

P2496/BLUE

Serial number

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1-9

CK

10

Person

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11-12

First name

Card

0	2
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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

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

Yes

No Go to

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 ON THE NEXT PAGE

THANK YOU AGAIN FOR YOUR HELP

1 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

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
 - No, I am not a member of any organisations, clubs or societies 09
- Go to **3**
- 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**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	
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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	54
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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	55
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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	56
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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	57
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5**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
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Go to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	58
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Eat out of the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	59
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Go to an art gallery or museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	60
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Go to the theatre, a concert or the opera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	61
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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

	Better than usual	Same as usual	Less than usual	Much less than usual	
...been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	62
	Not at all	No more than usual	Rather more than usual	Much more than usual	
...lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	63
	More so than usual	Same as usual	Less useful than usual	Much less useful	
...felt you were playing a useful part in things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	64
	More so than usual	Same as usual	Less so than usual	Much less capable	
...felt capable of making decisions?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	65
	Not at all	No more than usual	Rather more than usual	Much more than usual	
...felt constantly under strain?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	66
	Not at all	No more than usual	Rather more than usual	Much more than usual	
...felt you couldn't overcome your difficulties?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	67
	More so than usual	Same as usual	Less so than usual	Much less than usual	
...been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	68
	More so than usual	Same as usual	Less able than usual	Much less able	
...been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	69
	Not at all	No more than usual	Rather more than usual	Much more than usual	
...been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	70
	Not at all	No more than usual	Rather more than usual	Much more than usual	
...been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	71

	Not at all	No more than usual	Rather more than usual	Much more than usual	
...been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	72

	More so than usual	About same as usual	Less so than usual	Much less than usual	
...been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	73

7 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
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In most ways my life is close to my ideal	<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	74
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The conditions of my life are excellent	<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	75
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I am satisfied with my life	<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	76
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So far I have got the important things I want in life	<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	77
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If I could live my life again, I would change almost nothing	<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	78
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8 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
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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	79
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I feel that what happens in 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	80
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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	81
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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	82
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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	83
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9

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- Not Never
times Often

My age prevents me from doing the things I would like to 1 2 3 4 84

I feel that what happens to me is out of my control 1 2 3 4 85

I feel free to plan for the future 1 2 3 4 86

I feel left out of things 1 2 3 4 87

I can do the things that I want to do 1 2 3 4 88

Family responsibilities prevent me from doing what I want to do 1 2 3 4 89

I feel that I can please myself what I do 1 2 3 4 90

My health stops me from doing things I want to do 1 2 3 4 91

Shortage of money stops me from doing the things I want to do 1 2 3 4 92

I look forward to each day 1 2 3 4 93

I feel that my life has meaning 1 2 3 4 94

I enjoy the things that I do 1 2 3 4 95

I enjoy being in the company of others 1 2 3 4 96

On balance, I look back on my life with a sense of happiness 1 2 3 4 97

I feel full of energy these days 1 2 3 4 98

I choose to do things that I have never done before 1 2 3 4 99

I feel satisfied with the way my life has turned out 1 2 3 4 100

I feel that life is full of opportunities 1 2 3 4 101

I feel that the future looks good for me 1 2 3 4 102

10

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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	103
How often do you feel left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	104
How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	105
How often do you feel in tune with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	106
How often do you feel lonely?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	107

11

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"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	I feel that I don't belong in this area	108
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"/>	There is no problem with vandalism and graffiti in this area	109
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"/>	I have never felt lonely living in this area	110
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"/>	Most people in this area can't be trusted	111
People would be afraid to walk alone after dark 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"/>	People feel safe walking alone in this area after dark	112
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"/>	Most people in this area are unfriendly	113
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"/>	People in this area will always treat you fairly	114
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"/>	This area is always full of litter and rubbish	115
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"/>	If you were in trouble, there is nobody in this area who would help you	116

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

117

*Tick one box*Yes ¹ Go to **13**No ² Go to **15****13****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 118How much can you rely on them if you have a serious problem? ¹ ² ³ ⁴ 119How much can you open up to them if you need to talk about your worries? ¹ ² ³ ⁴ 120How much do they criticise you? ¹ ² ³ ⁴ 121How much do they let you down when you are counting on them? ¹ ² ³ ⁴ 122How much do they get on your nerves? ¹ ² ³ ⁴ 123**14****How close is your relationship with your spouse or partner?**

124

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

15 Do you have any children?

Tick one box

Yes 1 **Go to 16**

No 2 **Go to 19**

16 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		126
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		127
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		128
How much do they criticise you?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		129
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		130
How much do they get on your nerves?	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4		131

17 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		132
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		133
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		134

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

Please write the number in this box

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

Tick one box

Yes 1 **Go to 20**

No 2 **Go to 23**

20 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	138
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	139
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	140
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	141
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	142
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	143

21 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	144
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	145
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	146

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

Please write the number in this box

23 Do you have any friends?

Tick one box

Yes 1 **Go to 24**

No 2 **Go to 27**

24 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?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	150
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	151
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	152
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	153
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	154
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	155

25 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	156
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	157
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	158

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

Please write the number in this box

27

Were you in paid employment last month?

Tick one box

Yes 1 **Go to 28**

No 2 **Go to 30**

28

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	162
My job is physically demanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	163
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	164
My salary is adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	165
My job promotion prospects are poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	166
My job security is poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	167
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	168
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	169
I have the opportunity to develop new skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	170
I receive adequate support in difficult situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	171
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	172
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	173

29

At what age would you like to retire?

174-176

Write in years

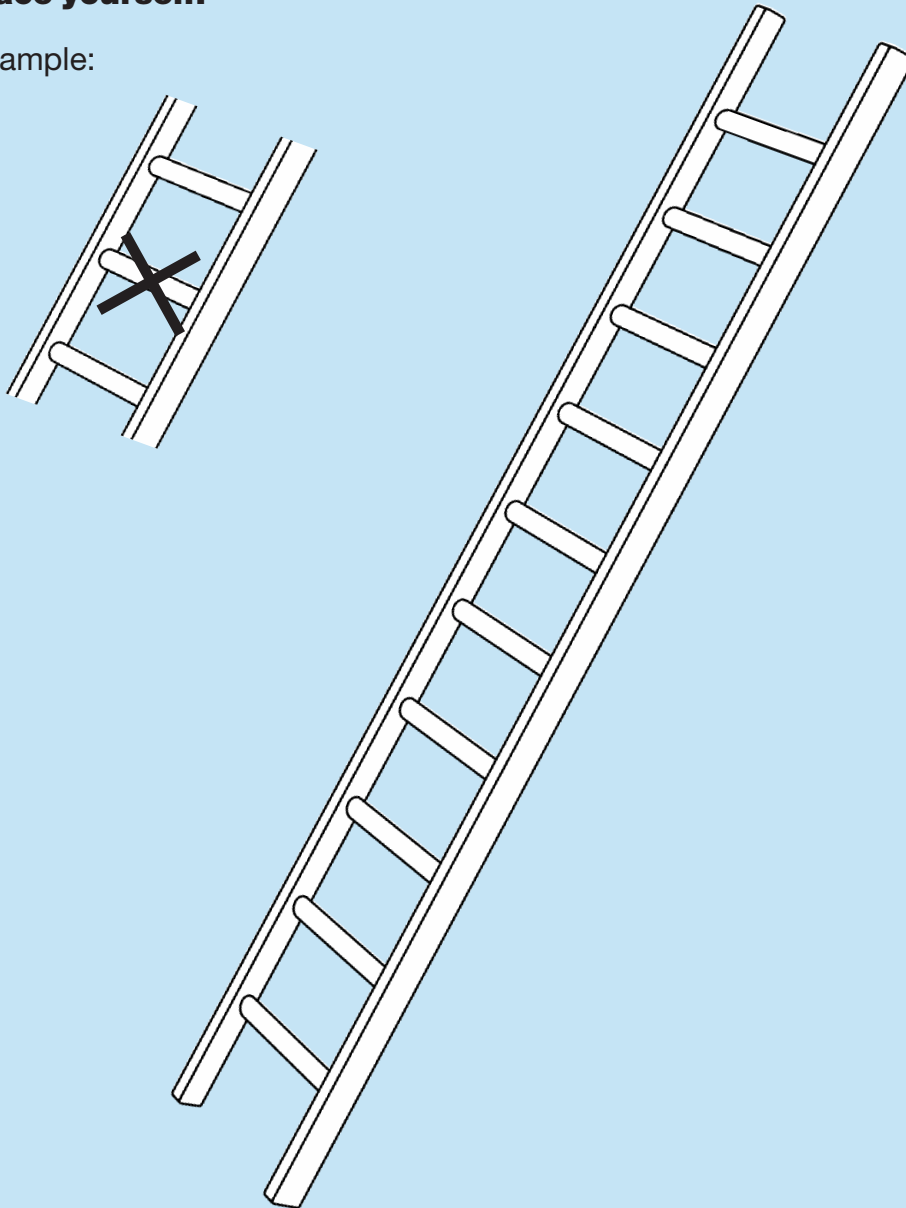
I have already retired 996

30

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:



177-179

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31

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

180

Tick one box

Yes, I have moved up 1

Yes, I have moved down 2

No, my position has not changed 3

32 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 | <input type="checkbox"/> | 1 | |
| Five or six days a week | <input type="checkbox"/> | 2 | |
| Three or four days a week | <input type="checkbox"/> | 3 | |
| Once or twice a week | <input type="checkbox"/> | 4 | → Go to 33 |
| Once or twice a month | <input type="checkbox"/> | 5 | |
| Once every couple of months | <input type="checkbox"/> | 6 | |
| Once or twice a year | <input type="checkbox"/> | 7 | |
-
- | | | | |
|----------------------------------|--------------------------|---|-----------------|
| Not at all in the last 12 months | <input type="checkbox"/> | 8 | Go to 36 |
|----------------------------------|--------------------------|---|-----------------|

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

Tick one box

- | | | | |
|-----|--------------------------|---|-----------------|
| Yes | <input type="checkbox"/> | 1 | Go to 34 |
| No | <input type="checkbox"/> | 2 | Go to 36 |

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

Tick one box

- | | | | |
|-------|--------------------------|---|-------------------|
| One | <input type="checkbox"/> | 1 | |
| Two | <input type="checkbox"/> | 2 | |
| Three | <input type="checkbox"/> | 3 | |
| Four | <input type="checkbox"/> | 4 | → Go to 35 |
| Five | <input type="checkbox"/> | 5 | |
| Six | <input type="checkbox"/> | 6 | |
| Seven | <input type="checkbox"/> | 7 | |

35

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	
184-199						
<input type="checkbox"/>	01				200-207	
Normal strength beer, lager, stout, cider or shandy (less than 6% alcohol) – exclude bottles/cans of shandy						
<input type="checkbox"/>	02				208-215	
Strong beer, lager, stout or cider (6% alcohol or more, such as Tennants Extra, Special Brew, Diamond White)						
<input type="checkbox"/>	03				216-217	
Spirits or liqueurs, such as gin, whisky, rum, brandy, vodka, or cocktails						
<input type="checkbox"/>	04				218-219	
Sherry or martini (including port, vermouth, cinzano, dubonnet)						
<input type="checkbox"/>	05				220-221	
Wine (including babycham and champagne)						
<input type="checkbox"/>	06				222-223	
Alcoholic soft drinks or 'alcopops' (such as Barcardi Breezer, Smirnoff Ice)						
Other kinds of alcoholic drink						
Write in name of drink						
1	<input type="checkbox"/>	07				224-225
<input type="text"/>						
2	<input type="checkbox"/>	08				226-227
<input type="text"/>						

36**Using the measures below, how much of the following did you eat yesterday?***Please read through the whole list before answering.**For each food type, write '0' if none eaten.***Write in number**

Salad (cereal bowlfuls)	<input type="text"/>	<input type="text"/>	228-229
Tablespoons of vegetables (raw, cooked, frozen or tinned) <i>Include peas and greens. Do not include potatoes</i>	<input type="text"/>	<input type="text"/>	230-231
Tablespoons of pulses such as baked beans, red kidney beans, lentils	<input type="text"/>	<input type="text"/>	232-233
Tablespoons of other dishes mainly made from vegetables or pulses, such as vegetable lasagne or vegetable curry	<input type="text"/>	<input type="text"/>	234-235

37**Using the measures below, how much of the following did you eat yesterday?***Please read through the whole list before answering.**For each food type, write '0' if none eaten.***Write in number**

Average handfuls of very small fruit, such as grapes, berries	<input type="text"/>	<input type="text"/>	236-237
Small fruit, such as plums, satsumas	<input type="text"/>	<input type="text"/>	238-239
Medium fruit, such as apples, bananas, oranges	<input type="text"/>	<input type="text"/>	240-241
Half a large fruit, such as grapefruit	<input type="text"/>	<input type="text"/>	242-243
Average slices of a very large fruit, such as melon	<input type="text"/>	<input type="text"/>	244-245
Tablespoons of frozen or tinned fruit	<input type="text"/>	<input type="text"/>	246-247
Tablespoons of dried fruit, such as raisins, apricots	<input type="text"/>	<input type="text"/>	248-249
Tablespoons of other dishes made mainly from fruit such as fruit salad or fruit pies	<input type="text"/>	<input type="text"/>	250-251
Small glasses of fruit juice	<input type="text"/>	<input type="text"/>	252-253

38**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.**

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**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.**