skills are not good enough 01
- I don't trust the Internet (fraud, sharing personal data) 02
- I don't have good enough access to broadband 03
- I don't have access to good enough equipment 04
- My vision is not good enough to use the equipment 05
- My health problems (not including vision problems) stop me from using the equipment 06
- I have no reason to use it more 07
- It takes too much time 08
- It is too expensive 09
- There is too much false information on the Internet 10
-
- None of the above 11

12

Here are some questions about how you feel about your life in general. Please say how much you agree or disagree with the following statements.

Tick one box on each line

	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree	
At home, I feel I have control over what happens in most situations	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	1243-1244
I feel what happens in life is often determined by factors beyond my control	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	1245-1246
In general, I have different demands that I think are hard to combine.	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	1247-1248
In general, I have enough time to do everything	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	1249-1250
Considering the things I have to do at home, I have to work very fast	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	1251-1252

13

Thinking about your current situation, please say how much you agree or disagree with the following statements.

Tick one box on each line

	Strongly agree	Agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Disagree	Strongly disagree	
In most ways my life is close to my ideal	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	1261-1262
The conditions of my life are excellent	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	1263-1264
I am satisfied with my life	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	1265-1266
So far I have got the important things I want in life	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	1267-1268
If I could live my life again, I would change almost nothing	<input type="checkbox"/> ₀₁	<input type="checkbox"/> ₀₂	<input type="checkbox"/> ₀₃	<input type="checkbox"/> ₀₄	<input type="checkbox"/> ₀₅	<input type="checkbox"/> ₀₆	<input type="checkbox"/> ₀₇	1269-1270

14

Thinking about your current situation, for each of the following statements, please say how often you feel this way.

Tick one box on each line

	Hardly ever or never	Some of the time	Often	
How often do you feel you lack companionship?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1271
How often do you feel left out?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1272
How often do you feel isolated from others?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1273
How often do you feel in tune with the people around you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1274
How often do you feel lonely?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1275

15

Over the last two weeks, how often have you been bothered by any of the following problems?

Tick one box on each line

	Not at all	Several days	More than half the days	Nearly every day	
Feeling nervous, anxious or on edge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1276
Not being able to stop or control worrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1277
Worrying too much about different things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1278
Trouble relaxing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1279
Being so restless that it is hard to sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1280
Becoming easily annoyed or irritable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1281
Feeling afraid as if something awful might happen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1282

16

Here is a list of statements that people have used to describe their lives or how they feel. Thinking about your current situation, how often do you feel like this?

Tick one box on each line

	Often	Some- times	Not often	Never	
My age prevents me from doing the things I would like to	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1283
I feel that what happens to me is out of my control	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1284
I feel free to plan for the future	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1285
I feel left out of things	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1286
I can do the things that I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1287
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1288
I feel that I can please myself what I do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1289
My health stops me from doing things I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1290
Shortage of money stops me from doing the things I want to do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1291
I look forward to each day	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1292
I feel that my life has meaning	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1293
I enjoy the things that I do	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1294
I enjoy being in the company of others	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1295
On balance, I look back on my life with a sense of happiness	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1296
I feel full of energy these days	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1297
I choose to do things that I have never done before	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1298
I feel satisfied with the way my life has turned out	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1299
I feel that life is full of opportunities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1300
I feel that the future looks good for me	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1301

17

How do you feel about your local area, that is everywhere within a 20 minute walk or about a mile of your home? Please tick one box on each line. The closer your tick is to a statement the more strongly you agree with it.

Tick one box on each line

I really feel part of the area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1321-1322

I feel like I don't belong in this area

Vandalism and graffiti are a big problem in this area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1323-1324

There is no problem with vandalism and graffiti in this area

I often feel lonely living in this area

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1325-1326

I have never felt lonely living in this area

Most people in this area can be trusted

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------	--------------------------

1327-1328

Most people in this area can't be trusted

People would be afraid to walk alone in this area after dark

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1329-1330

People feel safe walking alone in this area after dark

Most people in this area are friendly

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1331-1332

Most people in this area are unfriendly

People in this area will take advantage of you

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1333-1334

People in this area will always treat you fairly

This area is kept very clean

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1335-1336

This area is always full of litter and rubbish

If you were in trouble, there are lots of people in this area who would help you

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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1337-1338

If you were in trouble, there is nobody in this area who would help

18**Do you have a husband, wife or partner with whom you live?*****Tick one box***Yes ₁ → **Go to 19**No ₂ → **Go to 21**

1339

19**We would now like to ask you some questions about your spouse or partner. Please tick the box which best shows how you feel about each statement.*****Tick one box on each line***

A lot Some A little Not at all

How much do they really understand the way you feel about things? ₁ ₂ ₃ ₄ 1340How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 1341How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 1342How much do they criticise you? ₁ ₂ ₃ ₄ 1343How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 1344How much do they get on your nerves? ₁ ₂ ₃ ₄ 1345How often do they make too many demands on you? ₁ ₂ ₃ ₄ 1346**20****How close is your relationship with your spouse or partner?*****Tick one box***Very close ₁Quite close ₂Not very close ₃Not at all close ₄

1347

21**Do you have any children?*****Tick one box***Yes ₁ → **Go to 22**No ₂ → **Go to 25**

1348

SPARE COLS 1349-1359

22

**We would now like to ask you some questions about your children.
Please tick the box which best shows how you feel about each statement.**

Tick one box on each line

A lot Some A little Not at all

How much do they really understand the way you feel about things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1360
How much can you rely on them if you have a serious problem?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1361
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1362
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1363
How much do they let you down when you are counting on them?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1364
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1365
How often do they make too many demands on you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	1366

23

Thinking about your current situation, on average, how often do you do each of the following with any of your children, not counting any who live with you?

Tick one box on each line

Three or more times a week Once or twice a week Once or twice a month Every few months Once or twice a year Less than once a year or never

Meet up (include both arranged and chance meetings)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1367
Speak on the phone/video call	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1368
Write or email	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1369
Send or receive text messages	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1370

24

How many of your children would you say you have a close relationship with?

Please write the number in this box

1371-1372

25 Do you have any other immediate family, for example, any brothers or sisters, parents, cousins or grandchildren?

Tick one box

Yes ₁ → Go to **26**

No ₂ → Go to **29**

1373

26 We would now like to ask you some questions about these family members. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

	A lot	Some	A little	Not at all	
How much do they really understand the way you feel about things?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1374
How much can you rely on them if you have a serious problem?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1375
How much can you open up to them if you need to talk about your worries?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1376
How much do they criticise you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1377
How much do they let you down when you are counting on them?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1378
How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1379
How often do they make too many demands on you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1380

27 Thinking about your current situation, on average, how often do you do each of the following with any of these family members, not counting any who live with you?

Tick one box on each line

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never	
Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1381
Speak on the phone/video call	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1382
Write or email	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1383
Send or receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1384

28

How many of these family members would you say you have a close relationship with?

Please write the number in this box

1385-1386

29

Do you have any friends?

Tick one box

Yes ₁ → Go to **30**

1387

No ₂ → Go to **33**

30

We would now like to ask you some questions about your friends.
Please tick the box which best shows how you feel about each statement.

Tick one box on each line

A lot Some A little Not at all

How much do they really understand the way you feel about things? ₁ ₂ ₃ ₄ 1388

How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 1389

How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 1390

How much do they criticise you? ₁ ₂ ₃ ₄ 1391

How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 1392

How much do they get on your nerves? ₁ ₂ ₃ ₄ 1393

How often do they make too many demands on you? ₁ ₂ ₃ ₄ 1394

31 Thinking about your current situation, on average, how often do you do each of the following with any of your friends, not counting any who live with you?

Tick one box on each line

	Three or more times a week	Once or twice a week	Once or twice a month	Every few months	Once or twice a year	Less than once a year or never	
Meet up (include both arranged and chance meetings)	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1400
Speak on the phone/video call	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1401
Write or email	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1402
Send or receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	1403

32 How many of your friends would you say you have a close relationship with?

Please write the number in this box

1404-1405

33 Now thinking about the food eaten in your household and whether you were able to afford it, to what extent were these statements true for your household in the last twelve months?

Tick one box on each line

	Often true	Sometimes true	Never true	
The food that we bought just didn't last and we didn't have enough money to get more	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1406
We couldn't afford to eat balanced meals	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	1407

34 The next questions are about paid employment.
Were you in paid employment last month?

Tick one box

Yes ₁ → Go to **35**

No ₂ → Go to **36**

1408

35 Here are some statements people might use to describe their work. We would like to know how strongly you think these apply to the paid employment you did in the last month.

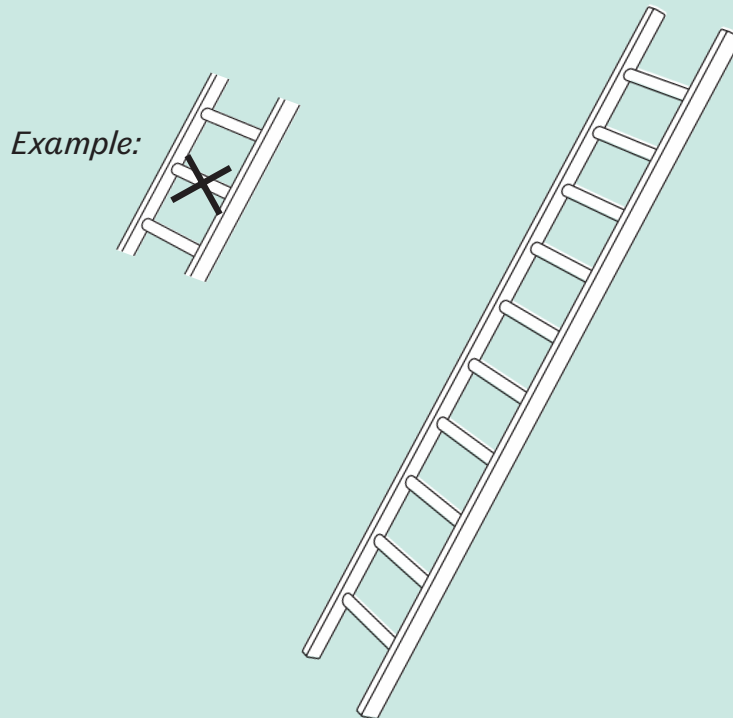
Tick one box on each line

	Strongly agree	Agree	Disagree	Strongly disagree	
All things considered I am satisfied with my job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1409
My job is physically demanding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1410
I receive the recognition I deserve for my work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1411
My salary is adequate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1412
My job promotion prospects are poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1413
My job security is poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1414
I am under constant time pressure due to a heavy workload	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1415
I have very little freedom to decide how I do my work	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1416
I have the opportunity to develop new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1417
I receive adequate support in difficult situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1418
At work, I feel I have control over what happens in most situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1419
Considering the things I have to do at work, I have to work very fast	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	1420

36

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 jobs. 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.

Please mark a cross on the rung on the ladder where you would place yourself.



1421-1423

37

Overall, how satisfied are you with your life nowadays?

Tick one box

Not at all											Very	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00	01	02	03	04	05	06	07	08	09	10	11	1424-1425

38

Overall, to what extent do you feel the things you do in your life are worthwhile?

Tick one box

Not at all											Very	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00	01	02	03	04	05	06	07	08	09	10	11	1426-1427

39

Now, please pause briefly to think about yesterday, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

What day of the week was it yesterday?

Tick one box

Monday Tuesday Wednesday Thursday Friday Saturday Sunday

1428-1429

40

What time did you wake up yesterday?

For example, if you woke up at 4:00AM, please write 04 in the hour boxes, 00 in the minutes boxes and AM in the last boxes.

Hours

1430-1431

Minutes

1432-1433

AM or PM

1434-1435

41

What time did you go to sleep at the end of the day yesterday?

For example, if you went to sleep at 11:30PM, please write 11 in the hour boxes, 30 in the minutes boxes and PM in the last boxes

Hours

1436-1437

Minutes

1438-1439

AM or PM

1440-1441

42

Overall, how happy did you feel yesterday?

Tick one box

Not at all

0

1

2

3

4

5

6

7

8

9

Very

10

Don't know

1442-1443

43

Overall, how anxious did you feel yesterday?

Tick one box

Not at all

0

1

2

3

4

5

6

7

8

9

Very

10

Don't know

1444-1445

44 Yesterday, did you feel any pain?

Tick one box

None 1

A little 2

Some 3

Quite a bit 4

A lot 5

1460

45 Did you feel well-rested yesterday morning (that is you slept well the night before)?

Tick one box

Yes 1

No 2

1461

46 Was yesterday a normal day for you or did something unusual happen?

Tick one box

Yes – just a normal day 1

No, my day included unusual bad (stressful) things 2

No, my day included unusual good things 3

1462

47

For the next set of questions, please think about the things you did yesterday and how you spent your time. For example, if you spent one and a half hours, write 1 in the hours box and 30 in the minutes boxes. If you spent only half an hour, write 0 in the hour box and 30 in the minute boxes.

How much time did you spend yesterday doing the following things?

	Hours	Minutes	I did not do this yesterday	
Watching TV?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1463
	<small>1464-1465</small>	<small>1466-1467</small>		
Working or volunteering?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1468
	<small>1469-1470</small>	<small>1471-1472</small>		
Walking or exercising?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1473
	<small>1474-1475</small>	<small>1476-1477</small>		
Doing any health-related activities other than walking or exercise – e.g. visiting a doctor, taking medications or doing treatments?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1478
	<small>1479-1480</small>	<small>1481-1482</small>		
Travelling or commuting - e.g. by car, train, bus etc.?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1483
	<small>1484-1485</small>	<small>1486-1487</small>		
Spending time in person with friends or family?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1488
	<small>1489-1490</small>	<small>1491-1492</small>		
Spending time at home by yourself, without a spouse, partner, or anyone else present?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1493
	<small>1494-1495</small>	<small>1496-1497</small>		
Shopping or running errands?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1498
	<small>1499-1500</small>	<small>1501-1502</small>		
Looking after someone – e.g. a sick or disabled relative, a grandchild, or someone else?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1503
	<small>1504-1505</small>	<small>1506-1507</small>		
Doing housework or preparing food?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1508
	<small>1509-1510</small>	<small>1511-1512</small>		
Sitting - at home, work, while travelling, or somewhere else?	<input type="text"/>	<input type="text"/>	<input type="text"/> 2	1513
	<small>1514-1515</small>	<small>1516-1517</small>		

48

The next question is about your eating habits. How many portions of vegetables – excluding potatoes – do you eat on a typical day?

If none, please enter '0'.

A serving or portion of vegetables means three heaped tablespoons of green or root vegetables such as carrots, parsnips, spinach, small vegetables like peas, baked beans or sweet corn, or a medium bowl of salad (lettuce, tomatoes, etc).

Please write in portion

1518-1520

How many portions of fruit – of any kind – do you eat on a typical day?

If none, please enter '0'.

A portion of fruit is an apple or banana, a small bowl of grapes, or three tablespoons of tinned or stewed fruit. If you drink fruit juice, you can count one glass per day, but additional glasses of fruit juice do not count as additional portions.

Please write in portion

1521-1523

SPARE COLS: 1524-1539

49

Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?

Tick one box

- Almost every day 01
 - Five or six days a week 02
 - Three or four days a week 03
 - Once or twice a week 04 → Go to **50**
 - Once or twice a month 05
 - Once every couple of months 06
 - Once or twice a year 07
-
- Not at all in the last 12 months 08 → Go to **55**

1540-1541

50

Did you have an alcoholic drink in the seven days ending yesterday?

Tick one box

- Yes 1 → Go to **51**
- No 2 → Go to **55**

1542

51

On how many days out of the last seven did you have an alcoholic drink?

Tick one box

- 1 01
- 2 02
- 3 03
- 4 04
- 5 05
- 6 06
- 7 07

1543-1544

52

During the last seven days, how many measures of spirits did you have? Drinks poured at home may be larger than a pub single measure – please estimate number of singles. If none, please enter '0'.

Please write the number in this box

1545-1547

53

During the last seven days, how many glasses of wine did you have? Include sherry, port, vermouth. If none, please enter '0'.

Please write the number in this box

1548-1550

54 During the last seven days, how many pints of beer, lager or cider did you have? If none, please enter '0'.

Please write the number in this box

1551-1553

55 We would like to ask you about incontinence.

During the last 12 months, have you lost any amount of urine beyond your control?

Tick one box

Yes ₁ → Go to **56**

No ₂ → Go to **57**

1554

56 When you had this problem, did it last for more than one month?

Tick one box

Yes ₁

No ₂

1555

57 During the last 12 months, have you had any problems controlling your bowels?

By problems controlling your bowels we mean that this could result in accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids or appliances to manage bowel problems or incontinence. Please include problems with your bowel caused by any medicines that you take.

Tick one box

Yes ₁ → Go to **58**

No ₂ → Go to **59**

1556

58 When you had this problem, did it last for more than one month?

Tick one box

Yes ₁

No ₂

1557

59

These items concern your attitudes to climate and the environment.

Please say how much you agree or disagree with the following statements.

Tick one box on each line

	Strongly agree	Tend to agree	Neither agree nor disagree	Tend to disagree	Strongly disagree	
Climate change is beyond control, it's too late to do anything about it.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1558
The effects of climate change are too far in the future to really worry me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1559
People in the UK will be affected by climate change in the next 30 years.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1560
If things continue on their current course, we will soon experience a major environmental disaster.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1561
The so-called 'environmental crisis' facing humanity has been greatly exaggerated.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1562
I am prepared to pay more for environmentally friendly products.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1563

60

If there is anything else you would like to tell us, please write in the space below. We shall be very interested to read what you have to say.

1564

THANK YOU VERY MUCH FOR TAKING THE TIME TO ANSWER OUR QUESTIONS.

Please give the questionnaire to the interviewer, or post back in the Freepost envelope provided. All your answers will remain confidential in accordance with current data protection legislation.