

P2496/YELLOW

Serial number

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1-9

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10

Person

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11-12

First name

Card

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13-14

Batch 15-19

Health and lifestyles of people aged 50 and over

Work Self-Completion Questionnaire

In Confidence

HOW TO FILL IN THIS QUESTIONNAIRE

Please answer the questions by:

Ticking a box like this

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is still in your home when you have completed the questionnaire, please hand it back to them. If not, please return the completed questionnaire in the pre-paid envelope as soon as you can.

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

THANK YOU AGAIN FOR YOUR HELP

We would like to ask you questions about your own health.

Please tick one box for each question.

1	Overall in the last 30 days, what degree of aches and pains have you had?	20
	None Mild Moderate Severe Extreme	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

2	In the last 30 days, how much difficulty have you had with sleeping, such as falling asleep, waking up frequently during the night or waking up too early in the morning?	21
	None Mild Moderate Severe Extreme	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

3	Overall in the last 30 days, how much of a problem have you had with moving around?	22
	None Mild Moderate Severe Extreme	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

4	Overall in the last 30 days how much difficulty have you had with concentrating or remembering things?	23
	None Mild Moderate Severe Extreme	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

5	In the last 30 days, how much of a problem have you had because of shortness of breath?	24
	None Mild Moderate Severe Extreme	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

6	Overall in the last 30 days, how much of a problem have you had with feeling sad, low, or depressed?	25
	None Mild Moderate Severe Extreme	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

7	How much are you limited in the kind or amount of work that you can do due to an impairment or health problem?	26
	Not limited Mildly Moderately Severely Extremely	
	<input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5	

We would like to give you some examples of people with health problems. We would like you to indicate the extent to which you think these people would be limited in the kind or amount of work they can do. Please assume that the people have the same age, education and work history that you have. Other than the conditions mentioned, you should imagine the individual is in reasonably good health.

Please tick one box for each question.

8 Elizabeth has almost constant pain in her back and this sometimes prevents her from doing her work. 27

How much is Elizabeth limited in the kind or amount of work she could do?

Not limited	Mildly	Moderately	Severely	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

9 Geoffrey suffers from back pain that causes stiffness in his back especially at work but it is relieved with low doses of medication. He does not have any pains other than this generalised discomfort. 28

How much is Geoffrey limited in the kind or amount of work he could do?

Not limited	Mildly	Moderately	Severely	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

10 Christine has pain in her back and legs, and the pain is present almost all the time. It gets worse while she is working. Although medication helps, she feels uncomfortable when moving around, holding and lifting things at work. 29

How much is Christine limited in the kind or amount of work she could do?

Not limited	Mildly	Moderately	Severely	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

11 Richard feels worried all the time. He gets depressed once a week at work for a couple of days in a row, thinking about what could go wrong and that his boss will disapprove of his condition. But he is able to come out of this mood if he concentrates on something else. 30

How much is Richard limited in the kind or amount of work he could do?

Not limited	Mildly	Moderately	Severely	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12 Katherine has mood swings whilst at work. When she gets depressed, everything she does at work is an effort for her and she no longer enjoys her usual activities at work. These mood swings are not predictable and occur two or three times a month. 31

How much is Katherine limited in the kind or amount of work she could do?

Not limited	Mildly	Moderately	Severely	Extremely
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

13 Anthony generally enjoys his work. He gets depressed every three weeks for a day or two and loses interest in what he usually enjoys but is able to carry on with his day-to-day activities at work.

32

How much is Anthony limited in the kind or amount of work he could do?

	Not limited	Mildly	Moderately	Severely	Extremely
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

14 Linda has had heart problems in the past and she has been told to watch her cholesterol level. Sometimes if she feels stressed at work she feels pain in her chest and occasionally in her arms.

33

How much is Linda limited in the kind or amount of work she could do?

	Not limited	Mildly	Moderately	Severely	Extremely
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

15 Colin has been diagnosed with high blood pressure. His blood pressure goes up quickly if he feels under stress. Colin does not exercise much and is overweight.

34

How much is Colin limited in the kind or amount of work he could do?

	Not limited	Mildly	Moderately	Severely	Extremely
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

16 Jennifer has undergone triple bypass heart surgery. She is a heavy smoker and still experiences severe chest pain sometimes.

35

How much is Jennifer limited in the kind or amount of work she could do?

	Not limited	Mildly	Moderately	Severely	Extremely
	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

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

36

Thank you very much for taking the time to answer our questions. Please give the questionnaire to the interviewer or post it back in the envelope provided. All your answers will remain confidential.