

Serial number 1-9	CK 10	Person 11-12	Interviewer ID No. 13-16	Point No. 17-21
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HEALTH AND LIFESTYLES OF PEOPLE AGED 50 AND OVER

Self-Completion questionnaire

In Confidence

THIS QUESTIONNAIRE IS FOR

First name

Date of birth Day Month Year

Sex Male Female

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

No → Go to

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

HOW TO RETURN THIS QUESTIONNAIRE

If the interviewer is 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 possible after your interview.

PLEASE START THE QUESTIONNAIRE AT QUESTION ON THE NEXT PAGE

THANK YOU AGAIN FOR YOUR HELP

1 Which of these statements apply to you?

Tick all that apply

- I read or listen to news daily 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 own a mobile phone or a smartphone 06
- I voted in the last General Election 07
- None of these statements apply to me 08

92-105

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
 - No, I am not a member of any organisations, clubs or societies 09
- Go to **3**
- Go to **4**

106-121

3 Thinking about all the organisations, clubs or societies that you are a member of, how many committee meetings (including online meetings), if any, do you attend in a year? If none, please enter '0'.

Please write the number in this box

122-124

SPARE 125-126

4 Thinking about the past year, how often, if at all, have you done 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	127
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	128
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	129
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	130

SPARE 131-134

5 In the past 2 years, has a doctor, social worker or other health professional referred you to take part in any of the following:

Tick one box on each line

	Yes, I attended more than 1 session	Yes, I attended just 1 session	Yes, but I did not accept	No	
Arts, crafts, music, reading groups, or social groups	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	135
Gardening or nature activity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	136
Outdoor health or fitness activities/clubs	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	137
Indoor exercise or other clubs/activities	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	138
Adult learning or skills development training	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	139
Employment or benefit support	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	140
Other social, community or volunteering activity	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	141

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		
Never	<input type="checkbox"/> ₆	→ Go to 9	

142

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

- Desktop computer 1 147-151
- Laptop computer 2
- Tablet (e.g. iPad, Samsung Galaxy Tab) 3
- Smartphone (e.g. iPhone, Android phone) 4
- Other device 5

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

- Sending/receiving e-mails 01 152-191
- Making video calls or voice calls (using applications such as Skype, WhatsApp or FaceTime) 02
- Finding information on health-related issues 03
- Managing my finances (online banking, paying bills, paying taxes) 04
- Shopping/ buying goods or services 05
- Selling goods or services over the Internet e.g. via auctions 06
- Using social networking sites (Facebook, Twitter, LinkedIn, Instagram, blogging or Flickr) 07
- Reading news/ newspaper/ blog websites 08
- Streaming TV/videos/radio (BBC iPlayer, Netflix, Amazon Prime, YouTube), 09
- Listening to music (Spotify, Apple Music) 10
- Playing online games 11
- Reading e-books 12
- Looking for a job or sending a job application 13
- Getting information about Government services (benefits, taxes, a driving license or passport, etc.) 14
- Route planning / checking travel times for public transport 15
- Checking live traffic updates / satellite navigation 16
- Buying public transport tickets online 17
- Booking a taxi or minicab 18
- Finding out about amenities available in the area (e.g. restaurants, cafes, shops, garages) 19
- Controlling remotely or monitoring household appliances (such as lighting, heating or security) using a smartphone, tablet, or computer 20
- None of the above 21

9 There are a number of reasons why people do not use the internet more. Which of the following apply to you?

Tick all that apply

- My IT skills are not good enough 01
- I don't trust the internet (fraud, sharing personal data) 02
- I don't have good enough access to broadband 03
- I don't have access to good enough equipment 04
- My vision is not good enough to use the equipment 05
- My health problems (not including vision problems) stop me from using the equipment 06
- I have no reason to use it more 07
- It takes too much time 08
- None of the above 09

192-207

The next questions are about your life and how you feel about different aspects of it.

10 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	208
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	209
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	210
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	211
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	212
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	213

11

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	214
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	215
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	216
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	217

12

Thinking about your current situation, 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	218
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	219
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	220
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	221
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	222

SPARE 223-227

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	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	228
Helpful	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	229
Moody	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	230
Organised	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	231
Friendly	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	232
Warm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	233
Worrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	234
Responsible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	235
Lively	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	236
Caring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	237
Nervous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	238
Creative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	239
Hardworking	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	240
Imaginative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	241
Softhearted	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	242
Calm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	243
Intelligent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	244
Curious	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	245
Active	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	246
Careless	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	247
Broad-minded	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	248
Sympathetic	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	249
Talkative	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	250
Sophisticated	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	251
Adventurous	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	252
Thorough	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	253

14

Thinking about your current situation, for each of the following statements, please say how often you feel this 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	254
How often do you feel left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	255
How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	256
How often do you feel in tune with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	257
How often do you feel lonely?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	258

15

Over the last two weeks, how often have you been bothered by any of the following problems?

Tick one box on each line

	Not at all	Several days	More than half the days	Nearly every day	
Feeling nervous, anxious or on edge	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	259
Not being able to stop or control worrying	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	260
Worrying too much about different things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	261
Trouble relaxing	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	262
Being so restless that it is hard to sit still	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	263
Becoming easily annoyed or irritable	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	264
Feeling afraid as if something awful might happen	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	265

SPARE 266-270

Here is a list of statements that people have used to describe their lives or how they feel. Thinking about your current situation, 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"/>	271
I feel that what happens to me is out of my control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	272
I feel free to plan for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	273
I feel left out of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	274
I can do the things that I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	275
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	276
I feel that I can please myself what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	277
My health stops me from doing things I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	278
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"/>	279
I look forward to each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	280
I feel that my life has meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	281
I enjoy the things that I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	282
I enjoy being in the company of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	283
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"/>	284
I feel full of energy these days	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	285
I choose to do things that I have never done before	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	286
I feel satisfied with the way my life has turned out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	287
I feel that life is full of opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	288
I feel that the future looks good for me	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	289

17

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

Tick one box

Yes ₁ → Go to **18**

No ₂ → Go to **20**

290

18

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? ₁ ₂ ₃ ₄ 291

How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 292

How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 293

How much do they criticise you? ₁ ₂ ₃ ₄ 294

How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 295

How much do they get on your nerves? ₁ ₂ ₃ ₄ 296

How often do they make too many demands on you? ₁ ₂ ₃ ₄ 297

19

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

298

20

Do you have any children?

Tick one box

Yes ₁ → Go to **21**

No ₂ → Go to **24**

299

21

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	310
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	311
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	312
How much do they criticise you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	313
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	314
How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	315
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	316

22

Thinking about your current situation, 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	317
Speak on the phone/video call	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	318
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	319
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	320

23

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

Please write the number in this box

24

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

Tick one box

Yes ₁ → Go to **25**

No ₂ → Go to **28**

323

25

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	324
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	325
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	326
How much do they criticise you?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	327
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	328
How much do they get on your nerves?	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	329
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	330

26

Thinking about your current situation, 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	331
Speak on the phone/video call	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	<input type="checkbox"/> ₅	<input type="checkbox"/> ₆	332
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	333
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	334

27

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

Please write the number in this box

335-336

28

Do you have any friends?

Tick one box

Yes ₁ → Go to **29**

No ₂ → Go to **32**

337

29

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? ₁ ₂ ₃ ₄ 338

How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 339

How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 340

How much do they criticise you? ₁ ₂ ₃ ₄ 341

How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 342

How much do they get on your nerves? ₁ ₂ ₃ ₄ 343

How often do they make too many demands on you? ₁ ₂ ₃ ₄ 344

30

Thinking about your current situation, 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	345
Speak on the phone/video call	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	346
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	347
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	348

31

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

Please write the number in this box

349-350

32

Now thinking about the food eaten in your household and whether you were able to afford it, to what extent were these statements true for your household in the last twelve months?

Tick one box on each line

	Often true	Sometimes true	Never true	
The food that we bought just didn't last and we didn't have enough money to get more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	351
We couldn't afford to eat balanced meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	352

33

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	353
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	354
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	355
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	356
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	357

34

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?

Tick all that apply

Your gender	<input type="checkbox"/> 01	358-375
Your ethnicity, race or religion	<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 type="checkbox"/> 09	

376

SPARE 377-379

35

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

Tick one box

Yes ₁ → Go to **36**

No ₂ → Go to **37**

380

36

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

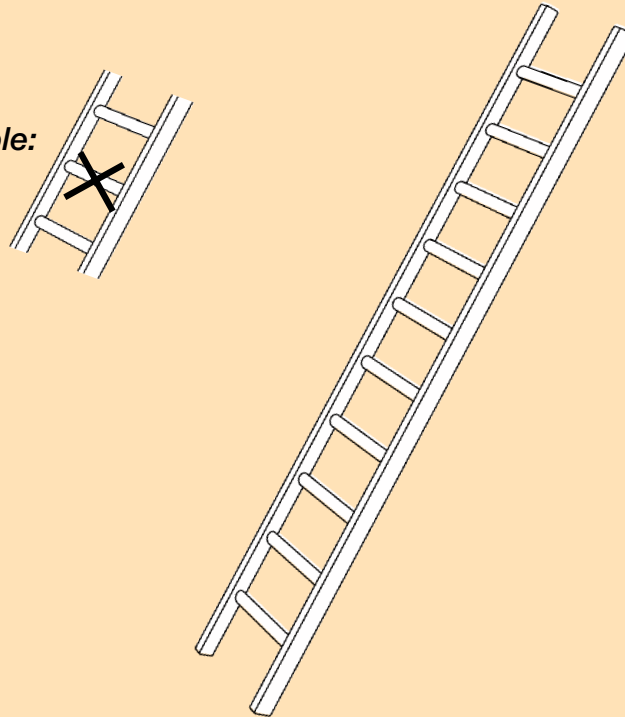
	Strongly agree	Agree	Disagree	Strongly disagree	
All things considered I am satisfied with my job	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	381
My job is physically demanding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	382
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	383
My salary is adequate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	384
My job promotion prospects are poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	385
My job security is poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	386
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	387
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	388
I have the opportunity to develop new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	389
I receive adequate support in difficult situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	390
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	391
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	392

37

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:



393-395

38

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

Tick one box

Not at all											Very	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00	01	02	03	04	05	06	07	08	09	10	11	396-397

39

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

Tick one box

Not at all											Very	Don't know
0	1	2	3	4	5	6	7	8	9	10		
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
00	01	02	03	04	05	06	07	08	09	10	11	398-399

40

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

400

41

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	<input type="text"/> <input type="text"/>	Minutes	<input type="text"/> <input type="text"/>	AM or PM	<input type="text"/> <input type="text"/>
	<small>401-402</small>		<small>403-404</small>		<small>405-406</small>

42

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	<input type="text"/> <input type="text"/>	Minutes	<input type="text"/> <input type="text"/>	AM or PM	<input type="text"/> <input type="text"/>
	<small>407-408</small>		<small>409-410</small>		<small>411-412</small>

43

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

Tick one box

Not at all											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	<small>413-414</small>

44

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

Tick one box

Not at all											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	<small>415-416</small>

SPARE 417-421

45

Yesterday, did you feel any pain?

Tick one box

None 1

A little 2

Some 3

Quite a bit 4

A lot 5

422

46

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

Tick one box

Yes 1

No 2

423

47

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

424

48 For the next set of questions, please think about the things you did yesterday and how you spent your time. For example, if you spent one and a half hours, write 1 in the hours box and 30 in the minutes boxes. If you spent only half an hour, write 0 in the hour box and 30 in the minute boxes.

How much time did you spend yesterday doing the following things?

	Hours	Minutes	I did not do this yesterday	
Watching TV?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	429
	425-426	427-428		
Working or volunteering?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	434
	430-431	432-433		
Walking or exercising?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	439
	435-436	437-438		
Doing any health-related activities other than walking or exercise – e.g. visiting a doctor, taking medications or doing treatments?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	444
	440-441	442-443		
Travelling or commuting - e.g. by car, train, bus etc.?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	449
	445-446	447-448		
Spending time in person with friends or family?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	454
	450-451	452-453		
Spending time at home by yourself, without a spouse, partner, or anyone else present?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	459
	455-456	457-458		
Shopping or running errands?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	464
	460-461	462-463		
Looking after someone – e.g. a sick or disabled relative, a grandchild, or someone else?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	469
	465-466	467-468		
Doing housework or preparing food?	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	474
	470-471	472-473		
Sitting - at home, work, while travelling, or somewhere else	<input type="text"/>	<input type="text"/>	<input type="checkbox"/>	479
	475-476	477-478		

49 The next question is about your eating habits. 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

480-482

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

483-484

SPARE 485-500

50

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 01

Five or six days a week 02

Three or four days a week 03

Once or twice a week 04 → Go to **51**

Once or twice a month 05

Once every couple of months 06

Once or twice a year 07

Not at all in the last 12 months 08 → Go to **56**

501-502

51

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

Tick one box

Yes 1 → Go to **52**

No 2 → Go to **56**

503

52

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

Tick one box

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

504

53

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

505-507

54

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

508-510

55

**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

511-513

56

We would like to ask you about incontinence.

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

Tick one box

Yes ₁ → **Go to 57**

No ₂ → **Go to 58**

514

57

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

Tick one box

Yes ₁

No ₂

515

58

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.

Tick one box

Yes ₁ → **Go to 59**

No ₂ → **Go to 60**

516

59

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

Tick one box

Yes ₁

No ₂

517

60

What pets do you keep inside your house/flat?

Tick all that apply

Dog 1

518-522

Cat 2

Bird 3

Other furry pets 4

Other non-furry pets 5

None 6

SPARE 523-553

61

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.

554

**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 current data protection legislation.