

P2158 **A**

Serial number

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| | | | | | | | | | | | |
|--|--|--|--|--|--|--|--|--|--|--|--|

1-9

CK

10

Person

| | |
|--|--|
| | |
|--|--|

11-12

First name

Card

| | |
|---|---|
| 0 | 2 |
|---|---|

13-14

Batch 15-19

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 Which of these statements apply to you?

Tick all that apply

- 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

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**

3 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

4

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 | Does not apply | |
|----------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----|
| Bank or cash point | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 52 |
| Chiropodist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 53 |
| Dentist | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 54 |
| General Practitioner | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 55 |
| Hospital | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 56 |
| Local Shops | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 57 |
| Optician | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 58 |
| Post Office | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 59 |
| Shopping Centre | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 60 |
| Supermarket | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | 61 |

5

Now some questions about your social activities. How often, if at all, do you do 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 | 62 |
| 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 | 63 |
| 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 | 64 |
| 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 | 65 |

6

Would you like to do any of the following activities more often but feel that, for whatever reason, you cannot?

Tick one box on each line

| | Yes | No | |
|-------------------------------------------|----------------------------|----------------------------|----|
| Go to the cinema | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 66 |
| Eat out of the house | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 67 |
| Go to an art gallery or museum | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 68 |
| Go to the theatre, a concert or the opera | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | 69 |

7

Here is a list of statements that people have used to describe their lives or how they feel. 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 1 2 3 4 70

I feel that what happens to me is out of my control 1 2 3 4 71

I feel free to plan for the future 1 2 3 4 72

I feel left out of things 1 2 3 4 73

I can do the things that I want to do 1 2 3 4 74

Family responsibilities prevent me from doing what I want to do 1 2 3 4 75

I feel that I can please myself what I do 1 2 3 4 76

My health stops me from doing things I want to do 1 2 3 4 77

Shortage of money stops me from doing the things I want to do 1 2 3 4 78

I look forward to each day 1 2 3 4 79

I feel that my life has meaning 1 2 3 4 80

I enjoy the things that I do 1 2 3 4 81

I enjoy being in the company of others 1 2 3 4 82

On balance, I look back on my life with a sense of happiness 1 2 3 4 83

I feel full of energy these days 1 2 3 4 84

I choose to do things that I have never done before 1 2 3 4 85

I feel satisfied with the way my life has turned out 1 2 3 4 86

I feel that life is full of opportunities 1 2 3 4 87

I feel that the future looks good for me 1 2 3 4 88

8

The next questions are about how you feel about different aspects of your life. For each one, please say how often you feel that way.

Tick one box on each line

Hardly ever or never Some of the time Often

How often do you feel you lack companionship? 1 2 3 89

How often do you feel left out? 1 2 3 90

How often do you feel isolated from others? 1 2 3 91

How often do you feel in tune with the people around you? 1 2 3 92

9

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 1 2 3 4 5 6 7 93

The conditions of my life are excellent 1 2 3 4 5 6 7 94

I am satisfied with my life 1 2 3 4 5 6 7 95

So far I have got the important things I want in life 1 2 3 4 5 6 7 96

If I could live my life again, I would change almost nothing 1 2 3 4 5 6 7 97

10

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

At home, I feel I have control over what happens in most situations 1 2 3 4 5 6 98

I feel that what happens in life is often determined by factors beyond my control 1 2 3 4 5 6 99

In general, I have different demands that I think are hard to combine 1 2 3 4 5 6 100

In general, I have enough time to do everything 1 2 3 4 5 6 101

Considering the things I have to do at home, I have to work very fast 1 2 3 4 5 6 102

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

103

*Tick one box*Yes ¹ **Go to 12**No ² **Go to 14****12****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

104

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

105

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

106

How much do they criticise you? ¹ ² ³ ⁴

107

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

108

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

109

13**How close is your relationship with your spouse or partner?**

110

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

14 Do you have any children?

Tick one box

Yes 1 **Go to 15**

No 2 **Go to 18**

15 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 | 112 |
| 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 | 113 |
| 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 | 114 |
| How much do they criticise you? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 115 |
| 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 | 116 |
| How much do they get on your nerves? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 117 |

16 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 | 118 |
| Speak on the phone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 119 |
| 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 | 120 |

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

Please write the number in this box

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

Tick one box

Yes 1 Go to **19**

No 2 Go to **22**

19 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 | 124 |
| 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 | 125 |
| 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 | 126 |
| How much do they criticise you? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 127 |
| 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 | 128 |
| How much do they get on your nerves? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 129 |

20 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 | 130 |
| Speak on the phone | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 131 |
| 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 | 132 |

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

133-134

Please write the number in this box

22**Do you have any friends?***Tick one box*Yes 1 **Go to 23**No 2 **Go to 26****23****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 136How much can you rely on them if you have a serious problem? 1 2 3 4 137How much can you open up to them if you need to talk about your worries? 1 2 3 4 138How much do they criticise you? 1 2 3 4 139How much do they let you down when you are counting on them? 1 2 3 4 140How much do they get on your nerves? 1 2 3 4 141**24****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 142Speak on the phone 1 2 3 4 5 6 143Write or email 1 2 3 4 5 6 144**25****How many of your friends would you say you have a close relationship with?**

145-146

Please write the number in this box

26

Were you in paid employment last month?

Tick one box

Yes ¹ **Go to 27**

No ² **Go to 29**

27

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 | 148 |
| My job is physically demanding | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | 149 |
| 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 | 150 |
| My salary is adequate | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | 151 |
| My job promotion prospects are poor | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | 152 |
| My job security is poor | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | 153 |
| 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 | 154 |
| 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 | 155 |
| I have the opportunity to develop new skills | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | 156 |
| I receive adequate support in difficult situations | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | <input type="checkbox"/> ³ | <input type="checkbox"/> ⁴ | 157 |
| 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 | 158 |
| 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 | 159 |

28

At what age would you like to retire?

160-162

Write in years

I have already retired

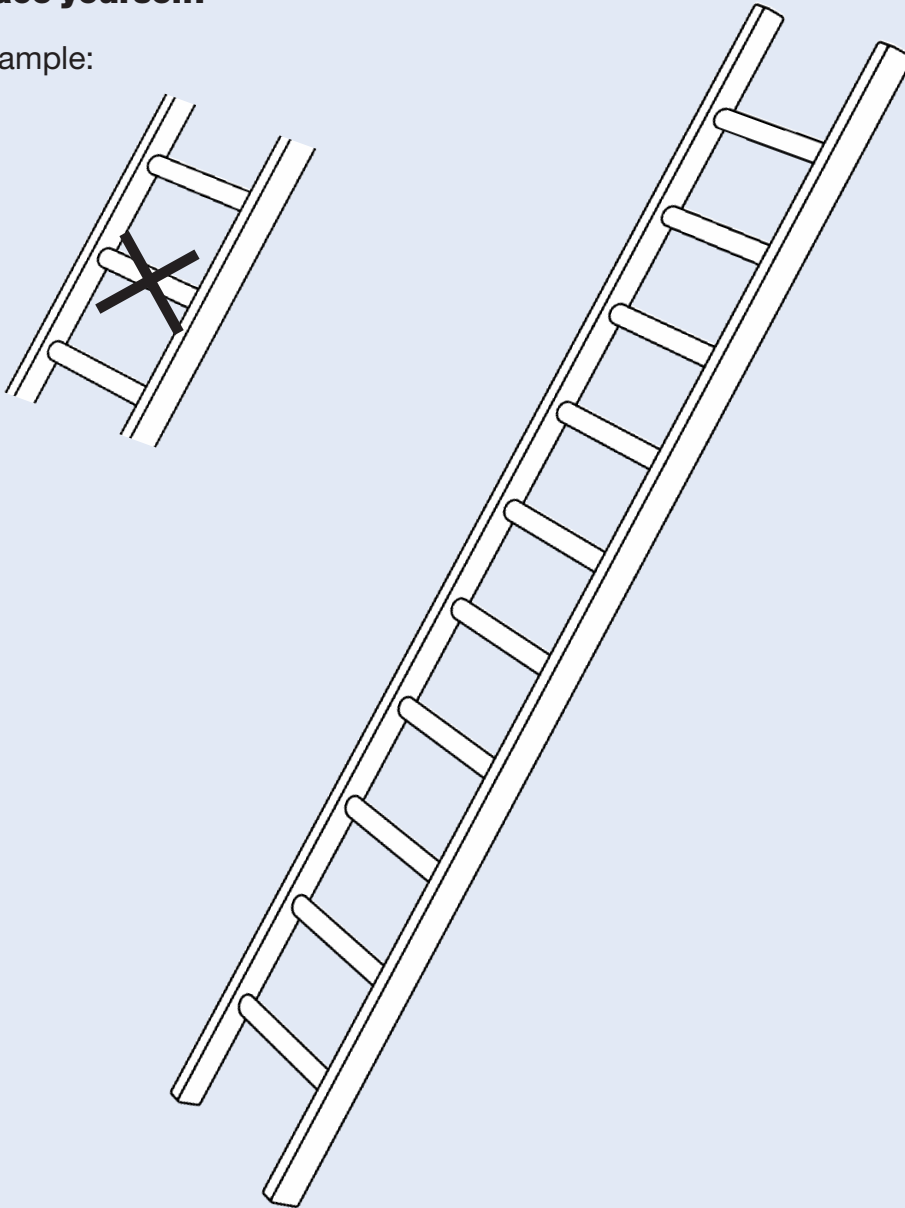
996

29

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.

Example:



163-165

| | | |
|--|--|--|
| | | |
|--|--|--|

30

Has your position on the ladder changed within the last two years?

166

Tick one box

Yes, I have moved up 1

Yes, I have moved down 2

No, my position has not changed 3

31

The next few questions are about how you feel about your age and experience of growing older.
How old do you feel that you are?

167-169

Write in years

32

What age would you like to be?

170-172

Write in years

33

On the whole, has growing older been a positive or negative experience?

173

Tick one box

Very positive

Mainly positive

Neither positive nor negative

Mainly negative

Very negative

1

2

3

4

5

34

Thinking of old age and your own ageing experience, to what extent do you agree or disagree with each of the following statements?

Tick one box on each line

Strongly agree

Slightly agree

Neither agree nor disagree

Slightly disagree

Strongly disagree

We can learn a lot from old people

1

2

3

4

5

174

As I get older, I expect to become more lonely

1

2

3

4

5

175

Old age is a time of ill health

1

2

3

4

5

176

As I grow older, I become more tolerant

1

2

3

4

5

177

Old age is a time of loneliness

1

2

3

4

5

178

As I get older, I expect to be able to do the things I've always done

1

2

3

4

5

179

When I think of old people, I think of them as generally grumpy and miserable

1

2

3

4

5

180

I worry that my health will get worse as I grow older

1

2

3

4

5

181

I don't think of myself as old

1

2

3

4

5

182

Old people don't get respect in society

1

2

3

4

5

183

Retirement is a time of leisure

1

2

3

4

5

184

Growing older doesn't bother me

1

2

3

4

5

185

35 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 1
- Five or six days a week 2
- Three or four days a week 3
- Once or twice a week 4 → Go to **36**
- Once or twice a month 5
- Once every couple of months 6
- Once or twice a year 7
-
- Not at all in the last 12 months 8 → Go to **39**

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

Tick one box

- Yes 1 → Go to **37**
- No 2 → Go to **39**

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

Tick one box

- One 1
- Two 2
- Three 3
- Four 4 → Go to **38**
- Five 5
- Six 6
- Seven 7

38

Please think about the day in the last week on which you drank the most. (If you drank the same amount on more than one day, please answer about the most recent of those days.)

From this list, please tick all the types of alcoholic drink which you drank on that day.

For the ones you drank, write in how much you drank on that day.

EXCLUDE NON-ALCOHOLIC OR LOW-ALCOHOL DRINKS, EXCEPT SHANDY.

| Tick all drinks drunk on that day | | Write in how much drunk on that day | | | |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|----------------------|-----------------------|-----------------------|
| | | Glasses (Count doubles as 2 singles) | Pints | Large cans or bottles | Small cans or bottles |
| 189-204 | | | | | |
| Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) – exclude bottles/cans of shandy | <input type="checkbox"/> 01 | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 205-212 | | | | | |
| Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White) | <input type="checkbox"/> 02 | | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 213-220 | | | | | |
| Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails | <input type="checkbox"/> 03 | <input type="text"/> | | | |
| 221-222 | | | | | |
| Sherry or martini (including port, vermouth, cinzano, dubonnet) | <input type="checkbox"/> 04 | <input type="text"/> | | | |
| 223-224 | | | | | |
| Wine (including babycham and champagne) | <input type="checkbox"/> 05 | <input type="text"/> | | | |
| 225-226 | | | | | |
| Alcoholic soft drinks or ‘alcopops’ (such as Barcardi Breezer, Smirnoff Ice) | <input type="checkbox"/> 06 | | | <input type="text"/> | |
| 227-228 | | | | | |
| Other kinds of alcoholic drink | | | | | |
| Write in name of drink | | | | | |
| 1 | <input type="text"/> <input type="checkbox"/> 07 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 229-238 | | | | | |
| 2 | <input type="text"/> <input type="checkbox"/> 08 | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| 239-248 | | | | | |

39 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.

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.

