



**1 Which of these statements apply to you?** *Tick all that apply*

- I read a daily newspaper  01 SCPTRNP
- I have a hobby or pastime  02 SCPTRHB
- I have taken a holiday in the UK in the last 12 months  03 SCPTRUK
- I have taken a holiday abroad in the last 12 months  04 SCPTRAB
- I have gone on a daytrip or outing in the last 12 months  05 SCPTRTR
- I own a mobile phone  06 SCPTRMP
- I voted in the last General Election  07 SCPTRVT
- None of these statements apply to me  08 SCPTR96

**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 SCORGPO
- Tenants groups, resident groups, Neighbourhood Watch  02 SCORGNW
- Church or other religious groups  03 SCORGRL
- Charitable associations  04 SCORGCH
- Education, arts or music groups or evening classes  05 SCORGED
- Social clubs  06 SCORGSC
- Sports clubs, gyms, exercise classes  07 SCORGSP
- Any other organisations, clubs or societies  08 SCORG95
- No, I am not a member of any organisations, clubs or societies  09 SCORG96

**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  SCORGN

**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	SCACTA
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	SCACTB
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	SCACTC
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	SCACTD

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

**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*

- SCINT
- Every day, or almost every day  1
  - At least once a week (but not every day)  2 } **Go to 7**
  - At least once a month (but not every week)  3
  - At least once every 3 months  4
  - Less than every 3 months  5 } **Go to 9**
  - Never  6

**7 On which of the following devices do you access the Internet?** *Tick all that apply*

- Desktop computer  1 SCINDDT
- Laptop computer  2 SCINDLT
- Tablet (e.g. iPad, Samsung Galaxy Tab)  3 SCINDTB
- Smartphone (e.g. iPhone, Android phone)  4 SCINDPH
- Other device  5 SCIND95
- Do not access internet  6 SCIND96

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

Tick all that apply

Sending/receiving emails	<input type="checkbox"/>	01	<input type="checkbox"/>	SCINAEM
Telephoning over the Internet/video calls (via webcam) over the Internet	<input type="checkbox"/>	02	<input type="checkbox"/>	SCINAEL
Searching for information for learning, research, fact finding	<input type="checkbox"/>	03	<input type="checkbox"/>	SCINAED
Finances (banking, paying bills)	<input type="checkbox"/>	04	<input type="checkbox"/>	SCINABK
Shopping/buying goods or services	<input type="checkbox"/>	05	<input type="checkbox"/>	SCINASH
Selling goods or services over the internet e.g. via auctions	<input type="checkbox"/>	06	<input type="checkbox"/>	SCINASL
Use social networking sites (Facebook, Twitter, Myspace)	<input type="checkbox"/>	07	<input type="checkbox"/>	SCINASN
Creating, uploading or sharing content (Youtube, blogging or Flickr)	<input type="checkbox"/>	08	<input type="checkbox"/>	SCINACT
News/newspaper/blog websites	<input type="checkbox"/>	09	<input type="checkbox"/>	SCINANW
Streaming/downloading live or on demand TV/radio (BBC iPlayer, 4OD, ITV Player, Demand 5), music (iTunes, Spotify), or ebooks	<input type="checkbox"/>	10	<input type="checkbox"/>	SCINAST
Games	<input type="checkbox"/>	11	<input type="checkbox"/>	SCINAGM
Looking for a job or sending a job application	<input type="checkbox"/>	12	<input type="checkbox"/>	SCINAJB
Using public services (e.g. obtaining benefits, paying taxes)	<input type="checkbox"/>	13	<input type="checkbox"/>	SCINAPS
Other	<input type="checkbox"/>	14	<input type="checkbox"/>	SCINA95
None of the above	<input type="checkbox"/>	15	<input type="checkbox"/>	SCINA96

**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	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLIFEA
The conditions of my life are excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLIFEB
I am satisfied with my life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLIFEC
So far I have got the important things I want in life	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLIFED
If I could live my life again, I would change almost nothing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCLIFEE

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

Tick one box on each line

	Hardly ever or never	Some of the time	Often	
How often do you feel you lack companionship?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCFEELA
How often do you feel left out?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCFEELB
How often do you feel isolated from others?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCFEELC
How often do you feel in tune with the people around you?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCFEELD
How often do you feel lonely?	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCFEELE

**11** 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLA
I feel that what happens to me is out of my control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLB
I feel free to plan for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLC
I feel left out of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLD
I can do the things that I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLE
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLF
I feel that I can please myself what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLG
My health stops me from doing things I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLH
Shortage of money stops me from doing the things I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLI
I look forward to each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLJ
I feel that my life has meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLK
I enjoy the things that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLL
I enjoy being in the company of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLM
On balance, I look back on my life with a sense of happiness	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLN
I feel full of energy these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLO
I choose to do things that I have never done before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLP
I feel satisfied with the way my life has turned out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLQ
I feel that life is full of opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLR
I feel that the future looks good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SCQOLS

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

SCPRT

Tick one box

Yes  <sub>1</sub> → Go to **13**  
 No  <sub>2</sub> → Go to **15**

**13** We would now like to ask you some questions about your spouse or partner. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

A lot    Some    A little    Not at all

How much do they really understand the way you feel about things?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTA

How much can you rely on them if you have a serious problem?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTB

How much can you open up to them if you need to talk about your worries?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTC

How much do they criticise you?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTD

How much do they let you down when you are counting on them?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTE

How much do they get on your nerves?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTF

How often do they make too many demands on you?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCPRTG

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

SCPRTM

Tick one box

Very close  <sub>1</sub>  
 Quite close  <sub>2</sub>  
 Not very close  <sub>3</sub>  
 Not at all close  <sub>4</sub>

**15** Do you have any children?

SCCHD

Tick one box

Yes  <sub>1</sub> → Go to **16**  
 No  <sub>2</sub> → Go to **19**

**16** We would now like to ask you some questions about your children. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

A lot    Some    A little    Not at all

How much do they really understand the way you feel about things?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDA

How much can you rely on them if you have a serious problem?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDB

How much can you open up to them if you need to talk about your worries?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDC

How much do they criticise you?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDD

How much do they let you down when you are counting on them?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDE

How much do they get on your nerves?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDF

How often do they make too many demands on you?  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>   SCCHDG

**17** On average, how often do you do each of the following with any of your children, not counting any who live with you?

Tick one box on each line

Three or more times a week    Once or twice a week    Once or twice a month    Every few months    Once or twice a year    Less than once a year or never

Meet up (include both arranged and chance meetings)  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>6</sub>   SCCHDH

Speak on the phone  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>6</sub>   SCCHDI

Write or email  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>6</sub>   SCCHDJ

Send or receive text messages  <sub>1</sub>    <sub>2</sub>    <sub>3</sub>    <sub>4</sub>    <sub>5</sub>    <sub>6</sub>   SCCHDK

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

SCCHDM

Please write the number in this box

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

SCFAM

Tick one box

Yes  <sub>1</sub> → Go to **20**  
 No  <sub>2</sub> → Go to **23**

**20** We would now like to ask you some questions about these family members. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

A lot    Some    A little    Not at all

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

**21** On average, how often do you do each of the following with any of these family members, not counting any who live with you?

Tick one box on each line

Three or more times a week    Once or twice a week    Once or twice a month    Every few months    Once or twice a year    Less than once a year or never

Meet up (include both arranged and chance meetings)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFAMH
Speak on the phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFAMI
Write or email	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFAMJ
Send or receive text messages	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFAMK

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

SCFAMM

Please write the number in this box

**23** Do you have any friends?

SCFRD

Tick one box

Yes  <sub>1</sub> → Go to **24**  
 No  <sub>2</sub> → Go to **29**

ROUTING ERROR - PLEASE SEE USER GUIDE

**24** We would now like to ask you some questions about your friends. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

A lot    Some    A little    Not at all

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

**25** On average, how often do you do each of the following with any of your friends, not counting any who live with you?

Tick one box on each line

Three or more times a week    Once or twice a week    Once or twice a month    Every few months    Once or twice a year    Less than once a year or never

Meet up (include both arranged and chance meetings)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFRDH
Speak on the phone	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFRDI
Write or email	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFRDJ
Send or receive text messages	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>	SCFRDK

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

SCFRDM

Please write the number in this box



**27** For each of the following statements, please indicate how often the statement applies to you.

*Tick one box on each line*

Never applies to me    Occasionally or seldom applies to me    Fairly often applies to me    Very often applies to me

I try to pass along the knowledge I have gained through my experiences.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCCNTA</b>
I feel as though I have made a difference to many people.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCCNTB</b>
Others would say that I have made unique contributions to society.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCCNTC</b>
I have important skills that I try to teach others.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCCNTD</b>
I have made many commitments to many different kinds of people, groups and activities in my life.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCCNTE</b>
I feel as though my contributions will exist after I die.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCCNTF</b>

**28** For each of the following statements, please indicate how strongly you disagree or agree with the statement.

*Tick one box on each line*

Disagree strongly    Disagree somewhat    Disagree slightly    Agree slightly    Agree somewhat    Agree strongly

I want to give back to my community.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<b>SCMENA</b>
I want to mentor people younger than me.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<b>SCMENB</b>
I want to do something that will be valuable to others for a long time.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<b>SCMENC</b>
I want to show people younger than me how to do things.	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	<b>SCMEND</b>

**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**

**SCEMPL**

**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	<b>SCWORKA</b>
My job is physically demanding	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCWORKB</b>
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	<b>SCWORKC</b>
My salary is adequate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCWORKD</b>
My job promotion prospects are poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCWORKE</b>
My job security is poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCWORKF</b>
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	<b>SCWORKG</b>
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	<b>SCWORKH</b>
I have the opportunity to develop new skills	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCWORKI</b>
I receive adequate support in difficult situations	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<b>SCWORKJ</b>
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	<b>SCWORKK</b>
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	<b>SCWORKL</b>

**31** At what age would you like to retire?

Write in years  **SCRAGE**

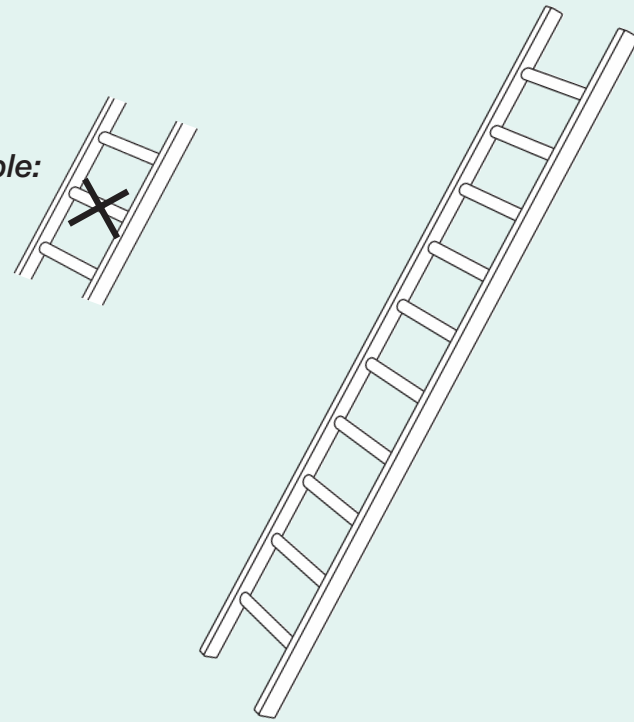
I have already retired  1 **SCRAGB**

**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.

**SCLDDR**

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?

**SCOFEEL**

Write in years

**34** What age would you like to be?

Write in years

**SCAGLIK**

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

Tick *one* box

**SCOLDPOS**

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	<b>SCOAOP</b>
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	<b>SCOALON</b>
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	<b>SCOAILL</b>
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	<b>SCOATOL</b>
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	<b>SCOATLO N</b>
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	<b>SCOADO</b>
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	<b>SCOAGR AM</b>
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	<b>SCOAHLT H</b>
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	<b>SCOAOLD</b>
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	<b>SCOARES P</b>
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	<b>SCOALES</b>
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	<b>SCOABOT H</b>

**37** Overall, how **happy** did you feel **yesterday**?

**SCOVHA**

Not at all	Tick <i>one</i> box										Very	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<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	

**38** Overall, how **anxious** did you feel **yesterday**? SCOVAN

Not at all Tick one box Very Don't know

0 1 2 3 4 5 6 7 8 9 10

<sup>00</sup> <sup>01</sup> <sup>02</sup> <sup>03</sup> <sup>04</sup> <sup>05</sup> <sup>06</sup> <sup>07</sup> <sup>08</sup> <sup>09</sup> <sup>10</sup> <sup>11</sup>

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

Not at all Tick one box Very Don't know

0 1 2 3 4 5 6 7 8 9 10

<sup>00</sup> <sup>01</sup> <sup>02</sup> <sup>03</sup> <sup>04</sup> <sup>05</sup> <sup>06</sup> <sup>07</sup> <sup>08</sup> <sup>09</sup> <sup>10</sup> <sup>11</sup>

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

Not at all Tick one box Very Don't know

0 1 2 3 4 5 6 7 8 9 10

<sup>00</sup> <sup>01</sup> <sup>02</sup> <sup>03</sup> <sup>04</sup> <sup>05</sup> <sup>06</sup> <sup>07</sup> <sup>08</sup> <sup>09</sup> <sup>10</sup> <sup>11</sup>

**41** 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  SCVEG

**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  SCFRU

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

Tick one box

Almost every day <sup>1</sup>

Five or six days a week <sup>2</sup>

Three or four days a week <sup>3</sup>

Once or twice a week <sup>4</sup> → Go to **43**

Once or twice a month <sup>5</sup>

Once every couple of months <sup>6</sup>

Once or twice a year <sup>7</sup>

Not at all in the last 12 months <sup>8</sup> → Go to **48**

**43** Did you have an alcoholic drink in the seven days ending yesterday? SCAL7A

Tick one box

Yes <sup>1</sup> → Go to **44**

No <sup>2</sup> → Go to **48**

**44** On how many days out of the last seven did you have an alcoholic drink? SCAL7B

Tick one box

1 <sup>1</sup> 2 <sup>2</sup> 3 <sup>3</sup> 4 <sup>4</sup> 5 <sup>5</sup> 6 <sup>6</sup> 7 <sup>7</sup>

**45** 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  SCDRSPI



**46** 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

**SCDRWIN**

**47** 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

**SCDRPIN**

**48** We would like to ask you about incontinence.

During the last 12 months, have you lost any amount of urine beyond your control?

**SCHELNCT**

*Tick one box*

Yes  <sup>1</sup> → Go to **49**

No  <sup>2</sup> → Go to **50**

**49** When you had this problem, did it last for more than one month?

**SCHELNCTA**

*Tick one box*

Yes  <sup>1</sup>

No  <sup>2</sup>

**50** During the last 12 months, have you had any problems controlling your bowels?

By problems controlling your bowels we mean that this could result in accidentally having soiled pants, leakage from the bowel, needing to go to the toilet frequently or urgently, sometimes not making it to the toilet in time, or using aids or appliances to manage bowel problems or incontinence. Please include problems with your bowel caused by any medicines that you take.

**SCHEBOW**

*Tick one box*

Yes  <sup>1</sup> → Go to **51**

No  <sup>2</sup> → Go to **52**

**51** When you had this problem, did it last for more than one month?

**SCHEBOWA**

*Tick one box*

Yes  <sup>1</sup>

No  <sup>2</sup>

**52** Are you generally an impatient person, or someone who always shows great patience?

**SCGPATI**

*Tick one box*

Very impatient	<i>Tick one box</i>										Very patient	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/> <sub>00</sub>	<input type="checkbox"/> <sub>01</sub>	<input type="checkbox"/> <sub>02</sub>	<input type="checkbox"/> <sub>03</sub>	<input type="checkbox"/> <sub>04</sub>	<input type="checkbox"/> <sub>05</sub>	<input type="checkbox"/> <sub>06</sub>	<input type="checkbox"/> <sub>07</sub>	<input type="checkbox"/> <sub>08</sub>	<input type="checkbox"/> <sub>09</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>11</sub>	

**53** Are you generally a person who is fully prepared to take risk, or do you try to avoid taking risks?

**SCGRISK**

*Tick one box*

Avoid taking risks	<i>Tick one box</i>										Fully prepared to take risks	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/> <sub>00</sub>	<input type="checkbox"/> <sub>01</sub>	<input type="checkbox"/> <sub>02</sub>	<input type="checkbox"/> <sub>03</sub>	<input type="checkbox"/> <sub>04</sub>	<input type="checkbox"/> <sub>05</sub>	<input type="checkbox"/> <sub>06</sub>	<input type="checkbox"/> <sub>07</sub>	<input type="checkbox"/> <sub>08</sub>	<input type="checkbox"/> <sub>09</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>11</sub>	

**54** Thinking specifically about your finances, spending and savings, are you generally an impatient person, or someone who always shows great patience?

**SCFPATI**

*Tick one box*

Very impatient	<i>Tick one box</i>										Very patient	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/> <sub>00</sub>	<input type="checkbox"/> <sub>01</sub>	<input type="checkbox"/> <sub>02</sub>	<input type="checkbox"/> <sub>03</sub>	<input type="checkbox"/> <sub>04</sub>	<input type="checkbox"/> <sub>05</sub>	<input type="checkbox"/> <sub>06</sub>	<input type="checkbox"/> <sub>07</sub>	<input type="checkbox"/> <sub>08</sub>	<input type="checkbox"/> <sub>09</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>11</sub>	

**55** Thinking specifically about your finances, spending and savings, are you a person who is fully prepared to take risk, or do you try to avoid taking risks?

**SCFRISK**

*Tick one box*

Avoid taking risks	<i>Tick one box</i>										Fully prepared to take risks	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/> <sub>00</sub>	<input type="checkbox"/> <sub>01</sub>	<input type="checkbox"/> <sub>02</sub>	<input type="checkbox"/> <sub>03</sub>	<input type="checkbox"/> <sub>04</sub>	<input type="checkbox"/> <sub>05</sub>	<input type="checkbox"/> <sub>06</sub>	<input type="checkbox"/> <sub>07</sub>	<input type="checkbox"/> <sub>08</sub>	<input type="checkbox"/> <sub>09</sub>	<input type="checkbox"/> <sub>10</sub>	<input type="checkbox"/> <sub>11</sub>	



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