Study Number : ☐☐☐☐☐☐☐☐m serial

BRITISH REGIONAL HEART STUDY

1996

Thank you for taking the time to complete this questionnaire. All information collected will be treated as **strictly confidential** and will only be seen by the research team. If you have any difficulties in completing the questionnaire, please phone us on 0171 830 2335 and leave your telephone number so that we can call you back and answer any queries.

Please complete as much of the questionnaire as you can and return it to us in the envelope provided. No stamp is needed.

THANK YOU FOR YOUR HELP

Department of Primary Care & Population Sciences
Royal Free Hospital School of Medicine
Rowland Hill Street
London NW3 2PF

Please answer the following questions by filling in the appropriate box in every case with a tick ☐ or writing the answer in the space provided.

1.0 Date of birth

Please write your date of birth here q96q1_0dd day q96q1_0mm month 19 q96q1_0yy year

2.0 Health at present

How would you describe your health at present ? q96q2_0

- Excellent ☐1
- Good ☐2
- Fair ☐3
- Poor ☐4

3.0 Conditions affecting the heart or circulation

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

		Yes 1	No 2	**If Yes,** Year when **first** diagnosed
Heart attack (coronary thrombosi or myocardial infarction)	q96q3_0ha	☐	☐	19__ q96q3_0ha_yr __
Heart failure	q96q3_0hf	☐	☐	19__ q96q3_0hf_yr
Angina	q96q3_0an	☐	☐	19__ q96q3_0an_yr
Other heart trouble	q96q3_0oh	☐	☐	19__ q96q3_0oh_yr
High blood pressure	q96q3_0hb	☐	☐	19__ q96q3_0hb_yr __
Aortic aneurysm	q96q3_0aa	☐	☐	19__ q96q3_0aa_yr
Narrowing or hardening of the arteries in the leg	q96q3_0nh	☐	☐	19__ q96q3_0nh_yr

4.0 Investigations and treatment for heart trouble

Have you ever had any of the following **TESTS or TREATMENT** for chest pain or heart disease ?

If Yes: Please complete as much as possible. If you need more space please use the back page.

		Yes	No	Year	Hospital Name/ Town	Consultant
4.1	An exercise ECG (treadmill) test	q96q4_0_1		q96q4_0_1yr		
4.2	Angiogram or X-ray of your coronary arteries (a dye test of the arteries)	q96q4_0_2		q96q4_0_2yr		
4.3	Angioplasty of coronary arteries (balloon treatment for angina)	q96q4_0_3		q96q4_0_3yr		
4.4	Coronary artery bypass graft(CABG) operation	q96q4_0_4		q96q4_0_4yr		
4.5	An admission to hospital with chest pain, angina or heart attack	q96q4_0_5		q96q4_0_5yr		
4.6	An admission to hospital with other heart trouble	q96q4_0_6		q96q4_0_6yr		
	If Yes please specify					
4.7	Other heart tests or operations	q96q4_0_7		q96q4_0_7yr		
	If Yes please specify					

Information from hospital records

In some cases it may be helpful for us to look at these hospital records to obtain particular details. If you agree to allow us to do this, please sign your name here:-

(Signature) q96q4_0sig

office use ☐

5.0 **Other medical conditions**

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

		Yes	No	Please give year when **first** diagnosed, if possible
Arthritis	q96q5_0ar	☐	☐	19 q96q5_0ar_yr
Asthma	q96q5_0as	☐	☐	19 q96q5_0as_yr
Bronchitis	q96q5_0br	☐	☐	19 q96q5_0br_yr
Depression	q96q5_0de	☐	☐	19 q96q5_0de_yr
Gall bladder disease	q96q5_0gb	☐	☐	19 q96q5_0gb_yr
Gastric, peptic or duodenal ulcer	q96q5_0ul	☐	☐	19 q96q5_0ul_yr
Glaucoma	q96q5_0ga	☐	☐	19 q96q5_0ga_yr
Gout	q96q5_0go	☐	☐	19 q96q5_0go_yr
Osteoporosis	q96q5_0os	☐	☐	19 q96q5_0os_yr
Prostate trouble	q96q5_0pr	☐	☐	19 q96q5_0pr_yr
Thyroid disease	q96q5_0th	☐	☐	19 q96q5_0th_yr

5.1 If you have ever had cancer please state what kind of cancer: office use

_____ q96q5_1 ☐☐☐

5.2 If you have ever had an operation please give details: office use

_____ (NOTE: Number of operations was recorded here) q96q5_2 ☐☐☐

		Yes	No	Don't Know	
5.3	Have you ever had your blood cholesterol measured by your doctor ?	☐	☐	☐	q96q5_3
	If Yes, were you told that it was high ?	☐	☐		q96q5_3h

5.4 **Hearing and Eyesight**

		Yes	No
Do you have trouble with your hearing ?	q96q5_4h	☐	☐

If Yes, please give details: office use

_____ q96q5_4hx ☐☐

		Yes	No
Do you have trouble with your eyesight ?	q96q5_4e	☐	☐

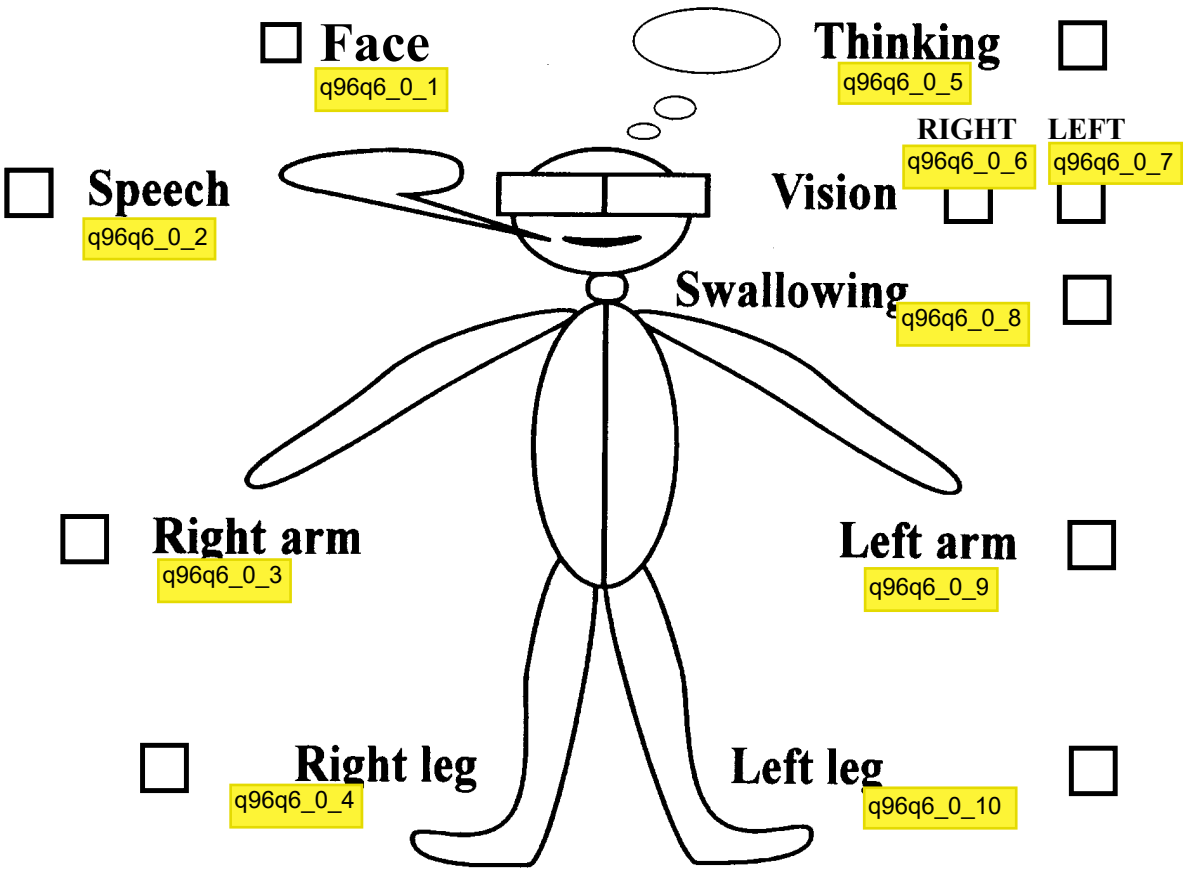
If Yes, please give details: office use

_____ q96q5_4ex ☐☐

6.0 **Previous stroke**

	Yes	No	Possible	Year when first diagnosed
Have you ever had a stroke?	☐	☐ q96q6_0	☐	19 q96q6_0yr _____
If Yes, -Did the stroke symptoms last for more than 24 hours?	☐	☐ q96q6_0a		
-Have you made a complete recovery from your stroke?	☐	☐ q96q6_0b		
-Since your stroke, do you require any help to carry out everyday activities?	☐	☐ q96q6_0c		

Which parts of your body were affected by the stroke **immediately after it happened** ?
(please tick below, all the parts of your body which were affected)



7.0 **Regular Treatment**

Treatment with aspirin

7.1 Do you take aspirin regularly ? Yes ☐ No ☐ q96q7_1

If Yes,

7.2 When did you start taking aspirin regularly ? 19 q96q7_2yr

On how many days each week do you take aspirin? q96q7_2day

On days when you take your aspirin, how many tablets do you take? q96q7_2tab

how much aspirin is in each tablet ? q96q7_2dos

office use

For what condition are you taking aspirin ? q96q7_2con ☐☐☐

7.3 Are you taking aspirin on your doctor's advice ? Yes ☐ No ☐ q96q7_3

Other regular treatment

7.4 Are you on any regular treatment (including tablets, injections, inhalers, and sprays) from a doctor for any medical condition ? Yes ☐ No ☐ q96q7_4

If Yes, please list any medicines and the reasons for taking them:

Medicine (10 medicines were recorded) Reasons for taking (Note: coded as ICD code) in the 3 boxes below)

office use office use

Medicine 1
BNF12= q96q7_4rta1
BNF34= q96q7_4rta2
BNF5 = q96q7_4rta3
ICD = q96q7_4rta5

Medicine 5
BNF12= q96q7_4rte1
BNF34= q96q7_4rte2
BNF5 = q96q7_4rte3
ICD = q96q7_4rte5

BNF12 BNF34 BNF5 ICD code

ICD code

Medicine 2
BNF12= q96q7_4rtb1
BNF34= q96q7_4rtb2
BNF5 = q96q7_4rtb3
ICD = q96q7_4rtb5

Medicine 6
BNF12= q96q7_4rtf1
BNF34= q96q7_4rtf2
BNF5 = q96q7_4rtf3
ICD = q96q7_4rtf5

ICD code

Medicine 3
BNF12= q96q7_4rtc1
BNF34= q96q7_4rtc2
BNF5 = q96q7_4rtc3
ICD = q96q7_4rtc5

Medicine 7
BNF12= 96q7_4rtg1
BNF34=q96q7_4rtg2
BNF5 = q96q7_4rtg3
ICD = q96q7_4rtg5

Medicine 9
BNF12= q96q7_4rti1
BNF34= q96q7_4rti2
BNF5 = q96q7_4rti3
ICD = q96q7_4rti5

ICD code

ICD code

Medicine 4
BNF12= q96q7_4rtd1
BNF34= q96q7_4rtd2
BNF5 = q96q7_4rtd3
ICD = q96q7_4rtd5

Medicine 8
BNF12= q96q7_4rth1
BNF34= q96q7_4rth2
BNF5 = q96q7_4rth3
ICD = q96q7_4rth5

Medicine 10
BNF12= q96q7_4rtj1
BNF34= q96q7_4rtj2
BNF5 = q96q7_4rtj3
ICD = q96q7_4rtj5

ICD code

If more space is needed please write on the back of the questionnaire.

Vitamin or mineral tablets

7.6 Do you take any vitamin or mineral tablets or supplements ? Yes ☐ No ☐ q96q7_6

If Yes, *please give details*:

office use

q96q7_6a ☐☐

8.0 **Diabetes**

Have you ever been told by a doctor that you have (or have had) diabetes? Yes ☐ No ☐ q96q8_0

If Yes,

8.1 In what year was your diabetes first diagnosed ? 19 q96q8_1 _____

8.2 In what year did you begin regular treatment (with diet, tablets, or injections) for your diabetes ? 19 q96q8_2 _____

8.3 Are you on a regular diet for your diabetes ? Yes ☐ No ☐ q96q8_3

8.4 Are you on regular tablets for your diabetes? Yes ☐ No ☐ q96q8_4

If Yes, please give name of medication

office use

q96q8_4x _____ ☐☐☐☐

8.5 Are you on regular treatment with insulin for your diabetes ? Yes ☐ No ☐ q96q8_5

8.6 Has anyone in your close family (your parents, brothers or sisters) ever had diabetes ? Yes ☐ No ☐ q96q8_6

If Yes,
Please list any relatives affected by diabetes and if possible their age when they were first affected

_____ q96q8_6a q96q8_6a_y _____

q96q8_6b q96q8_6b_y

_____ q96q8_6c q96q8_6c_y _____

8.7 Do you currently attend a diabetic clinic ?

- No, not at all ☐1
- Yes, at the hospital ☐2
- Yes, at the GP surgery ☐3
- Yes, both ☐4

q96q8_7

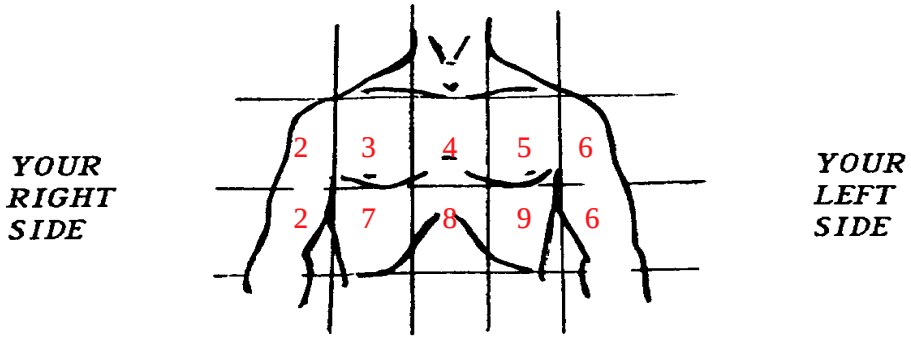
9.0 **Chest pain**

		Yes	No	
9.1	Do you ever have any pain or discomfort in your chest ?	☐	☐	q96q9_1

IF YES PLEASE ANSWER ALL QUESTIONS BELOW

IF NO PLEASE GO TO QUESTION 9.8 LOWER DOWN ON THIS PAGE

9.2 Where do you get this pain or discomfort ?
Please mark **X** on the appropriate places



q96q9_2a
q96q9_2b
q96q9_2c
office use
☐☐☐

		Yes	No	
9.3	When you walk at an ordinary pace on the level does this produce the pain ?	☐	☐	q96q9_3
9.4	When you walk uphill or hurry does this produce the pain ?	☐	☐	q96q9_4

9.5 When you get any pain or discomfort in your chest on walking, what do you do?

Stop	☐1	q96q9_5
Slow down	☐2	
Continue at the same pace	☐3	

		Yes	No	
9.6	Does the pain or discomfort in your chest go away if you stand still ?	☐	☐	q96q9_6

9.7	How long does it take to go away ?	10 minutes or less	☐1	q96q9_
		More than 10 minutes	☐2	

		Yes	No	
9.8	Have you previously had chest pain, which has stopped because of medical treatment or an operation?	☐	☐	q96q9_8

If Yes, please give details q96q9_8a

_____

10.0 **Severe chest pain**

		Yes	No	
10.1	Have you ever had a severe pain across the front of your chest lasting for half an hour or more ?	☐	☐	q96q10_1
10.2	**If Yes,** Did you see a doctor because of this pain?	☐	☐	q96q10_2

10.3 What year(s) did this happen ? 19 q96q10_3a 19 q96q10_3b 19 q96q10_3c

11.0 **Leg pain**

		Yes	No	
11.1	Do you ever get pain in your calf muscle when walking at an ordinary pace on the level?	☐	☐	q96q11_1
11.2	Do you get pain in your calf muscle when you walk uphill or hurry?	☐	☐	q96q11_2
	If Yes,			
11.3	Does the pain go away if you stop or stand still?	☐	☐	q96q11_3

11.4 How soon does the pain go away?

10 minutes or less ☐1
More than 10 minutes ☐2

q96q11_4

12.0 **Breathlessness**

		Yes	No	
12.1	Do you get short of breath walking with other people of your own age on level ground?	☐	☐	q96q12_1
12.2	On walking up hill or stairs do you get more breathless than people of your own age?	☐	☐	q96q12_2
12.3	Do you ever have to stop walking because of breathlessness ?	☐	☐	q96q12_3

13.0 **Ankle swelling**

		Yes	No	
	Do your ankles swell up regularly ?	☐	☐	q96q13_0

14.0 **Cough and Wheeze**

		Yes	No	
14.1	Do you usually bring up (spit) from your chest first thing in the morning in the winter ?	☐	☐	q96q14_1
14.2	Do you bring up phlegm like this on most days for as much as 3 months in the winter each year?	☐	☐	q96q14_2

14.3 In the past 4 years have you ever had a period of increased cough and phlegm lasting for 3 weeks or more?

Yes, Once ☐1
Yes, twice or more ☐2
Never ☐3

q96q14_3

		Yes	No	
14.4	Does your chest ever sound wheezy or whistling ?	☐	☐	q96q14_4
	If Yes, does this happen on most days or nights ?	☐	☐	q96q14_4a

15.0 **Weight**

15.1 What is your present weight (indoor clothes, without shoes)? q96q15_st Stones q96q15_pd Pound

(If you have no scales and have made an estimate please tick here ☐*)* or q96q15_es q96q15_kg Kilograms

15.2 What was your weight at 21 years of age? q96q15_2st q96q15_2lb

15.3 Has your weight changed in the last four years? q96q15_3

Not changed	☐1
Increased	☐2
Decreased	☐3
Don't Know	☐4

Added category: Both increased and decreased 5

15.4 **If your weight has changed**

		Yes	No	
-was this change intentional ?		☐	☐	q96q15_4
-was it the result of	Personal choice	☐		q96q15_4pc
	Doctor's advice	☐		q96q15_4da
	Illness or ill health	☐		q96q15_4il

16.0 **Smoking**

	Yes	No	
16.1 Do you regularly smoke cigarettes at present?	☐	☐	q96q16_1
If Yes, how many cigarettes do you smoke a day ? q96q16_1cig			
Would you like to give up smoking altogether ?	☐	☐	q96q16_1like
Have you ever tried to give up smoking ?	☐	☐	q96q16_1try

16.2 Have you changed your cigarette smoking habits over the last four years ? q96q16_2

No	☐1
Yes, increased	☐2
Yes, decreased	☐3
Yes, given up	☐4

Both increased and decreased 5

	Yes	No	
Do you currently smoke a pipe or cigar ?	☐	☐	q96q16_2pc
If No, have you ever regularly smoked a pipe or cigars ?	☐	☐	q96q16_2er

For those not smoking at present

	Yes	No	
16.6 Were you previously a regular cigarette smoker?	☐	☐	q96q16_6

If Yes, at what age did you give up? q96q16_6yr

16.7 Why did you give up?

Personal choice	☐	q96q16_7pc
Doctor's advice	☐	q96q16_7da
Illness or ill-health	☐	q96q16_7il
Other (please give details)		q96q16_7ot

16.8 Was there anything which particularly helped you give up ? (please give details)

q96q16_8

17.0 **Alcohol Intake**

17.1 Would you describe your present alcohol intake as

Daily/most days	☐1	q96q17_1
Weekends only	☐2	
Once or twice a month	☐3	
None	☐4	

17.2 One drink is **HALF** a pint of beer, a **SINGLE** whisky, gin etc., or **ONE GLASS** of wine or sherry. How much do you usually drink each day ?

More than 6 drinks a day	☐1	q96q17_2
3-6 drinks a day	☐2	
2 drinks a day or less	☐3	
None	☐4	

17.3 Have you ever been a regular drinker of more than 6 drinks daily?

Yes	No	
☐	☐	q96q17_3

17.4 What type of drink do you usually take?

Beers, Lagers	☐1	q96q17_4
Wines, Sherry	☐2	
Spirits	☐3	
Variety of Beers, Wines or Spirits	☐4	
Low alcohol drinks	☐5	

17.5 Have you changed your alcohol intake in the last four years?

No	☐1	q96q17_5
Yes, increased	☐2	
Yes, cut down	☐3	
Yes, given up	☐4	

17.6 If you have **CUT DOWN** or **GIVEN UP**

Was this due to

Personal choice	☐	q96q17_6pc
Doctor's advice	☐	q96q17_6da
Illness or ill health	☐	q96q17_6il
Being on medication	☐	q96q17_6bm

18.0 **Physical Activity**

18.1 Do you usually walk or cycle in the course of your journey to or from work each day ?

No	☐1	q96q18_1
Walk	☐2	
Cycle	☐3	
Not applicable	☐4	

If Yes,

18.2 How many minutes do these journeys take in total each day ? _____minutes q96q18_2

18.3 Apart from any journeys to or from work, do you usually walk or cycle on weekdays?

No	☐1	
Walk	☐2	q96q18_3
Cycle	☐3	
Both	☐4	

If Yes,

18.4 How many minutes do these journeys take in total each day ? _____minutes q96q18_4

18.5 Compared with a man who spends four hours on most weekends on activities such as: walking, gardening, household chores, DIY projects, how physically active would you consider yourself ?

Much more active	☐1	
More active	☐2	q96q18_5
Similar	☐3	
Less active	☐4	
Much less active	☐5	

18.6 Do you take active physical exercise such as running, swimming, golf, tennis, squash, jogging, bowls, cycling etc.?

No	☐1	q96q18_6
Occasionally (less than once a month)	☐2	
Frequently (once a month or more)	☐3	

If you ticked **frequently** please state type of activities :

office use ☐☐

_____ q96q18_6ac

How many years have you been involved in this activity ? _____ q96q18_6yr

18.7 How many times a **month** (on average) do you take part in this activity?

In winter _____ q96q18_7w

In summer _____ q96q18_7s

Physical Activity (continued)

18.8 During the past **week**, how much time have you spent on the following sorts of activities?

	hours	minutes
Walking	q96q18_8wa_h	q96q18_8wa_m
Cycling	q96q18_8cy_h	q96q18_8cy_m
Shopping	q96q18_8sh_h	q96q18_8sh_m
Light housework (e.g. dusting, ironing)	q96q18_8lh_h	q96q18_8lh_m
Heavy housework (e.g. vacuuming, yard brushing)	q96q18_8hh_h	q96q18_8hh_m
Light gardening (e.g. pruning, watering)	q96q18_8lg_h	q96q18_8lg_m
Heavy gardening (e.g. digging, mowing)	q96q18_8hg_h	q96q18_8hg_m
Active sports or exercise (e.g.bowls,golf,swimming)	q96q18_8as_h	q96q18_8as_m

19.0 **Other activities**

		Yes	No	
19.1	Do you have access to a telephone in your house ?	☐	☐	q96q19_1
19.2	Have you made a personal phone call in the last week ?	☐	☐	q96q19_2
19.3	Have you written a personal letter in the last week ?	☐	☐	q96q19_3
19.4	Do you take a weekly or monthly magazine or journal ?	☐	☐	q96q19_4
19.5	Do you attend religious services or meetings ?	☐	☐	q96q19_5
19.6	Did you vote in the last general or local elections ?	☐	☐	q96q19_6
19.7	Have you been on holiday in the last year ?	☐	☐	q96q19_7
19.8	Are you planning to go on holiday next year ?	☐	☐	q96q19_8
19.9	Do you use the public library ?	☐	☐	q96q19_9
19.10	Are you a member of any club, society or group ?	☐	☐	q96q19_10
19.11	**If Yes,** in the past month have you attended a meeting of the club, society or group ?	☐	☐	q96q19_11

20.0 **Your diet**

20.1 How often do you eat the following foods?

(Please tick the appropriate box for each food item)

	1 More than once a day	2 Once a day	3 Most Days	4 One or two days a week	5 Less than once a week	6 Never	
Fresh fruit in summer							q96q20_fs
Fresh fruit in winter							q96q20_fw
Salads in summer							q96q20_ss
Salads in winter							q96q20_sw
Green vegetables							q96q20_gv
Fish (all kinds)							q96q20_fi
Poultry (e.g. chicken, turkey)							q96q20_po
Red meat (e.g. beef, lamb, pork, ham, bacon)							q96q20_rm
Processed meat (e.g. burgers, sausages, pies, pasties, pate)							q96q20_pm
Cheese							q96q20_ch

20.2 Do you eat any special diet? Yes ☐ No ☐ q96q20_2

If Yes, please give details q96q20_2x

office use ☐

_____

20.3 What kind of bread do you eat? q96q20_3

1 ☐ White
2 ☐ Brown
3 ☐ Wholemeal
4=combination of breads

20.4 Spreading fat: What kind do you use at home? q96q20_4

1 ☐ Butter
2 ☐ Margarine (Hard)
3 ☐ Margarine (Soft)
4 ☐ Low calorie spread (e.g. Delight)
5 ☐ None
6=combination of spreads

Diet (continued)

20.5 Cooking fat: what kind do you use at home?

Lard, butter or other animal fat	☐1	q96q20_5
Vegetable oil	☐2	
Olive oil	☐3	
Other (please give details)	☐4 _____	office use ☐
Combination of oils	5	

20.6 What type of milk do you usually use?

Full cream	☐1	q96q20_6
Semi-skimmed	☐2	
Skimmed	☐3	
None	☐4	
Other (please give details)	☐5 _____	office use ☐ q96q20_6x
Combination of milks	6	

21.0 **Disability**

21.1 Do you have any long-standing illness, disability or infirmity ? Yes ☐ No ☐ q96q21_1

(`long-standing' means anything which has troubled you over a period of time or is likely to do so)

office use

If Yes, -what is this problem ? _____ q96q21_1x ☐☐☐

-does this illness or disability limit your activities in any way? Yes ☐ No ☐ q96q21_1lim

office use

If Yes, in what way ? _____ q96q21_1limx ☐☐

21.2 Do you currently have difficulty carrying out any of the following activities on your own as a result of a long term health problem?

	Yes	No	Date started	Cause of problem	office use
Going up or down stairs	q96q21_2gs		19 q96q21_2gs_y	q96q21_2gs_c	☐☐☐
Bending down	q96q21_2bd		19 q96q21_2bd_y	q96q21_2bd_c	☐☐☐
Straightening up	q96q21_2su		19 q96q21_2su_y	q96q21_2su_c	☐☐☐
Keeping your balance	q96q21_2kb		19 q96q21_2kb_y	q96q21_2kb_c	☐☐☐
Going out of the house	q96q21_2gh		19 q96q21_2gh_y	q96q21_2gh_c	☐☐☐
Walking 400 yards	q96q21_2wa		19 q96q21_2wa_y	q96q21_2wa_c	☐☐☐

Disability (continued)

21.3 Is your present state of health causing problems with any of the following ?

	Yes	No	Cause of problem	office use
Job at work (paid employment)	q96q21_3jo		q96q21_3jo_c	
Household chores	q96q21_3hc		q96q21_3hc_c	
Social life	q96q21_3so		q96q21_3so_c	
Sex life	q96q21_3se		q96q21_3se_c	
Interests and hobbies	q96q21_3ih		q96q21_3ih_c	
Holidays and outings	q96q21_3ho		q96q21_3ho_c	
Family relationships	q96q21_3fr		q96q21_3fr_c	

22.0 **Falls and Fractures**

22.1 Have you had a fall in the last 12 months ? Yes ☐ No ☐ q96q22_1

If Yes, how many times ? q96q22_1ti _____

Did you have medical attention for any of these falls ? Yes ☐ No ☐ q96q22_1ma

22.2 Have you ever fractured

	Yes	No	Please give year
- your hip	q96q22_2h		19 q96q22_2h_y
- your wrist	q96q22_2w		19 q96q22_2w_y

23.0 **Present Circumstances**

23.1 Are you q96q23_1

		Please give year q96q23_1y
single	☐ 1	
married	☐ 2	19 _____
widowed	☐ 3	19 _____
divorced or separated	☐ 4	19 _____
other	☐ 5	19 _____

Present Circumstances (continued)

23.2 Are you at present

- living alone ☐1 q96q23_2
- living with a partner or spouse ☐2
- living with other family member(s) ☐3
- living with other people ☐4

23.3 Your accommodation

Are you

- an owner occupier ☐1 q96q23_3
- renting from the local authority ☐2
- renting privately ☐3
- other (please give details)_____ ☐4

office use ☐ q96q23_3x

	Yes	No	
23.4 Do you have a car available for use in your household ?	☐	☐	q96q23_4

23.5 Please state the age at which your full time education ended q96q23_5

23.6 At present are you

- retired ☐ q96q23_6_1
- employed, full time ☐ q96q23_6_2
- employed, part time ☐ q96q23_6_3
- unemployed, seeking work ☐ q96q23_6_4
- unemployed, not seeking work ☐ q96q23_6_5

23.7 If you are **retired**, is this due to

- normal retiring age ☐ q96q23_7_1
- early retirement, voluntary ☐ q96q23_7_2
- early retirement, compulsory ☐ q96q23_7_3
- illness/disability ☐ q96q23_7_4
- other reasons ☐ q96q23_7_5

Please give the year in which you retired 19 q96q23_7yr

If you are **unemployed**, is this due to

- redundancy ☐1 q96q23_7u
- illness/disability ☐2
- other reasons ☐3

23.8 What type of financial support do you have or will you have on retirement ?

- state pension only ☐ q96q23_8_1
- occupational pension, fixed amount ☐ q96q23_8_2
- occupational pension, index linked ☐ q96q23_8_3
- private pension ☐ q96q23_8_4

24.0 **Family History**

24.1 **Your Father**

Is your father still alive ? Yes ☐ No ☐ q96q24_1

If NO,
how old was he when he died _____ q96q24_1_y Years

What were you told was the cause of his death ?

Heart Trouble	☐ 1	q96q24_1_r
High Blood Pressure	☐ 2	
Stroke	☐ 3	
Respiratory Disease	☐ 4	
Cancer of lung	☐ 5	
Other Cancer	☐ 6	
Accident or Injury	☐ 7	
Other	☐ 8	
Don't know	☐ 9	

24.2 **Your Mother**

Is your mother still alive ? Yes ☐ No ☐ q96q24_2

If NO,
how old was she when she died _____ q96q24_2_y Years

What were you told was the cause of her death ?

Heart Trouble	☐ 1	q96q24_2_r
High Blood Pressure	☐ 2	
Stroke	☐ 3	
Respiratory Disease	☐ 4	
Cancer of breast	☐ 5	
Other Cancer	☐ 6	
Accident or Injury	☐ 7	
Other	☐ 8	
Don't know	☐ 9	

THANK YOU VERY MUCH FOR COMPLETING THIS QUESTIONNAIRE.
PLEASE RETURN IT IN THE ENVELOPE PROVIDED.
NO STAMP IS NEEDED.