

P12924 (W9 MS)

Serial number 1-9	<input type="text"/>	CK 10	<input type="text"/>	Person 11-12	<input type="text"/>	First name 13-27	<input type="text"/>	Card 28-29	<input type="text" value="0"/> <input type="text" value="2"/>
Interviewer ID No. 30-33	<input type="text"/>	Point No. 34-38	<input type="text"/>						

HEALTH AND LIFESTYLES OF PEOPLE AGED 50 AND OVER

Self-Completion questionnaire

In Confidence

BATCH 39-43

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.

Please fill in your details below

First name	<input type="text"/>	Date of birth	Day <input type="text"/>	Month <input type="text"/>	Year <input type="text"/>
	44-53		54-55	56-57	58-59

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 ON THE NEXT PAGE

THANK YOU AGAIN FOR YOUR HELP

SPARE COLUMNS 60-91

1

Which of these statements apply to you?

Tick all that apply

- I read a daily newspaper 01
- I have a hobby or pastime 02
- I have taken a holiday in the UK in the last 12 months 03
- I have taken a holiday abroad in the last 12 months 04
- I have gone on a daytrip or outing in the last 12 months 05
- I own a mobile phone 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

106-121

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

122-124
SPARE 125-126

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	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

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 6	135
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 8	

SPARE 136-141

6

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

Tick all that apply

Desktop computer	<input type="checkbox"/> 1	142-147
Laptop computer	<input type="checkbox"/> 2	
Tablet (e.g. iPad, Samsung Galaxy Tab)	<input type="checkbox"/> 3	
Smartphone (e.g. iPhone, Android phone)	<input type="checkbox"/> 4	
Other device	<input type="checkbox"/> 5	

7

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

Tick all that apply

- 148-177
- 01
- 02
- 03
- 04
- 05
- 06
- 07
- 08
- 09
- 10
- 11
- 12
- 13
- 14
- 15
- 16

8

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 | 178 |
| 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 | 179 |
| 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 | 180 |
| 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 | 181 |
| 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 | 182 |

SPARE 183-187

9

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	188
How often do you feel left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	189
How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	190
How often do you feel in tune with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	191
How often do you feel lonely?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	192

10

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	193
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	194
I feel free to plan for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	195
I feel left out of things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	196
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	197
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	198
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	199
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	200
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	201
I look forward to each day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	202
I feel that my life has meaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	203
I enjoy the things that I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	204
I enjoy being in the company of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	205
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	206
I feel full of energy these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	207
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	208
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	209
I feel that life is full of opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	210
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	211

SPARE 212-220

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

Tick one box

Yes ₁ → Go to **12**

No ₂ → Go to **14**

221

12 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 ₄ 222

How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 223

How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 224

How much do they criticise you? ₁ ₂ ₃ ₄ 225

How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 226

How much do they get on your nerves? ₁ ₂ ₃ ₄ 227

How often do they make too many demands on you? ₁ ₂ ₃ ₄ 228

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

Tick one box

Very close ₁ 229

Quite close ₂

Not very close ₃

Not at all close ₄

14 Do you have any children?

Tick one box

Yes ₁ → Go to **15**

No ₂ → Go to **18**

230

15 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	231
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	232
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	233
How much do they criticise you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	234
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	235
How much do they get on your nerves?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	236
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	237

16 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	238
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	239
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	240
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	241

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

Please write the number in this box

242-243

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

Tick one box

Yes ₁ → Go to **19**

No ₂ → Go to **22**

244

19 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? ₁ ₂ ₃ ₄ 245

How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 246

How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 247

How much do they criticise you? ₁ ₂ ₃ ₄ 248

How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 249

How much do they get on your nerves? ₁ ₂ ₃ ₄ 250

How often do they make too many demands on you? ₁ ₂ ₃ ₄ 251

20 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) ₁ ₂ ₃ ₄ ₅ ₆ 252

Speak on the phone ₁ ₂ ₃ ₄ ₅ ₆ 253

Write or email ₁ ₂ ₃ ₄ ₅ ₆ 254

Send or receive text messages ₁ ₂ ₃ ₄ ₅ ₆ 255

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

Please write the number in this box

256-257

22 Do you have any friends?

Tick one box

Yes ₁ → Go to **23**

258

No ₂ → Go to **26**

23 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 ₄ 259

How much can you rely on them if you have a serious problem? ₁ ₂ ₃ ₄ 260

How much can you open up to them if you need to talk about your worries? ₁ ₂ ₃ ₄ 261

How much do they criticise you? ₁ ₂ ₃ ₄ 262

How much do they let you down when you are counting on them? ₁ ₂ ₃ ₄ 263

How much do they get on your nerves? ₁ ₂ ₃ ₄ 264

How often do they make too many demands on you? ₁ ₂ ₃ ₄ 265

24 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) ₁ ₂ ₃ ₄ ₅ ₆ 266

Speak on the phone ₁ ₂ ₃ ₄ ₅ ₆ 267

Write or email ₁ ₂ ₃ ₄ ₅ ₆ 268

Send or receive text messages ₁ ₂ ₃ ₄ ₅ ₆ 269

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

Please write the number in this box

270-271

SPARE 272-293

26 What is your religion?

Tick one box

- No religion 01 294-295
- Christian (including Church of England, Catholic, other Protestant and all other Christian denominations) 02
- Buddhist 03
- Hindu 04
- Jewish 05
- Muslim 06
- Sikh 07
- Any other religion, write in 08

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

Tick one box

- More than once a week 1 296
- Once a week 2
- Two or three times a month 3
- Once or more times a year 4
- Not at all 5
- Don't know 6

28 These questions are about your religious or spiritual beliefs. Please tick the box which best shows how you feel about each statement.

Tick one box on each line

- | | Strongly agree | Agree | Disagree | Strongly disagree | |
|--|----------------------------|----------------------------|----------------------------|----------------------------|-----|
| Religious faith is extremely important to me | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 297 |
| I pray or meditate daily | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 298 |
| I look to religion to provide meaning and purpose in my life | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 299 |
| I consider myself active in organised religion (going to church, temple, mosque, etc.) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | 300 |

29

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

Tick one box

Yes ₁ → Go to **30**

301

No ₂ → Go to **31**

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	302
My job is physically demanding	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	303
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	304
My salary is adequate	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	305
My job promotion prospects are poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	306
My job security is poor	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	307
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	308
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	309
I have the opportunity to develop new skills	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	310
I receive adequate support in difficult situations	<input type="checkbox"/> ₁	<input type="checkbox"/> ₂	<input type="checkbox"/> ₃	<input type="checkbox"/> ₄	311
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	312
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	313

SPARE 314-319

31

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

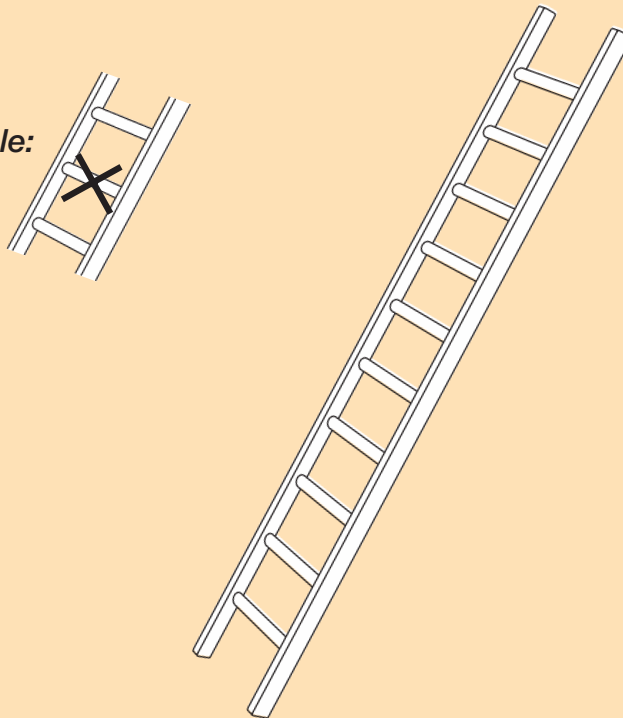
	Often true	Sometimes true	Never true	
The food that we bought just didn't last and we didn't have enough money to get more	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	320
We couldn't afford to eat balanced meals	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	321

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:



322-324

33

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	

325-326

34 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

327-328

35 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"/> 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

329-330

36 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"/> 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

331-332
SPARE 333-339

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

341-342 343-344 345-346

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

347-348 349-350 351-352

40 **Yesterday**, did you feel any pain?

Tick one box

- None 1 353
- 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 1 354
- No 2

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

Tick one box

- Yes – just a normal day 1 355
- 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** and how you spent your time
Yesterday did you **watch TV**?

Tick *one* box

Yes ₁ → Go to **44**

356

No ₂ → Go to **45**

44 How much time did you spend **watching TV** yesterday?
For example, if you spent one and a half hours, write 1 in the hours box and 30 in the minutes boxes.

Hours Minutes
357-358 359-360

45 Yesterday did you **work or volunteer**?

Tick *one* box

Yes ₁ → Go to **46**

361

No ₂ → Go to **47**

46 How much time did you spend **working or volunteering** yesterday?
For example, if you spent nine and a half hours, write 9 in the hours box and 30 in the minutes box.

Hours Minutes
362-363 364-365

47 Yesterday did you **go for a walk or exercise**?

Tick *one* box

Yes ₁ → Go to **48**

366

No ₂ → Go to **49**

48 How much time did you spend **walking or exercising** yesterday?

Hours Minutes
367-368 369-370

49 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 **50**

371

No ₂ → Go to **51**

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

Hours
372-373

Minutes
374-375

51 Yesterday did you **travel or commute?** E.g. by car, train, bus etc.

Tick one box

Yes ₁ → Go to **52**

376

No ₂ → Go to **53**

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

Hours
377-378

Minutes
379-380

53 Yesterday did you **spend time with friends or family?**

Tick one box

Yes ₁ → Go to **54**

381

No ₂ → Go to **55**

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

Hours
382-383

Minutes
384-385

55 Yesterday did you **spend time at home by yourself**? Without a spouse, partner, or anyone else present.

Tick one box

Yes ₁ → Go to **56**

386

No ₂ → Go to **57**

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

Hours Minutes
387-388 389-390

57 Yesterday, did you spend time **shopping or running errands**?

Tick one box

Yes ₁ → Go to **58**

391

No ₂ → Go to **59**

58 How much time did you spend **shopping or running errands** yesterday?

Hours Minutes
392-393 394-395

59 Yesterday, did you spend time **looking after someone**?
For example, a sick or disabled relative, a grandchild, or someone else.

Tick one box

Yes ₁ → Go to **60**

396

No ₂ → Go to **61**

60 How much time did you spend **looking after someone** yesterday?

Hours Minutes
397-398 399-400

61 Yesterday, did you spend time doing housework or preparing food?

Tick one box

Yes ₁ → Go to **62**

401

No ₂ → Go to **63**

62 How much time did you spend doing **housework or preparing food** yesterday?

Hours Minutes
402-403 404-405

63 Yesterday, how much time did you spend **sitting**?

Think about the amount of time you spent sitting at home, work, while travelling, or somewhere else.

Hours Minutes
406-407 408-409

64 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"/>	01	
Five or six days a week	<input type="checkbox"/>	02	410-411
Three or four days a week	<input type="checkbox"/>	03	
Once or twice a week	<input type="checkbox"/>	04	→ Go to 65
Once or twice a month	<input type="checkbox"/>	05	
Once every couple of months	<input type="checkbox"/>	06	
Once or twice a year	<input type="checkbox"/>	07	
Not at all in the last 12 months	<input type="checkbox"/>	08	→ Go to 70

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

Tick one box

Yes	<input type="checkbox"/>	¹ →	Go to 66	412
No	<input type="checkbox"/>	² →	Go to 70	

66 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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
₁	₂	₃	₄	₅	₆	₇

67 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

414-416

68 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

417-419

69 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

420-422

SPARE 423-499

70 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 **71**

500

No ² → Go to **72**

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

Tick one box

Yes ¹

501

No ²

72 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 **73**

502

No ² → Go to **74**

73

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

Tick one box

Yes ¹

503

No ²

SPARE 504-523

74

**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.**

524

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.