

P2596

Serial number

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First name

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# Health and lifestyles of people aged 50 and over

## Life History Self-Completion Questionnaire In Confidence

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### 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

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### 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.

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**PLEASE START THE QUESTIONNAIRE AT QUESTION **1****

**THANK YOU AGAIN FOR YOUR HELP**

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**1**

**YOUR PARENTS**

**These questions are about attitudes and behaviours of parents. We would like to know how well the following statements describe your mother and father before you were 16 years of age. Please tick one box for each statement to indicate how much you agree or disagree with the description.**

**Mother or mother figure**

*Tick one box on each line*

|  | Strongly agree               | Agree                       | Disagree                   | Strongly disagree          |    |    |
|--|------------------------------|-----------------------------|----------------------------|----------------------------|----|----|
| She let me do the things I liked doing             | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 20 |    |
| She seemed emotionally cold to me                  | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 21 |    |
| She appeared to understand my problems and worries | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 22 |    |
| She liked me to make my own decisions              | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 23 |    |
| She made me feel I was not wanted                  | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 24 |    |
| She tried to make me dependent on her              | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 25 |    |
| She was overprotective of me                       | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 26 |    |
| <i>Was this your natural mother?</i>               | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                            |                            |    | 27 |

**Father or father figure**

|   |                              |                             |                            |                            |    |    |
|---|------------------------------|-----------------------------|----------------------------|----------------------------|----|----|
| He let me do the things I liked doing             | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 28 |    |
| He seemed emotionally cold to me                  | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 29 |    |
| He appeared to understand my problems and worries | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 30 |    |
| He liked me to make my own decisions              | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 31 |    |
| He made me feel I was not wanted                  | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 32 |    |
| He tried to make me dependent on him              | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 33 |    |
| He was overprotective of me                       | <input type="checkbox"/> 1   | <input type="checkbox"/> 2  | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 34 |    |
| <i>Was this your natural father?</i>              | Yes <input type="checkbox"/> | No <input type="checkbox"/> |                            |                            |    | 35 |

**DIFFICULT LIFE EVENTS**

**Below is a list of difficult life events. Please tick the yes or no box for each item. For each event you have experienced, please write the age you were when this event first happened. If the event happened more than once, write your age when it happened the first time.**

|  | <i>How old were you when it first happened?</i> |   |
|--|---|---|
| Have you ever experienced a major fire, flood, earthquake or other natural disaster?                                       | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>36-39</small> |
|  | No <input type="checkbox"/>                     |   |
| Have you ever had a life-threatening illness or accident?  | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>40-43</small> |
|  | No <input type="checkbox"/>                     |   |
| Have you ever been a victim of serious physical attack or assault?   | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>44-47</small> |
|  | No <input type="checkbox"/>                     |   |
| Have you ever been a victim of sexual assault (including rape or harassment)?  | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>48-51</small> |
|  | No <input type="checkbox"/>                     |   |
| When you were aged under 16, were either of your parents unemployed for more than 6 months when they wanted to be working? | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>52-55</small> |
|  | No <input type="checkbox"/>                     |   |
| When you were aged under 16, did your parents argue or fight very often?   | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>56-59</small> |
|  | No <input type="checkbox"/>                     |   |
| When you were aged under 16, did your parents drink excessively, take drugs or have mental health problems?                | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>60-63</small> |
|  | No <input type="checkbox"/>                     |   |
| When you were aged under 16, were you physically abused by your parents?   | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>64-67</small> |
|  | No <input type="checkbox"/>                     |   |
| Have you ever had a husband, wife, partner or child who has been addicted to drugs or alcohol?                             | Yes <input type="checkbox"/>                    | Age <input type="text"/> years <small>68-71</small> |
|  | No <input type="checkbox"/>                     |   |

*How old were you when it first happened?*

|  |                              |   |
|--|------------------------------|---|
| Have you ever fired a weapon in combat or been fired upon?   | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>72-75</small> |
|  | No <input type="checkbox"/>  |   |
| Have you ever witnessed the serious injury or death of someone in war or military action?  | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>76-79</small> |
|  | No <input type="checkbox"/>  |   |
| Other than in war or military action, have you ever witnessed an accident or violent act in which someone was killed or seriously wounded? | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>80-83</small> |
|  | No <input type="checkbox"/>  |   |
| Have you ever lost a very close friend or relative in a war or in military service?  | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>84-87</small> |
|  | No <input type="checkbox"/>  |   |
| Have you ever had a very close friend or relative who died or was at risk of death due to illness or serious accident?                     | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>88-91</small> |
|  | No <input type="checkbox"/>  |   |
| Have you ever provided long-term care to a disabled or impaired relative or friend?  | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>92-95</small> |
|  | No <input type="checkbox"/>  |   |
| Have you ever experienced severe financial hardship?   | Yes <input type="checkbox"/> | Age <input type="text"/> years <small>96-99</small> |
|  | No <input type="checkbox"/>  |   |

**If you would like to tell us about any other difficult life events you have experienced, please use the space below and write the age this event first happened.**

Other (please write below)

|  |   |
|--|---|
|  | Age <input type="text"/> years <small>100-199<br/>200-202</small> |
|--|---|

Other (please write below)

|  |   |
|--|---|
|  | Age <input type="text"/> years <small>203-302<br/>303-305</small> |
|--|---|

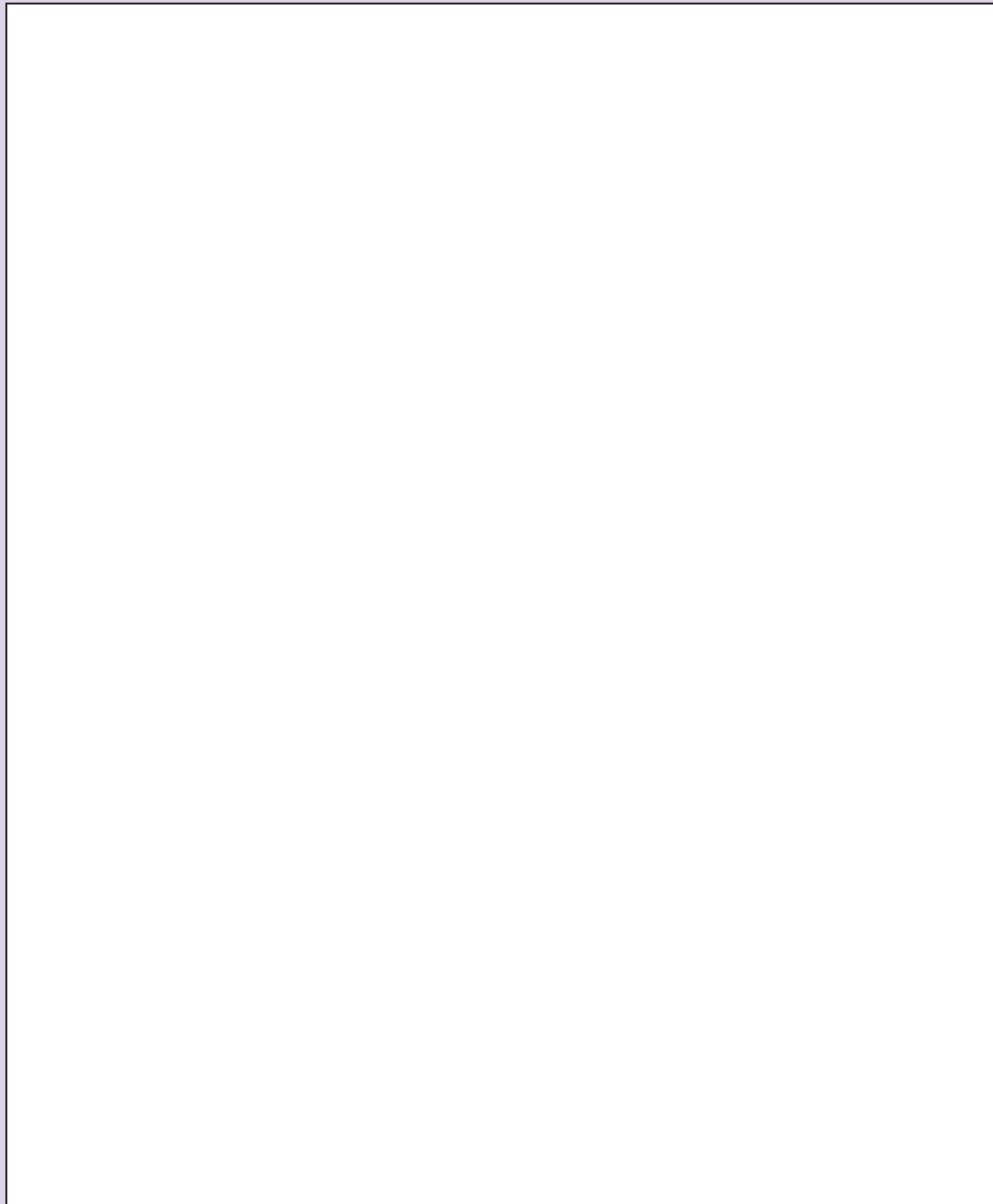
Other (please write below)

|  |   |
|--|---|
|  | Age <input type="text"/> years <small>306-405<br/>406-408</small> |
|--|---|

**3**

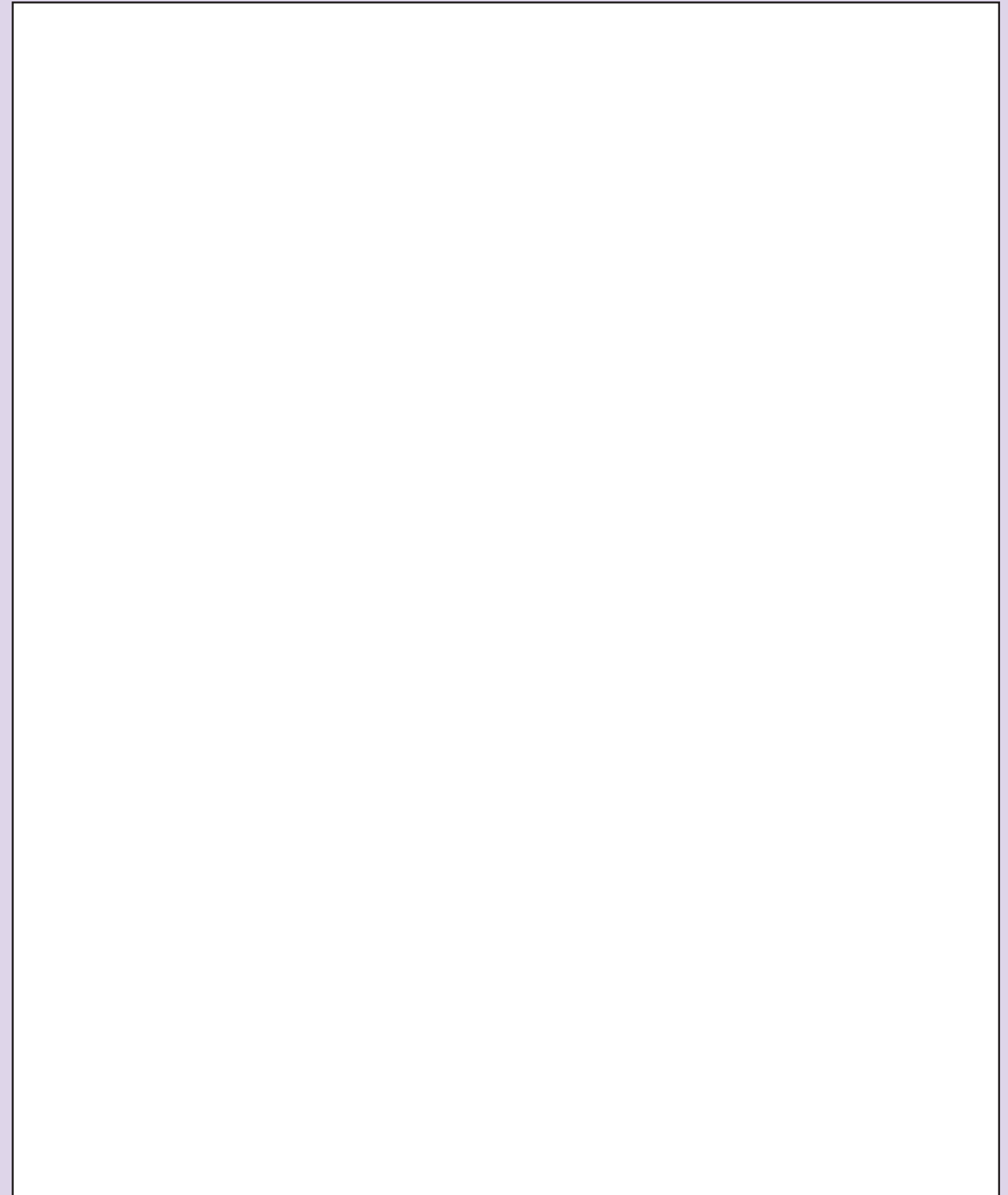
**Thinking back over your life, with its wide variety of enjoyable as well as difficult experiences, please write about three aspects of your life that have been especially important to you, and how they affected you.**

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**Continue on next page if necessary.**

**Please use this space if necessary.**



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

