

P10456.02

Serial number	CK	Person	First name	Card
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text" value="0"/> <input type="text" value="2"/>
Interviewer ID No.	Point No.			
<input type="text"/>	<input type="text"/>			

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 instructions telling you which questions to answer next like this:

Yes → Go to **2**
 No → Go to **3**

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	<input type="text"/>	Date of birth	Day	Month	Year
			<input type="text"/>	<input type="text"/>	<input type="text"/>

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 the interviewer. If not, please return the completed questionnaire in the pre-paid envelope as soon as you possibly can.

PLEASE START THE QUESTIONNAIRE AT QUESTION **1 ON THE NEXT PAGE**

THANK YOU AGAIN FOR YOUR HELP

1 Which of these statements apply to you?

Tick all that apply

- I read a daily newspaper 1
- I have a hobby or pastime 2
- I have taken a holiday in the UK in the last 12 months 3
- I have taken a holiday abroad in the last 12 months 4
- I have gone on a daytrip or outing in the last 12 months 5
- I own a mobile phone 6
- None of these statements apply to me 7

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 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
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
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
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

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

6

We would now like to ask you some questions about your use of the Internet and email. On average, how often do you use the Internet or email?

Tick one box

Every day, or almost every day	<input type="checkbox"/> 1	} Go to 7
At least once a week (but not every day)	<input type="checkbox"/> 2	
At least once a month (but not every week)	<input type="checkbox"/> 3	
At least once every 3 months	<input type="checkbox"/> 4	
Less than every 3 months	<input type="checkbox"/> 5	} Go to 10
Never	<input type="checkbox"/> 6	

7

In which of the following places have you used the Internet or email in the last 3 months?

Tick all that apply

At home	<input type="checkbox"/> 1
At places of work (other than home)	<input type="checkbox"/> 2
At place of education	<input type="checkbox"/> 3
At another person's home	<input type="checkbox"/> 4
On the move	<input type="checkbox"/> 5
Other place (library, Internet cafe)	<input type="checkbox"/> 6

8

On which of the following devices do you access the Internet?

Tick all that apply

Laptop or Desktop computer	<input type="checkbox"/> 1
Tablet computer (e.g. iPad, Samsung Galaxy Tab)	<input type="checkbox"/> 2
Smartphone (e.g. iPhone, Blackberry)	<input type="checkbox"/> 3
Other devices (e.g. TV, games console, set-top box and other mobile devices)	<input type="checkbox"/> 4

9

For which of the following activities did you use the Internet in the last 3 months?

Tick all that apply

- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15

10

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 |
| 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 |
| 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 |
| 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 |
| 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 |

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

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
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
I feel free to plan for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel left out of things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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
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
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
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
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
I look forward to each day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I feel that my life has meaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I enjoy the things that I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
I enjoy being in the company of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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
I feel full of energy these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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
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
I feel that life is full of opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
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

13

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.

Please 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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	
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
	1 2 3 4 5 6 7	

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

Tick one box

Yes ₁ → Go to **15**
No ₂ → Go to **17**

15 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

	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
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
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
How much do they criticise you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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
How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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

16 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

17 Do you have any children?

Tick one box

Yes ₁ → Go to **18**
 No ₂ → Go to **21**

18 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

	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
How much do they really understand the way you feel about things?				
How much can you rely on them if you have a serious problem?				
How much can you open up to them if you need to talk about your worries?				
How much do they criticise you?				
How much do they let you down when you are counting on them?				
How much do they get on your nerves?				
How often do they make too many demands on you?				

19 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
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
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
Send or receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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

Please write the number in this box

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

Tick one box

Yes ₁ → Go to **22**
 No ₂ → Go to **25**

22 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
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
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
How much do they criticise you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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
How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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

23 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
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
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
Send or receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

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

Please write the number in this box

25**Do you have any friends?***Tick one box*

Yes ₁ → **Go to 26**

No ₂ → **Go to 29**

26

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
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
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
How much do they criticise you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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
How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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

27

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
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
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
Send or receive text messages	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆

28

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

Please write the number in this box

29

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

Tick one box

Yes ₁ → Go to **30**

No ₂ → Go to **32**

30

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
My job is physically demanding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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
My salary is adequate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My job promotion prospects are poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
My job security is poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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
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
I have the opportunity to develop new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
I receive adequate support in difficult situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄
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
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

31

At what age would you like to retire?

Write in years

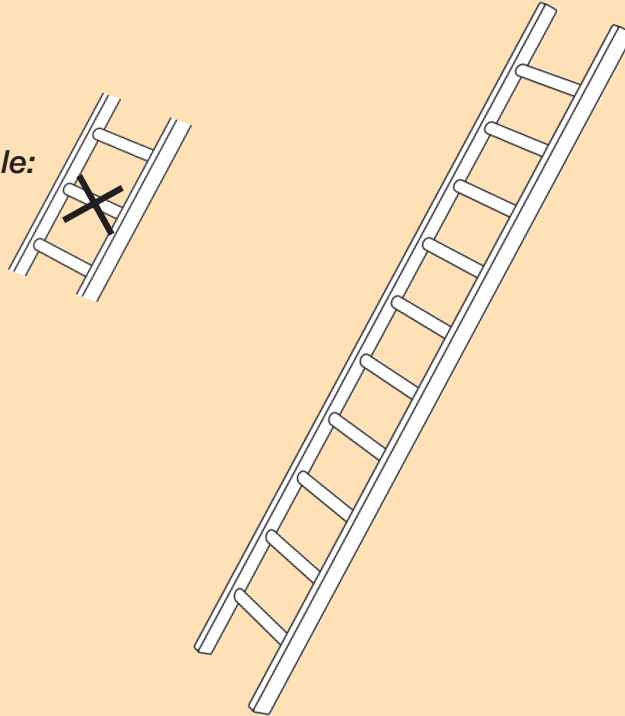
I have already retired ₁

32

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:



33

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

Write in years

34

What age would you like to be?

Write in years

35

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

Tick one box

Very positive 1

Mainly positive 2

Neither positive nor negative 3

Mainly negative 4

Very negative 5

36

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

Tick one box on each line

	Strongly agree	Slightly agree	Neither agree nor disagree	Slightly disagree	Strongly disagree
We can learn a lot from old people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
As I get older, I expect to become more lonely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Old age is a time of ill health	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
As I grow older, I become more tolerant	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Old age is a time of loneliness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
As I get older, I expect to be able to do the things I've always done	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
When I think of old people, I think of them as generally grumpy and miserable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I worry that my health will get worse as I grow older	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
I don't think of myself as old	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Old people don't get respect in society	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Retirement is a time of leisure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
Growing older doesn't bother me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

37

Now, please pause briefly to think about **yesterday**, from the morning until the end of the day. Think about where you were, what you were doing, who you were with, and how you felt.

What day of the week was it **yesterday**?

Tick one box

Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<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

38

What time did you wake up **yesterday**?

For example, if you woke up at 4:00AM, please write 04 in the hour boxes, 00 in the minutes boxes and AM in the last boxes.

Hours Minutes AM or PM

39

What time did you go to sleep at the end of the day **yesterday**?

For example, if you went to sleep at 11:30PM, please write 11 in the hour boxes, 30 in the minutes boxes and PM in the last boxes

Hours Minutes AM or PM

40

Yesterday, did you feel any pain?

Tick one box

None 1

A little 2

Some 3

Quite a bit 4

A lot 5

41

Did you feel well-rested **yesterday morning** (that is you slept well the night before)?

Tick one box

Yes 1

No 2

42

Was **yesterday** a normal day for you or did something unusual happen?

Tick one box

Yes – just a normal day 1

No, my day included unusual bad (stressful) things 2

No, my day included unusual good things 3

43

Please think about the **things you did yesterday**. How did you spend your time and how did you feel?

Yesterday did you **watch TV**?

Tick one box

Yes 1 → Go to **44**

No 2 → Go to **46**

49 Yesterday did you go for a walk or exercise?

Tick one box

Yes ₁ → Go to **50**

No ₂ → Go to **52**

50 How much time did you spend walking or exercising yesterday?

Hours Minutes

51 How did you feel when you were walking or exercising yesterday?

Rate each feeling on a scale from 0 – did not experience at all – to 6 – the feeling was extremely strong.

Tick one box on each line

	Did not experience the feeling at all						Feeling was extremely strong
	1	2	3	4	5	6	
Happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
Interested	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
Frustrated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
Sad	<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 Yesterday did you do any health-related activities other than walking or exercise?
For example, visiting a doctor, taking medications or doing treatments.

Tick one box

Yes ₁ → Go to **53**

No ₂ → Go to **55**

53 How much time did you spend doing health-related activities yesterday?

Hours Minutes

54 How did you feel when you were doing health-related activities yesterday?

Rate each feeling on a scale from 0 – did not experience at all – to 6 – the feeling was extremely strong.

Tick one box on each line

	Did not experience the feeling at all						Feeling was extremely strong
	1	2	3	4	5	6	
Happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
Interested	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
Frustrated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	
Sad	<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 Yesterday did you **travel or commute**? E.g. by car, train, bus etc.

Tick one box

Yes ₁ → Go to **56**

No ₂ → Go to **58**

56 How much time did you spend **travelling or commuting** yesterday?

Hours Minutes

57 How did you feel when you were **travelling or commuting** yesterday?

Rate each feeling on a scale from 0 – did not experience at all – to 6 – the feeling was extremely strong.

Tick one box on each line

	Did not experience the feeling at all					Feeling was extremely strong
	1	2	3	4	5	6
Happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sad	<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 Yesterday did you **spend time with friends or family**?

Tick one box

Yes ₁ → Go to **59**

No ₂ → Go to **61**

59 How much time did you spend **with friends or family** yesterday?

Hours Minutes

60 How did you feel when you were **with friends or family** yesterday?

Rate each feeling on a scale from 0 – did not experience at all – to 6 – the feeling was extremely strong.

Tick one box on each line

	Did not experience the feeling at all					Feeling was extremely strong
	1	2	3	4	5	6
Happy	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Interested	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Frustrated	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆
Sad	<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 Yesterday did you **spend time at home by yourself**? Without a spouse, partner, or anyone else present.

Tick one box

Yes ¹ → Go to **62**
 No ² → Go to **64**

62 How much time did you spend **at home by yourself** yesterday?

Hours Minutes

63 How did you feel when you were **at home by yourself** yesterday?

Rate each feeling on a scale from 0 – did not experience at all – to 6 – the feeling was extremely strong.

Tick one box on each line

	Did not experience the feeling at all						Feeling was extremely strong					
	1	2	3	4	5	6	1	2	3	4	5	6
Happy	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶						
Interested	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶						
Frustrated	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶						
Sad	<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 Overall, how **happy** did you feel **yesterday**?

Not at all	0	1	2	3	4	5	6	7	8	9	10	Very	Don't know
	<input type="checkbox"/> ⁰⁰	<input type="checkbox"/> ⁰¹	<input type="checkbox"/> ⁰²	<input type="checkbox"/> ⁰³	<input type="checkbox"/> ⁰⁴	<input type="checkbox"/> ⁰⁵	<input type="checkbox"/> ⁰⁶	<input type="checkbox"/> ⁰⁷	<input type="checkbox"/> ⁰⁸	<input type="checkbox"/> ⁰⁹	<input type="checkbox"/> ¹⁰		<input type="checkbox"/> ¹¹

65 Overall, how **anxious** did you feel **yesterday**?

Not at all	0	1	2	3	4	5	6	7	8	9	10	Very	Don't know
	<input type="checkbox"/> ⁰⁰	<input type="checkbox"/> ⁰¹	<input type="checkbox"/> ⁰²	<input type="checkbox"/> ⁰³	<input type="checkbox"/> ⁰⁴	<input type="checkbox"/> ⁰⁵	<input type="checkbox"/> ⁰⁶	<input type="checkbox"/> ⁰⁷	<input type="checkbox"/> ⁰⁸	<input type="checkbox"/> ⁰⁹	<input type="checkbox"/> ¹⁰		<input type="checkbox"/> ¹¹

66 Overall, how **satisfied** are you with your life nowadays?

Not at all	0	1	2	3	4	5	6	7	8	9	10	Very	Don't know
	<input type="checkbox"/> ⁰⁰	<input type="checkbox"/> ⁰¹	<input type="checkbox"/> ⁰²	<input type="checkbox"/> ⁰³	<input type="checkbox"/> ⁰⁴	<input type="checkbox"/> ⁰⁵	<input type="checkbox"/> ⁰⁶	<input type="checkbox"/> ⁰⁷	<input type="checkbox"/> ⁰⁸	<input type="checkbox"/> ⁰⁹	<input type="checkbox"/> ¹⁰		<input type="checkbox"/> ¹¹

67 Overall, to what extent do you feel the things you do in your life are worthwhile?

Not at all Very Don't know

0 1 2 3 4 5 6 7 8 9 10

₀₀ ₀₁ ₀₂ ₀₃ ₀₄ ₀₅ ₀₆ ₀₇ ₀₈ ₀₉ ₁₀ ₁₁

68 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

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

69 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		→ Go to 70
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 75	

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

Tick one box

Yes ₁ → **Go to 71**

No ₂ → **Go to 75**

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

Tick one box

1	2	3	4	5	6	7
<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

72 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. If none, please enter '0'.

Please write the number in this box

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

Please write the number in this box

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

Please write the number in this box

75 If there is anything else you would like to tell us, please write in the space below. We shall be very interested to read what you have to say.

Thank you very much for taking the time to answer our questions.

Please give the questionnaire to the interviewer, or post back in the envelope provided. All your answers will remain confidential in accordance with the Data Protection Act 1998.