

P2996/PINK

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

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.

Please fill in your details below

First name

20-34

Date of birth

35-42

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is still in your home (or will be coming to your home for an interview) once 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?**

50-63

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?**

64-79

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

80-81

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	82
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	83
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	84
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	85
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	86
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	87
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	88
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	89
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	90
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	91

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	92
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	93
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	94
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	95

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	96
Eat out of the house	<input type="checkbox"/> 1	<input type="checkbox"/> 2	97
Go to an art gallery or museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	98
Go to the theatre, a concert or the opera	<input type="checkbox"/> 1	<input type="checkbox"/> 2	99

7

The next two questions are about watching television.

100-101

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?

102-103

Please write in hours (from 0 to 48)

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

 7 104

The conditions of my life are excellent

 1

 2

 3

 4

 5

 6

 7 105

I am satisfied with my life

 1

 2

 3

 4

 5

 6

 7 106

So far I have got the important things I want in life

 1

 2

 3

 4

 5

 6

 7 107

If I could live my life again, I would change almost nothing

 1

 2

 3

 4

 5

 6

 7 108

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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	109
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	110
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	111
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	112
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	113

11

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	114
How often do you feel left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	115
How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	116
How often do you feel in tune with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	117
How often do you feel lonely?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	118

12

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	119
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	120
I feel free to plan for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	121
I feel left out of things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	122
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	123
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	124
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	125
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	126
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	127
I look forward to each day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	128
I feel that my life has meaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	129
I enjoy the things that I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	130
I enjoy being in the company of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	131
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	132
I feel full of energy these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	133
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	134
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	135
I feel that life is full of opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	136
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	137

13**During the past 30 days, to what degree did you feel...***Tick one box on each line*

	Very Much	Quite a bit	Moderately	A little	Not at all	
Determined?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	138
Enthusiastic?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	139
Active?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	140
Proud?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	141
Interested?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	142
Happy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	143
Attentive?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	144
Content?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	145
Inspired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	146
Hopeful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	147
Alert?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	148
Calm?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	149
Excited?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	150

14**Please indicate how well each of the following describes you***Tick one box on each line*

A lot Some A little Not at all

Outgoing 1 2 3 4 160Helpful 1 2 3 4 161Moody 1 2 3 4 162Organised 1 2 3 4 163Friendly 1 2 3 4 164Warm 1 2 3 4 165Worrying 1 2 3 4 166Responsible 1 2 3 4 167Lively 1 2 3 4 168Caring 1 2 3 4 169Nervous 1 2 3 4 170Creative 1 2 3 4 171Hardworking 1 2 3 4 172Imaginative 1 2 3 4 173Softhearted 1 2 3 4 174Calm 1 2 3 4 175Intelligent 1 2 3 4 176Curious 1 2 3 4 177Active 1 2 3 4 178Careless 1 2 3 4 179Broad-minded 1 2 3 4 180Sympathetic 1 2 3 4 181Talkative 1 2 3 4 182Sophisticated 1 2 3 4 183Adventurous 1 2 3 4 184Thorough 1 2 3 4 185

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

186

*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	187
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	188
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	189
How much do they criticise you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	190
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	191
How much do they get on your nerves?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	192
How often do they make too many demands on you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	193

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

194

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

18 Do you have any children?
Tick one box

195

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?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	196
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	197
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	198
How much do they criticise you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	199
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	200
How much do they get on your nerves?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	201
How often do they make too many demands on you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	202

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)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	203
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	204
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	205

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

206-207

Please write the number in this box

Spare208-221

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

222

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	223
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	224
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	225
How much do they criticise you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	226
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	227
How much do they get on your nerves?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	228
How often do they make too many demands on you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	229

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	230
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	231
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	232

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

233-234

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	236
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	237
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	238
How much do they criticise you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	239
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	240
How much do they get on your nerves?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	241
How often do they make too many demands on you?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	242

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	243
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	244
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	245

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

Please write the number in this box

30 In your day-to-day life, how often have any of the following things happened to you?

Tick one box on each line

	Almost every day	At least once a week	A few times a month	A few times a year	Less than once a year	Never	
You are treated with less courtesy or respect than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	248
You receive poorer service than other people at restaurants or stores	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	249
People act as if they think you are not clever	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	250
You are threatened or harassed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	251
You receive poorer service or treatment than other people from doctors or hospitals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	252

31 If any of the above things mentioned in the previous question have happened to you, what do you think were the reasons WHY these experiences happened to you?

253-270

Tick all that apply

Your gender	<input type="checkbox"/>	01
Your race	<input type="checkbox"/>	02
Your age	<input type="checkbox"/>	03
Your weight	<input type="checkbox"/>	04
A physical disability	<input type="checkbox"/>	05
An aspect of your physical appearance	<input type="checkbox"/>	06
Your sexual orientation	<input type="checkbox"/>	07
Your financial status	<input type="checkbox"/>	08
Other, please specify	<input style="width: 300px; height: 40px;" type="text"/>	09

32**What is your religion?***Tick one box*

271-272

No religion 01Christian (including Church of England, Catholic, other
Protestant and all other Christian denominations) 02Buddhist 03Hindu 04Jewish 05Muslim 06Sikh 07

Any other religion, write in

08

33**About how often have you attended religious services during the past year?**

273

*Tick one box*More than once a week 1Once a week 2Two or three times a month 3One or more times a year 4Not at all 5Don't know 8**34****These questions are about your religious or spiritual beliefs. Please tick the box which best shows how you feel about each statement.***Tick one box on each line*Strongly Disagree Agree Strongly
disagree agreeReligious faith is extremely important to me 1 2 3 4 274I pray or meditate daily 1 2 3 4 275I look to my religion to provide meaning and
purpose in my life 1 2 3 4 276I consider myself active in organised religion
(going to church, temple, mosque, etc.) 1 2 3 4 277

35**How important is religion in your daily life?**

278

Tick one box

- Very important 1
- Somewhat important 2
- Not very important 3
- Not at all important 4

36**The next questions are about paid employment.
Were you in paid employment last month?**

279

Tick one box

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

37**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	280
My job is physically demanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	281
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	282
My salary is adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	283
My job promotion prospects are poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	284
My job security is poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	285
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	286
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	287
I have the opportunity to develop new skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	288
I receive adequate support in difficult situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	289
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	290
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	291

38

At what age would you like to retire?

292-294

Write in years

I have already retired 1

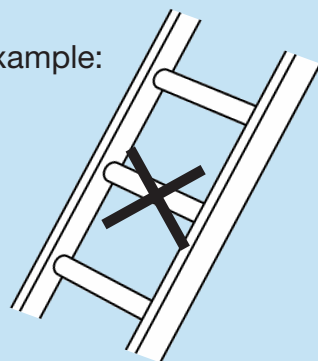
295

39

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:



296-298

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40 How many portions of vegetables – excluding potatoes – do you eat on a typical day?**If none, please enter '0'.**

A serving or portion of vegetables means three heaped tablespoons of green or root vegetables such as carrots, parsnips, spinach, small vegetables like peas, baked beans or sweet corn, or a medium bowl of salad (lettuce, tomatoes, etc).

Please write in portion

299-300

How many portions of fruit – of any kind – do you eat on a typical day?**If none, please enter '0'.**

A portion of fruit is an apple or banana, a small bowl of grapes, or three tablespoons of tinned or stewed fruit. If you drink fruit juice, you can count one glass per day, but additional glasses of fruit juice do not count as additional portions.

Please write in portion

301-302

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

303-304

Tick one box

- | | | | |
|-----------------------------|--------------------------|----|-------------------|
| Almost every day | <input type="checkbox"/> | 01 | |
| Five or six days a week | <input type="checkbox"/> | 02 | |
| Three or four days a week | <input type="checkbox"/> | 03 | |
| Once or twice a week | <input type="checkbox"/> | 04 | → Go to 42 |
| Once or twice a month | <input type="checkbox"/> | 05 | |
| Once every couple of months | <input type="checkbox"/> | 06 | |
| Once or twice a year | <input type="checkbox"/> | 07 | |
-
- Not at all in the last 12 months 08 Go to **47**

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

305

Tick one box

- Yes ¹ Go to **43**
- No ² Go to **47**

43 On how many days out of the last seven did you have an alcoholic drink? 306*Tick one box*

- One 1
- Two 2
- Three 3
- Four 4
- Five 5
- Six 6
- Seven 7

44 During the last seven days, how many measures of spirits did you have? 307-308
Drinks poured at home may be larger than a pub single measure – please estimate number of singles.
If none, please enter '0'.Please write the number in this box **45** During the last seven days, how many glasses of wine did you have? 309-310
Include sherry, port, vermouth.
If none, please enter '0'.Please write the number in this box **46** During the last seven days, how many pints of beer, 311-312
lager or cider did you have?
If none, please enter '0'.Please write the number in this box

47

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.

313

Spare 314-369

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 in accordance with the Data Protection Act 1998.

