

P2058

Serial number

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

1-8

CKL

Person

--	--

9-10

First name

Card

0	2
---	---

11-12

Batch 213-217

Health and lifestyles of people aged 50 and over

Self-Completion Questionnaire In Confidence

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

3

Sometimes you will find an instruction telling you which questions to answer next like this

Yes

No

Go to

1

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to them. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

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

THANK YOU AGAIN FOR YOUR HELP

1

Here is a list of statements that people have used to describe their lives or how they feel. We would like to know how often, if at all, you think they apply to you.

Tick one box on each line

Often Some-
times Not
Often Never

My age prevents me from doing the things I would like to 1 2 3 4 218

I feel that what happens to me is out of my control 1 2 3 4 219

I feel free to plan for the future 1 2 3 4 220

I feel left out of things 1 2 3 4 221

I can do the things that I want to do 1 2 3 4 222

Family responsibilities prevent me from doing what I want to do 1 2 3 4 223

I feel that I can please myself what I do 1 2 3 4 224

My health stops me from doing things I want to do 1 2 3 4 225

Shortage of money stops me from doing the things I want to do 1 2 3 4 226

I look forward to each day 1 2 3 4 227

I feel that my life has meaning 1 2 3 4 228

I enjoy the things that I do 1 2 3 4 229

I enjoy being in the company of others 1 2 3 4 230

On balance, I look back on my life with a sense of happiness 1 2 3 4 231

I feel full of energy these days 1 2 3 4 232

I choose to do things that I have never done before 1 2 3 4 233

I feel satisfied with the way my life has turned out 1 2 3 4 234

I feel that life is full of opportunities 1 2 3 4 235

I feel that the future looks good for me 1 2 3 4 236

2 Which of these statements apply to you?

Tick all that apply

- I voted in the last general election 01
- I read a daily newspaper 02
- I have a hobby or pastime 03
- I have taken a holiday in the UK in the last 12 months 04
- I have taken a holiday abroad in the last 12 months 05
- I have gone on a daytrip or outing in the last 12 months 06
- I use the internet and/or email 07
- I own a mobile phone 08
- None of these statements apply to me 09

3 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
 - No, I am not a member of any organisations, clubs or societies 09
- Go to **4**
- Go to **5**

4 Thinking about all the organisations, clubs or societies that you are a member of, how many committee meetings, if any, do you attend in a year?

Please write the number in this box

5

How easy or difficult would it be for you to get to each of the following places, using your usual form of transport?

Tick one box on each line

	Very easy	Quite easy	Quite difficult	Very difficult	
Bank or cash point	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	313
Chiropodist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	314
Dentist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	315
General Practitioner	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	316
Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	317
Local Shops	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	318
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	319
Post Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	320
Shopping Centre	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	321
Supermarket	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	322

6

We should like to know how your health has been in general over the past few weeks.

Have you recently...

Tick one box on each line

...been able to concentrate on whatever you're doing?	Better than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4	323
...lost much sleep over worry?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	324
...felt you were playing a useful part in things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less useful than usual <input type="checkbox"/> 3	Much less useful <input type="checkbox"/> 4	325

Have you recently...

Tick one box on each line

...felt capable of making decisions?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less capable <input type="checkbox"/> 4 326
...felt constantly under strain?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4 327
...felt you couldn't overcome your difficulties?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4 328
...been able to enjoy your normal day-to-day activities?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4 329
...been able to face up to your problems?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4 330
...been feeling unhappy and depressed?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4 331
...been losing confidence in yourself?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4 332
...been thinking of yourself as a worthless person?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4 333
...been feeling reasonably happy, all things considered?	More so than usual <input type="checkbox"/> 1	About same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4 334

7

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

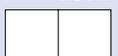
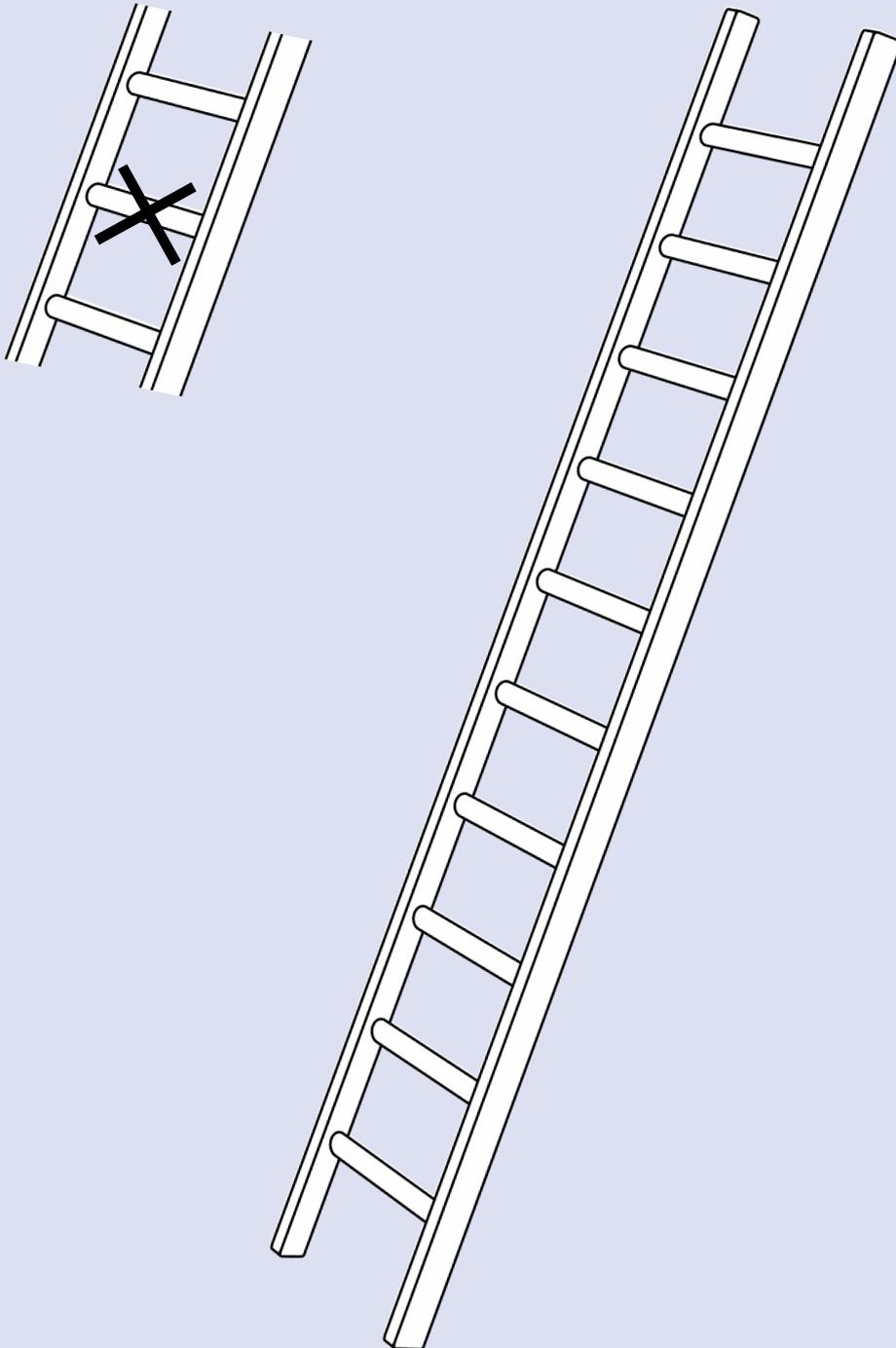
	Strongly agree	Moderately agree	Slightly agree	Slightly disagree	Moderately disagree	Strongly disagree	I do not work	
At home, I feel I have control over what happens in most situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		335
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	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	336
I feel that what happens in my life is often determined by factors beyond my control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		337
In general, I have different demands that I think are hard to combine	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		338
In general, I have enough time to do everything	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		339
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	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<input type="checkbox"/> 7	340
Considering the things I have to do at home, I have to work very fast	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6		341

8

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 you place yourself.

Example:



9

Do you have a husband, wife or partner with whom you live?

344

*Tick one box*Yes 1 **Go to 10**No 2 **Go to 12**

10

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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	345
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	346
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	347
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	348
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	349
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	350

11

How close is your relationship with your spouse or partner?

351

*Tick one box*Very close 1Quite close 2Not very close 3Not at all close 4

12 Do you have any children?

Tick one box

Yes ¹ **Go to 13**

No ² **Go to 16**

13 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? ¹ ² ³ ⁴ 353

How much can you rely on them if you have a serious problem? ¹ ² ³ ⁴ 354

How much can you open up to them if you need to talk about your worries? ¹ ² ³ ⁴ 355

How much do they criticise you? ¹ ² ³ ⁴ 356

How much do they let you down when you are counting on them? ¹ ² ³ ⁴ 357

How much do they get on your nerves? ¹ ² ³ ⁴ 358

14 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) ¹ ² ³ ⁴ ⁵ ⁶ 359

Speak on the phone ¹ ² ³ ⁴ ⁵ ⁶ 360

Write or email ¹ ² ³ ⁴ ⁵ ⁶ 361

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

Please write the number in this box

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

Tick one box

Yes ¹ **Go to** **17**

No ² **Go to** **20**

17 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? ¹ ² ³ ⁴ 365

How much can you rely on them if you have a serious problem? ¹ ² ³ ⁴ 366

How much can you open up to them if you need to talk about your worries? ¹ ² ³ ⁴ 367

How much do they criticise you? ¹ ² ³ ⁴ 368

How much do they let you down when you are counting on them? ¹ ² ³ ⁴ 369

How much do they get on your nerves? ¹ ² ³ ⁴ 370

18 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) ¹ ² ³ ⁴ ⁵ ⁶ 371

Speak on the phone ¹ ² ³ ⁴ ⁵ ⁶ 372

Write or email ¹ ² ³ ⁴ ⁵ ⁶ 373

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

374-375

Please write the number in this box

20 Do you have any friends?

Tick one box

Yes 1 **Go to 21**

No 2 **Go to 24**

Spare 377-380
SN 1-8
PN 9-10
Card 11-12

21 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 4 413

How much can you rely on them if you have a serious problem? 1 2 3 4 414

How much can you open up to them if you need to talk about your worries? 1 2 3 4 415

How much do they criticise you? 1 2 3 4 416

How much do they let you down when you are counting on them? 1 2 3 4 417

How much do they get on your nerves? 1 2 3 4 418

22 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) 1 2 3 4 5 6 419

Speak on the phone 1 2 3 4 5 6 420

Write or email 1 2 3 4 5 6 421

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

422-423

Please write the number in this box

24

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 this area

<input type="checkbox"/>							
1	2	3	4	5	6	7	

I feel that I don't belong in this area

424

Vandalism and graffiti are a big problem in this area

<input type="checkbox"/>							
1	2	3	4	5	6	7	

There is no problem with vandalism and graffiti in this area

425

I often feel lonely living in this area

<input type="checkbox"/>							
1	2	3	4	5	6	7	

I have never felt lonely living in this area

426

Most people in this area can be trusted

<input type="checkbox"/>							
1	2	3	4	5	6	7	

Most people in this area can't be trusted

427

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

<input type="checkbox"/>							
1	2	3	4	5	6	7	

People feel safe walking alone in this area after dark

428

Most people in this area are friendly

<input type="checkbox"/>							
1	2	3	4	5	6	7	

Most people in this area are unfriendly

429

People in this area will take advantage of you

<input type="checkbox"/>							
1	2	3	4	5	6	7	

People in this area will always treat you fairly

430

This area is kept very clean

<input type="checkbox"/>							
1	2	3	4	5	6	7	

This area is always full of litter and rubbish

431

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

<input type="checkbox"/>							
1	2	3	4	5	6	7	

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

432

25

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.

433

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided. All your answers will remain confidential.