

P2796

Serial number 1-9	CK 10	Person 11-12	First name	Card 13-14 Batch 15-19
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	02

# 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

Sometimes you will find a question asking how often you have done something over a period of time. If you have not done it at all, please write '0' in the box.

### 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, or if you have agreed to a nurse visit, please hand it back to them when they call. 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 read a daily newspaper  01
- I have a hobby or pastime  02
- I have taken a holiday in the UK in the last 12 months  03
- I have taken a holiday abroad in the last 12 months  04
- I have gone on a daytrip or outing in the last 12 months  05
- I use the internet and/or email  06
- I own a mobile phone  07
- None of these statements apply to me  08

**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? If none, please enter '0'.**

Please write the number in this box

4

**How easy or difficult is it for you to get to each of the following places using your usual forms of transport?**

*Tick one box on each line*

	Very easy	Quite easy	Quite difficult	Very difficult	Unable to go	Do not wish to go	
Bank or cash point	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	52
Post Office	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	53
Corner shop	<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
Medium or large supermarket	<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
Shopping centre	<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
General Practitioner (GP)	<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
Chiropodist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	58
Dentist	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	59
Optician	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	60
Hospital	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	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

The next three questions are about watching television.

70-71

How many hours of television do you watch on an ordinary day or evening during the week, that is, Monday to Friday?

Please write in hours (from 0 to 24)

8

And thinking now about an ordinary weekend. How many hours of television do you normally watch in total over the weekend, that is, Saturday and Sunday?

72-73

Please write in hours (from 0 to 48)

9

How often do you watch the following types of television programme?

*Tick one box on each line*

	Daily	Two or more times a week	Once a week	Less than once a week	Rarely or never	
News / Current affairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	74
Comedy / Sitcoms	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	75
Police / Detective	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	76
Quizzes / Game shows	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	77
Nature / History documentaries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	78
Sport	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	79
Arts programmes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	80
Films	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	81
Chat shows	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	82
Drama	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	83
Reality TV e.g. Big Brother	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	84
Soap operas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	85
Cookery / Home decorations / Gardening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	86

10

Here are some questions about everyday life. Please say how often you would be willing to do the following.

Tick one box on each line

	Never	Rarely	Some- times	Often	Very Often	
Help a stranger in the street	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	87
Lend an item of some value (e.g. a tool) to a neighbour or an acquaintance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	88
Pay a little more to buy an item from a shop I want to support	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	89
Take responsibility for an acquaintance's or friend's mistake when they need this kind of help	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	90
Bend my own rules to help someone out of a difficult situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	91

11

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	<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	92
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	93
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	94
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	95
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	96

**12**

**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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	97
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	98
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	99
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	100
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	101

**13**

**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

	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	102
How often do you feel left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	103
How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	104
How often do you feel in tune with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	105
How often do you feel lonely?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	106

14

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	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	107
I feel that what happens to me is out of my control	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	108
I feel free to plan for the future	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	109
I feel left out of things	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	110
I can do the things that I want to do	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	111
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	112
I feel that I can please myself what I do	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	113
My health stops me from doing things I want to do	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	114
Shortage of money stops me from doing the things I want to do	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	115
I look forward to each day	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	116
I feel that my life has meaning	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	117
I enjoy the things that I do	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	118
I enjoy being in the company of others	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	119
On balance, I look back on my life with a sense of happiness	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	120
I feel full of energy these days	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	121
I choose to do things that I have never done before	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	122
I feel satisfied with the way my life has turned out	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	123
I feel that life is full of opportunities	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	124
I feel that the future looks good for me	<input type="checkbox"/>	1	<input type="checkbox"/>	2	<input type="checkbox"/>	3	<input type="checkbox"/>	4	125

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

Tick one box

Yes  1 Go to **16**

No  2 Go to **18**

## 16 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	127
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	128
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	129
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	130
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	131
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	132

## 17 How close is your relationship with your spouse or partner?

Tick one box

Very close  1

Quite close  2

Not very close  3

Not at all close  4



**18****Do you have any children?***Tick one box*Yes  1 **Go to 19**No  2 **Go to 22****19****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 135How much can you rely on them if you have a serious problem?  1  2  3  4 136How much can you open up to them if you need to talk about your worries?  1  2  3  4 137How much do they criticise you?  1  2  3  4 138How much do they let you down when you are counting on them?  1  2  3  4 139How much do they get on your nerves?  1  2  3  4 140**20****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 141Speak on the phone  1  2  3  4  5  6 142Write or email  1  2  3  4  5  6 143**21****How many of your children would you say you have a close relationship with?**

144-145

Please write the number in this box

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

*Tick one box*

Yes  1 **Go to 23**

No  2 **Go to 26**

**23** 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	147
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	148
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	149
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	150
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	151
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	152

**24** 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	153
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	154
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	155

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

Please write the number in this box

**26 Do you have any friends?**

*Tick one box*

Yes  1 **Go to 27**

No  2 **Go to 30**

**27 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	159
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	160
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	161
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	162
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	163
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	164

**28 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	165
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	166
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	167

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

Please write the number in this box

**Here are some further questions about your family and friends.  
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

### Questions about family

It is important to me that I respect the decisions made by my family  1     2     3     4     5     6 170

If a relative were in financial difficulty I would help within my means  1     2     3     4     5     6 171

It is important to me to maintain harmony within my family  1     2     3     4     5     6 172

I could sacrifice my self-interest for the benefit of my family  1     2     3     4     5     6 173

### Questions about friends

It is important to me that I respect the decisions made by my friends  1     2     3     4     5     6 174

If a friend were in financial difficulty I would help within my means  1     2     3     4     5     6 175

It is important to me to maintain harmony in my relationships with my friends  1     2     3     4     5     6 176

I like sharing things with my friends  1     2     3     4     5     6 177

I could sacrifice my self-interest for the benefit of my friends  1     2     3     4     5     6 178

### 31 Were you in paid employment last month?

Tick one box

Yes  1 Go to **32**

No  2 Go to **34**

### 32 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	180
My job is physically demanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	181
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	182
My salary is adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	183
My job promotion prospects are poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	184
My job security is poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	185
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	186
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	187
I have the opportunity to develop new skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	188
I receive adequate support in difficult situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	189
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	190
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	191

### 33 At what age would you like to retire?

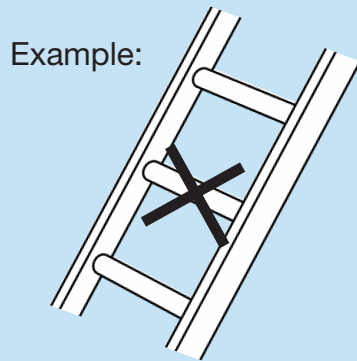
Write in years

I have already retired  996

34

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:



195-197

--	--	--

35

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)

--	--

198-199

Tablespoons of vegetables (raw, cooked, frozen or tinned)

Include peas and greens. Do not include potatoes

--	--

200-201

Tablespoons of pulses such as baked beans, red kidney beans, lentils

--	--

202-203

Tablespoons of other dishes mainly made from vegetables or pulses, such as vegetable lasagne or vegetable curry

--	--

204-205

**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*

Average handfuls of very small fruit, such as grapes, berries	<input type="text"/>	<input type="text"/>	206-207
Small fruit, such as plums, satsumas	<input type="text"/>	<input type="text"/>	208-209
Medium fruit, such as apples, bananas, oranges	<input type="text"/>	<input type="text"/>	210-211
Half a large fruit, such as grapefruit	<input type="text"/>	<input type="text"/>	212-213
Average slices of a very large fruit, such as melon	<input type="text"/>	<input type="text"/>	214-215
Tablespoons of frozen or tinned fruit	<input type="text"/>	<input type="text"/>	216-217
Tablespoons of dried fruit, such as raisins, apricots	<input type="text"/>	<input type="text"/>	218-219
Tablespoons of other dishes made mainly from fruit such as fruit salad or fruit pies	<input type="text"/>	<input type="text"/>	220-221
Small glasses of fruit juice	<input type="text"/>	<input type="text"/>	222-223

**37****Thinking now about all kinds of drinks, how often have you had an alcoholic drink of any kind during the last 12 months?**

224

*Tick one box*

- |                                  |                          |   |                   |
|----------------------------------|--------------------------|---|-------------------|
| Almost every day                 | <input type="checkbox"/> | 1 | } Go to <b>38</b> |
| 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 |                   |
| 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 <b>43</b>   |

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

225

*Tick one box*

- |     |                          |   |                 |
|-----|--------------------------|---|-----------------|
| Yes | <input type="checkbox"/> | 1 | Go to <b>39</b> |
| No  | <input type="checkbox"/> | 2 | Go to <b>43</b> |

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

226

*Tick one box*

- |       |                          |   |
|-------|--------------------------|---|
| One   | <input type="checkbox"/> | 1 |
| Two   | <input type="checkbox"/> | 2 |
| Three | <input type="checkbox"/> | 3 |
| Four  | <input type="checkbox"/> | 4 |
| Five  | <input type="checkbox"/> | 5 |
| Six   | <input type="checkbox"/> | 6 |
| Seven | <input type="checkbox"/> | 7 |
- Go to **40**

**40****During the last seven days, how many measures of spirits did you have? Drinks poured at home may be larger than a pub single measure – please estimate number of singles. In none, please enter ‘0’.**

227-228

Please write the number in this box

**41****During the last seven days, how many glasses of wine did you have? Include sherry, port, vermouth. If none, please enter ‘0’.**

229-230

Please write the number in this box

**42****During the last seven days, how many pints of beer, lager or cider did you have? If none, please enter ‘0’.**

231-232

Please write the number in this box

**43****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.**

233

**Thank you very much for taking the time to answer our questions. Please give the questionnaire either to the interviewer or the nurse, or post it back in the envelope provided. All your answers will remain confidential in accordance with the Data Protection Act 1998.**