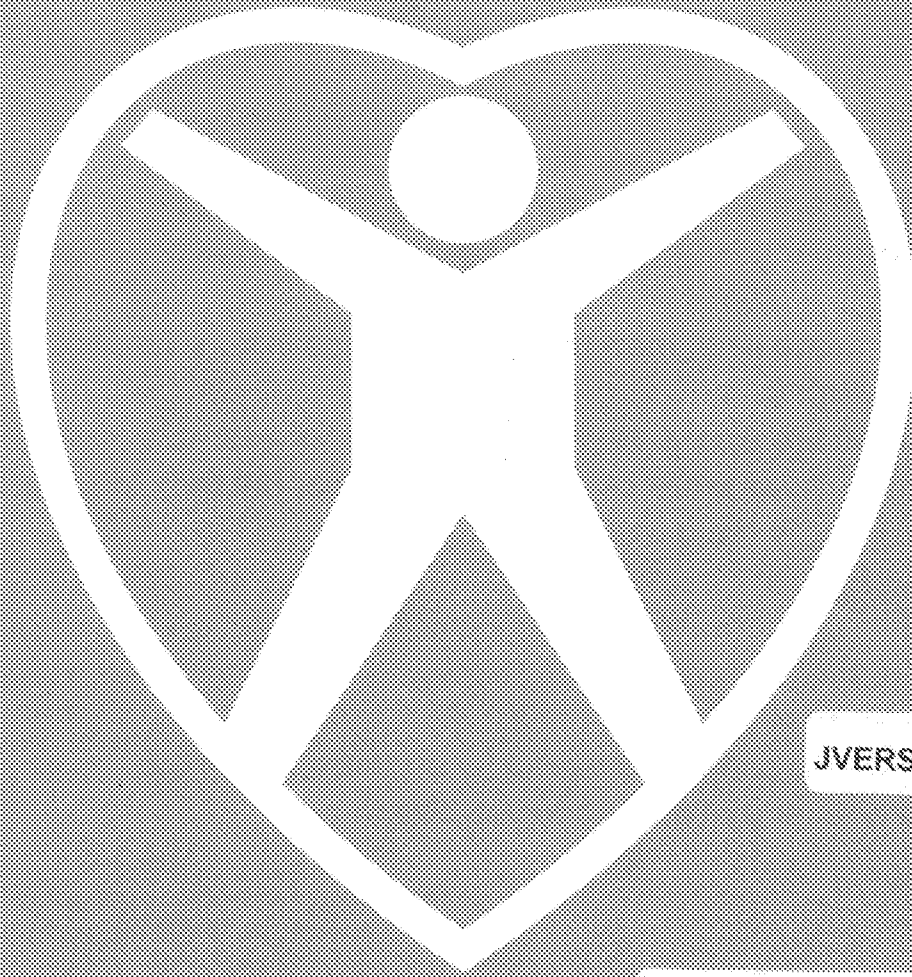


CONFIDENTIAL

STNO CHECK

Health Survey



JVERSION

JDOR JMOR JYOR

Stress and Health Study

Phase 9: 2007-9

Department of Epidemiology and Public Health
University College London

Thank you for your continuing participation in our study of stress and health. We would be very grateful if you could complete this further questionnaire which will bring us up to date with any changes to your life circumstances, any new illnesses you may have had, and your use of health services.

The answers to these questions will, of course, be kept strictly confidential. The study results will never be in a form which can reveal your identity.

Why repeat the same questions every time?

Some people ask us why the same questions keep appearing in questionnaires. There are several reasons for this.

- **Some questions are about events** – for example, your date of retirement or changes to your marital status – that might happen to people at any time in the study.
- **Other questions are designed to track changes** in your health or personal circumstances over time.
- **Some questions are about a specific period** – for example, the last 4 weeks or the last 14 days. These questions may look familiar but they are specific to that period before filling in the questionnaire.

Repeating these questions means that the questionnaire looks very long. We apologise for this, but do hope that you understand why it's so important.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this:

Yes
No

or sometimes you have to write a number in the box,

for example

2	0
---	---

Some questions don't apply to everybody. This questionnaire indicates where you need to skip questions, and guides you to the next applicable question.

We may contact you to clarify your responses to some questions.

If you have any questions, please call us on freephone 0800 068 1562.

Section 1: About your health

1 Please enter today's date:

Day		Month		Year			
				2	0	0	
JDOC		JMOC		JYOC			

2 In general would you say your health is:

JGENHLTH

Please tick one

- Excellent 1
- Very good 2
- Good 3
- Fair 4
- Poor 5

3 Compared to one year ago, how would you rate your health in general now?

JHLTHNOW

Please tick one

- Much better now than one year ago 1
- Somewhat better now than one year ago 2
- About the same as one year ago 3
- Somewhat worse than one year ago 4
- Much worse than one year ago 5

4 The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

Please tick one box for each question

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
(a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV01
(b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV02
(c) Lifting or carrying groceries	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV03
(d) Climbing several flights of stairs	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV04
(e) Climbing one flight of stairs	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV05
(f) Bending, kneeling or stooping	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV06
(g) Walking more than one mile	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV07
(h) Walking half a mile	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV08
(i) Walking one hundred yards	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV09
(j) Bathing and dressing yourself	<input style="width: 20px; height: 20px;" type="checkbox"/> 1	<input style="width: 20px; height: 20px;" type="checkbox"/> 2	<input style="width: 20px; height: 20px;" type="checkbox"/> 3	JACTIV10

5 During the **past four weeks** have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Please tick one answer for each question

(a) Cut down the amount of time you spent on work or other activities

Yes No

1 2

JNKHL01

(b) Accomplished less than you would like

1 2

JNKHL02

(c) Were limited in the kind of work or other activities you could do

1 2

JNKHL03

(d) Had difficulty performing your work or other activities (for example, it took extra effort)

1 2

JNKHL04

6 During the **past four weeks** have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Please tick one answer for each question

(a) Cut down the amount of time you spent on work or other activities

Yes No

1 2

JNKEM01

(b) Accomplished less than you would like

1 2

JNKEM02

(c) Didn't do work or other activities as carefully as usual

1 2

JNKEM03

7 During the **past four weeks** to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Please tick one

JHLSOC

Not at all 1

Slightly 2

Moderately 3

Quite a bit 4

Extremely 5

8 How much **bodily pain** have you had during the **past four weeks**?

JBODPAIN

Please tick one

- None 1
- Very mild 2
- Mild 3
- Moderate 4
- Severe 5
- Very severe 6

9 During the **past four weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

JPAININT

Please tick one

- Not at all 1
- A little bit 2
- Moderately 3
- Quite a bit 4
- Extremely 5

10 How much of the time during the **past four weeks**:

Please tick one box for each question

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time	
(a) Did you feel full of 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	JTIME01
(b) Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME02
(c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME03
(d) Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME04
(e) Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME05
(f) Have you felt downhearted and low?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME06
(g) Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME07
(h) Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME08
(i) Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	JTIME09

11 During the past four weeks, how much of the time has your physical health or emotional problems interfered with your social activities (like visiting friends, relatives, etc)?

JHLEMSOC

Please tick one answer

All of the time	Most of the time	Some of the time	A little bit of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

12 Please choose the answer that best describes how true or false each of the following statements is for you:

Please tick one box for each question

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
(a) I seem to get sick a little easier than other people	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JSICKEAS
(b) I'm as healthy as anyone I know	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHLTHAN
(c) I expect my health to get worse	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHLTHWRS
(d) My health is excellent	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHLTHEXC

Medical consultation

13 How many times have you consulted your GP in the last 12 months?

Enter number

JGPVISYR

14 (a) Do you have any longstanding illness, diseases or medical conditions for which you have sought treatment in the last 12 months? (Longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time).

JLONGILL

Yes 1

No 2 → Go to **15** (a)

(b) If yes, please list below

(i) <input type="text"/>	(vi) <input type="text"/>
(ii) <input type="text"/>	(vii) <input type="text"/>
(iii) <input type="text"/>	(viii) <input type="text"/>
(iv) <input type="text"/>	(ix) <input type="text"/>
(v) <input type="text"/>	(x) <input type="text"/>

15

(a) This question concerns any medicines that you may have taken during the last fourteen days. Have you been taking any medicines, tablets, tonics or pills within the last fourteen days?

JPRESDOC

Yes 1

No 2

Go to 16 (a)

(b) If yes, please list any medicines below

Was this prescribed by a doctor?

And the reasons for taking them

(i)	JPRSDRG1	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC1	
(ii)	JPRSDRG2	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC2	
(iii)	JPRSDRG3	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC3	
(iv)	JPRSDRG4	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC4	
(v)	JPRSDRG5	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC5	
(vi)	JPRSDRG6	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC6	
(vii)	JPRSDRG7	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC7	
(viii)	JPRSDRG8	Yes <input type="checkbox"/> No <input type="checkbox"/>	
		JPRESDC8	

JPRSDRG9

JPRESDC9

JPRSDR10

JPRESD10

JPRSDR11

JPRESD11

JPRSDR12

JPRESD12

JPRSDR13

JPRESD13

JPRSDR14

JPRESD14

JPRSDR15

JPRESD15

This section concerns chest pain and other aspects of heart disease

16 (a) Since January 2006 have you had any pain or discomfort in your chest?

JCHPAIN

Yes 1

No 2

Go to **18**

(b) If yes:

Do you get this pain or discomfort when you walk uphill or hurry?

JCHPUPH

Yes 1

No 2

(c) Do you get it when you walk at an ordinary pace on the level?

JCHPLEV

Yes 1

No 2

(d) When you get any pain or discomfort in your chest, what do you do?

JCHPACT

Please tick one

Stop 1

Slow down 2

Continue at the same pace 3

(e) Does it go away when you stand still?

JCHPSTOP

Yes 1

No 2

Go to **(g)**

(f) If yes, how soon?

JCHPTIME

Please tick one

In 10 minutes or less 1

More than 10 minutes 2

(g) Where do you get this pain or discomfort? Mark the place(s) with an X on the diagram.

JCHPSIT1

Right

Left

JCHPSIT6

JCHPSIT2

JCHPSIT7

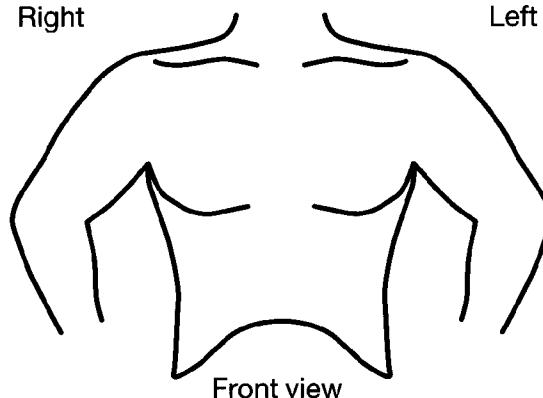
JCHPSIT3

JCHPSIT8

JCHPSIT4

JCHPSIT9

JCHPSIT5



Front view

17 (a) Since January 2006 have you had a severe pain across the front of your chest lasting half an hour or more?

JCHPEXT

Yes 1

No 2 → Go to **18**

↓
(b) If yes:
Did you talk to a doctor about it?

JCHPDOC

Yes 1

No 2 → Go to **(d)**

(c) If yes:
What did he/she say it was?

JCHPDIAG

(d) How many of these attacks have you had?

Enter number JCHPNUM

Tests and treatments

18 These questions concern any **test(s)** or **treatment(s)** you may have had for chest pain or heart disease. **Since January 2006** have you had any of the following? (Please answer Yes or No to each question.)
If yes: Please give year, hospital, town and the name of the consultant for each occasion.

(a) An exercise/stress ECG heart tracing whilst walking or running on a treadmill (not as part of the Stress & Health Study)

		Year since 2006	Hospital name, Town	Consultant
JEXECG1	Yes	<input type="checkbox"/> 1	<input style="width: 40px;" type="text" value="2"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text"/>	
	No	<input type="checkbox"/> 2	JEXECGY1	

		Year since 2006	Hospital name, Town	Consultant
JEXECG2	Yes	<input type="checkbox"/> 1	<input style="width: 40px;" type="text" value="2"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text"/>	
	No	<input type="checkbox"/> 2	JEXECGY2	

(b) Angiogram or X-ray of your coronary arteries (a dye test of the arteries)

		Year since 2006	Hospital name, Town	Consultant
JAGRAM1	Yes	<input type="checkbox"/> 1	<input style="width: 40px;" type="text" value="2"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text"/>	
	No	<input type="checkbox"/> 2	JAGRAMY1	

		Year since 2006	Hospital name, Town	Consultant
JAGRAM2	Yes	<input type="checkbox"/> 1	<input style="width: 40px;" type="text" value="2"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text"/>	
	No	<input type="checkbox"/> 2	JAGRAMY2	

(c) Angioplasty of coronary arteries (balloon treatment for angina) or insertion of a stent

		Year since 2006	Hospital name, Town	Consultant
JAPLAS1	Yes	<input type="checkbox"/> 1	<input style="width: 40px;" type="text" value="2"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text"/>	
	No	<input type="checkbox"/> 2	JAPLASY1	

		Year since 2006	Hospital name, Town	Consultant
JAPLAS2	Yes	<input type="checkbox"/> 1	<input style="width: 40px;" type="text" value="2"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text" value="0"/> <input style="width: 40px;" type="text"/>	
	No	<input type="checkbox"/> 2	JAPLASY2	

(d) Coronary artery bypass graft (CABG) operation

	Year since 2006	Hospital name, Town	Consultant
JCABG1	Yes <input type="checkbox"/> 1		
	No <input type="checkbox"/> 2		
	2 0 0		
	JCABGY1		

	Year since 2006	Hospital name, Town	Consultant
JCABG2	Yes <input type="checkbox"/> 1		
	No <input type="checkbox"/> 2		
	2 0 0		
	JCABGY2		

(e) An admission to hospital with chest pain, angina or heart attack

	Year since 2006	Hospital name, Town	Consultant
JADMCH1	Yes <input type="checkbox"/> 1		
	No <input type="checkbox"/> 2		
	2 0 0		
	JADMCHY1		

	Year since 2006	Hospital name, Town	Consultant
JADMCH2	Yes <input type="checkbox"/> 1		
	No <input type="checkbox"/> 2		
	2 0 0		
	JADMCHY2		

(f) Other heart tests or operations, or admissions to hospital for other heart trouble (not as part of the Stress and Health Study).

	Year since 2006	Hospital name, Town	Consultant
JOHTOA1	Yes <input type="checkbox"/> 1		
	No <input type="checkbox"/> 2		
	2 0 0		
	JOHTOAY1		

If yes to (f), please specify (for example, 24 hour ECG, pacemaker, thallium scan, echocardiogram, or resting ECG not done as part of the Stress & Health study)

JOHTOAT1	JOHTOAT6
JOHTOAT2	JOHTOAT7
JOHTOAT3	JOHTOAT8
JOHTOAT4	JOHTOAT9
JOHTOAT5	

19 (a) Since January 2006 has a doctor told you that you have had angina?

JANG

Yes 1

No 2

(b) Since January 2006 has a doctor told you that you have had a heart attack (myocardial infarct/coronary thrombosis)?

JMI

Yes 1

No 2

(c) Since January 2006 have you had any other heart trouble suspected or confirmed? (For example, valve disease, congenital heart disease or irregular heartbeat.)

JOHT

Yes 1

No 2

If yes, please specify

JOHTDX1	JOHTDX3
JOHTDX2	JOHTDX4

20 (a) Have you been admitted to hospital (including as a day case) in the last 12 months? (this excludes outpatient appointments)

JHSADMYR

Yes 1

No 2 → Go to **21**

(b) If yes, please specify the number of times:

Enter number JHSADMNO

and the reason for hospitalisation(s) and the dates:

Cause 1	JHS1RSN	Month	Year
		<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>
		JHS1MNTH	JHS1YR
Cause 2	JHS2RSN	Month	Year
		<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>
		JHS2MNTH	JHS2YR
Cause 3	JHS3RSN	Month	Year
		<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>
		JHS3MNTH	JHS3YR
Cause 4	JHS4RSN	Month	Year
		<input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 0 <input type="text"/>
		JHS4MNTH	JHS4YR

These questions are about neurological symptoms

21 (a) Have you ever had a slurred speech or problems talking to somebody because your mouth was unable to articulate words or sentences correctly?

JNSTALK

Yes

No

Don't know

Go to **22** (a)

(b) If yes, please briefly describe symptoms and their duration:

JNSTASYM

JNSTADUR

(c) Were you treated or seen by a doctor for these symptoms?

JNSTADOC

Yes

No

Don't know

Go to **22** (a)

(d) If yes, please give the month, year, GP practice/hospital name, town and the name of the doctor/consultant.

Month

Year

GP practice/Hospital name,
Town

Doctor/Consultant

JNSTAM1

JNSTAY1

Month

Year

GP practice/Hospital name,
Town

Doctor/Consultant

JNSTAM2

JNSTAY2

22

(a) Have you ever had one or more of the visual symptoms shown in the diagram below in one or both eyes?

Yes

No

Don't know

Go to **23** (a)

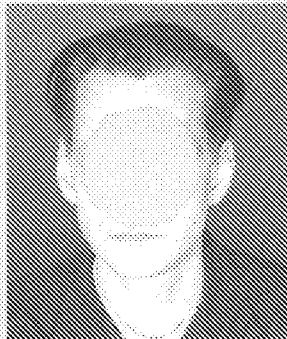
JNSVISUA

(b) If yes, please mark all symptoms below:



Two images (Diplopia)

JNSVIS1



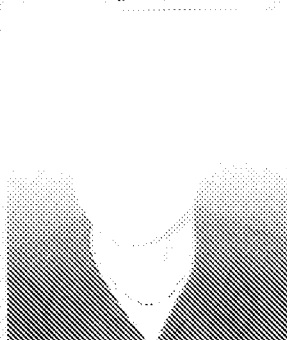
Loss of central vision

JNSVIS2



Three images

JNSVIS3



Loss of vision at the top

JNSVIS4



Loss of vision to one side

JNSVIS5

(c) Briefly describe symptoms and their duration:

[Empty text box for describing symptoms and duration]

JNSVISYM

JNSVIDUR

(d) Were you treated or seen by a doctor for these symptoms?

Yes

No

Don't know

Go to **25** (a)

JNSVIDOC

(e) If yes, please give the month, year, GP practice/hospital name, town and the name of the doctor/consultant.

Month	Year	GP practice/Hospital name, Town	Doctor/Consultant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JNSVISM1	JNSVISY1		

Month	Year	GP practice/Hospital name, Town	Doctor/Consultant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JNSVISM2	JNSVISY2		

23 (a) Since January 2006 have you been told by a doctor that you have had a stroke or transient ischaemic attack (mini stroke/TIA)?

JSTROKE

Yes 1

No 2

Don't know 3

Go to **24**

(b) If yes, was it for:

JHTDRDGN

Please tick one

Stroke 1

Transient Ischaemic Attack (mini stroke/TIA) 2

Other (please specify) 3

(c) Briefly describe symptoms and their duration:

JSTRKSYM

JSTRKDUR

(d) Were you treated or seen by a doctor for these symptoms?

JSTRKDOC

Yes 1

No 2

Don't know 3

Go to **24**

(e) If yes, please give the month, year, GP practice/hospital name, town and the name of the doctor/consultant.

Month	Year	GP practice/Hospital name, Town	Doctor/Consultant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JSTRKM1	JSTRKY1		

Month	Year	GP practice/Hospital name, Town	Doctor/Consultant
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
JSTRKM2	JSTRKY2		

General health questions

Please read this carefully. We should like to know if you have had any medical complaints, and how your health has been in general over the past few weeks. Please answer ALL questions on the following pages simply by indicating the answer which you think most nearly applies to you. Remember that we want to know about your present and recent complaints, not those you had in the past. It is important that you try to answer ALL the questions.

Have you recently...

Please tick one box for each question

JGHQ01	Better than usual	Same as usual	Rather less than usual	Much less than usual
24 Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ02	Not at all	No more than usual	Rather more than usual	Much more than usual
25 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ03	Not at all	No more than usual	Rather more than usual	Much more than usual
26 Been having restless, disturbed nights?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ04	More so than usual	Same as usual	Rather less than usual	Much less than usual
27 Been managing to keep yourself busy and occupied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ05	More so than usual	About the same as usual	Less than usual	Much less than usual
28 Been getting out of the house as much as usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ06	Better than most	About the same	Rather less well	Much less well
29 Been managing as well as most people would in your shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ07	Better than usual	About the same	Less well than usual	Much less well
30 Felt on the whole you were doing things well?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
JGHQ08	More satisfied than usual	About the same as usual	Less satisfied than usual	Much less satisfied
31 Been satisfied with the way you've carried out your task(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ09

32 Been able to feel warmth and affection for those near to you?

Better than usual	About the same as usual	Less well than usual	Much less well
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ10

33 Been finding it easy to get on with other people?

Better than usual	About the same as usual	Less well than usual	Much less well
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ11

34 Spent much time chatting with people?

More time than usual	About the same as usual	Less time than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ12

35 Felt that you are playing a useful part in things?

More so than usual	Same as usual	Less useful than usual	Much less useful
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ13

36 Felt capable of making decisions about things?

More so than usual	Same as usual	Less so than usual	Much less capable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ14

37 Felt constantly under strain?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ15

38 Felt you couldn't overcome your difficulties?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ16

39 Been finding life a struggle all the time?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ17

40 Been able to enjoy your normal day-to-day activities?

More so than usual	Same as usual	Less so than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ18

41 Been taking things hard?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ19

	Not at all	No more than usual	Rather more than usual	Much more than usual
42 Been getting scared or panicky for no good reason?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ20

	More so than usual	Same as usual	Less able than usual	Much less able
43 Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ21

	Not at all	No more than usual	Rather more than usual	Much more than usual
44 Found everything getting on top of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ22

	Not at all	No more than usual	Rather more than usual	Much more than usual
45 Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ23

	Not at all	No more than usual	Rather more than usual	Much more than usual
46 Been losing confidence in yourself?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ24

	Not at all	No more than usual	Rather more than usual	Much more than usual
47 Been thinking of yourself as a worthless person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ25

	Not at all	No more than usual	Rather more than usual	Much more than usual
48 Felt that life is entirely hopeless?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ26

	More so than usual	About the same as usual	Less so than usual	Much less hopeful
49 Been feeling hopeful about your own future?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ27

	More so than usual	About the same as usual	Less so than usual	Much less than usual
50 Been feeling reasonably happy, all things considered?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ28

	Not at all	No more than usual	Rather more than usual	Much more than usual
51 Been feeling nervous and strung-up all the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

JGHQ29

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

52 Felt that life isn't worth living?

JGHQ30

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

53 Found at times you couldn't do anything because your nerves were too bad?

54 Over the last 12 months would you say your health has been?

Please tick one

JHLTHYR

Very good 1

Good 2

Average 3

Poor 4

Very poor 5

55 How many hours of sleep do you have on an average week-night?

Please tick one

JSLEEP

5 hours or less 1

6 hours 2

7 hours 3

8 hours 4

9 hours or more 5

56 How often in the past month did you:

Please tick one box for each question

	Not at all	1-3 days	4-7 days	8-14 days	15-20 days	21-31 days	
(a) Have trouble falling asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	JSLPFALL
(b) Wake up several times per night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	JSLPWAKS
(c) Have trouble staying asleep (including waking far too early)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	JSLPSTAY
(d) Wake up after your usual amount of sleep feeling tired and worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	JSLPWAKT
(e) Have disturbed or restless sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/>	JSLPDIST

57 Do you snore?

JSNORE

Yes 1

No 2

Don't know 3

→ Go to **61**

58 If you snore, your snoring is:

JSNORHOW

Please tick one

As loud as breathing 1

As loud as talking 2

Louder than talking 3

Very loud 4

Don't know 5

59 How often do you snore?

JSNOROFT

Please tick one

Almost every day 1

3 to 4 times a week 2

1 to 2 times a week 3

1 to 2 times a month 4

Never/almost never 5

Don't know 6

60 Does your snoring bother other people?

JSNORBOT

Yes 1

No 2

Don't know 3

61 Has anyone noticed that your breathing pauses during your sleep?

JSLBRPAU

Please tick one

Almost every day 1

3 to 4 times a week 2

1 to 2 times a week 3

1 to 2 times a month 4

Never/almost never 5

Don't know 6

62 Are you tired after sleeping?

JSLTIRAS

Please tick one

- Almost every day 1
- 3 to 4 times a week 2
- 1 to 2 times a week 3
- 1 to 2 times a month 4
- Never/almost never 5

63 Are you tired during the day (during your usual waking time)?

JSLTIRDD

Please tick one

- Almost every day 1
- 3 to 4 times a week 2
- 1 to 2 times a week 3
- 1 to 2 times a month 4
- Never/almost never 5

64 Have you ever fallen asleep while driving?

JSLDRIVE

- Yes 1
- Almost 2
- No 3
- Not applicable 4

65 Here are a few everyday activities. Please tell us if you have any difficulties with these because of a physical, mental, emotional or memory problem. Exclude any difficulties you expect to last less than three months.

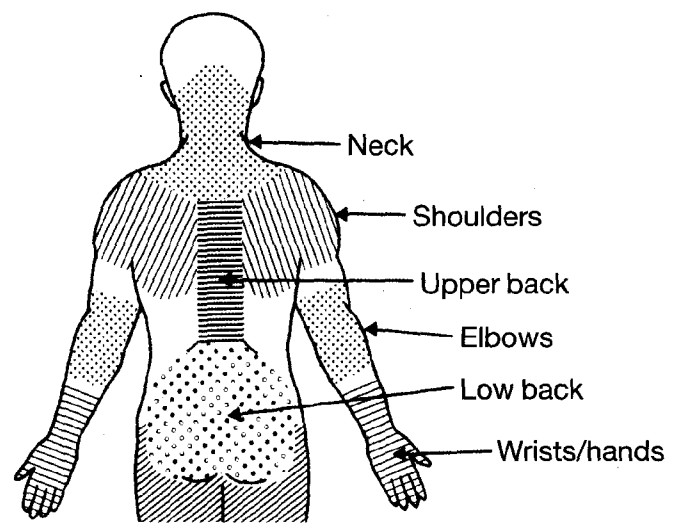
- | | Yes | No | |
|--|----------------------------|----------------------------|--------|
| (a) Dressing, including putting on shoes and socks | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL1 |
| (b) Walking across a room | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL2 |
| (c) Bathing or showering | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL3 |
| (d) Eating, such as cutting up your food | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL4 |
| (e) Getting in or out of bed | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL5 |
| (f) Using the toilet, including getting up or down | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL6 |
| (g) Using a map to figure out how to get around in a strange place | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL7 |
| (h) Preparing a hot meal | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL8 |
| (i) Shopping for groceries | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL9 |
| (j) Making telephone calls | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL10 |
| (k) Taking medication | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL11 |
| (l) Doing work around the house or garden | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL12 |
| (m) Managing money, such as paying bills and keeping track of expenses | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | JADL13 |

66 Since January 2006 have you been told by a doctor that you have, or have had, any of the following?

Please tick one answer per row

	JOST_ART	Yes	No	Year	If yes, what was the year?				
(a) Osteoarthritis ('wear and tear' arthritis)		<input type="checkbox"/>	<input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	JOST_AYR
(b) Rheumatoid arthritis	JRHE_ART	<input type="checkbox"/>	<input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	JRHE_AYR
(c) Gout	JGOUT	<input type="checkbox"/>	<input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	JGOUT_YR
(d) Osteoporosis	JOST_POR	<input type="checkbox"/>	<input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	JOST_PYR
(e) Diabetes	JDIABET	<input type="checkbox"/>	<input type="checkbox"/>	Year	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	JDIABYR

67 The diagram below shows the upper body divided into areas. Please answer questions (a)-(e) below for each body area. Body areas are not sharply defined and certain parts overlap. You should decide for yourself which area, if any, is or has been affected.



	Have you had pain or a problem in any of the areas below?		During the last 12 months?		More than three times or lasting more than 1 week in the last 12 months?		During the last 14 days?				
	Yes	No	Yes	No	Yes	No	Yes	No			
(a) Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JPNN12M	JPNN_OD	JPNN14D
(b) Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JPNS12M	JPNS_OD	JPNS14D
(c) Upper back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JPNUB12M	JPNUB_OD	JPNUB14D
(d) Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JPNA12M	JPNA_OD	JPNA14D
(e) Lower back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	JPNLB12M	JPNLB_OD	JPNLB14D
(f) i) Have you had pain or a problem in your HAND/ WRIST during the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	JPNHW12M		
ii) Have you had PAIN, BURNING, NUMBNESS, TINGLING, SWELLING, or LOSS OF COLOUR in your HAND/WRIST more than three times or lasting more than 1 week in the last 12 months?	<input type="checkbox"/>	<input type="checkbox"/>					<input type="checkbox"/>	<input type="checkbox"/>	JPNHW_OD		

This section concerns pain in the legs

68 (a) Do you get any pains in either leg on walking?

JLEPAIN

Yes 1

No 2 → Go to **69**

(b) If yes:

Does this pain ever begin when you are standing still or sitting?

JLESTAND

Yes 1

No 2

(c) Do you get this pain in your calf or calves?

JLECALF

Yes 1

No 2

(d) Do you get it when you walk uphill or hurry?

JLEPUPH

Yes 1

No 2

(e) Do you get it when you walk at an ordinary pace on the level?

JLEPLEV

Yes 1

No 2

(f) Does this pain ever disappear while you are still walking?

JLEDISWK

Yes 1

No 2

(g) What do you do if you get it when you are walking?

JLEPACT

Please tick one

Stop 1

Slow down 2

Continue at the same pace 3

(h) What happens to it if you stand still?

JLEPTIME

Please tick one

Usually continues more than 10 minutes 1

Usually disappears in 10 minutes or less 2

69 Has a doctor ever told you that you have bad circulation in the arteries of you legs (**intermittent claudication**)?

JINCLAU

Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	Hospital name, Town	Consultant
No	<input type="checkbox"/>	JINCLAYR					

Section 3: About your lifestyle

Exercise

We would like to know about your activities in your free time and at work that involve physical activity.

70 Thinking about the days of the PAST WEEK.

(a) On average, for how long did you walk outside your home/workplace?
(If you did not walk, please enter zero ('00') in the boxes in each row.)

For example 1 hour 30 minutes, **not** 90 minutes

		Hours	Minutes
JWLKOUTA	On each weekday	<input type="checkbox"/>	<input type="checkbox"/>
JWLKOUTB	On each weekend day	<input type="checkbox"/>	<input type="checkbox"/>

(b) On average, for how long did you cycle?
(If you did not cycle, please enter zero ('00') in the boxes in each row.)

		Hours	Minutes
JPEDCYCA	On each weekday	<input type="checkbox"/>	<input type="checkbox"/>
JPEDCYCB	On each weekend day	<input type="checkbox"/>	<input type="checkbox"/>

71 Other physical activities in the PAST FOUR WEEKS

Please indicate the number of **occasions** and **total time** spent on each of the activities listed. Write in other types of activity not listed, as applicable.

(a) SPORTS AND GAMES

Football
(including coaching, etc)

Occasions in the past 4 weeks (*please tick one*)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JSOCCERF

Total hours in the past 4 weeks (*please tick one*)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JSOCCERH

Golf

Occasions in the past 4 weeks (*please tick one*)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JGOLFF

Total hours in the past 4 weeks (*please tick one*)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JGOLFH

Swimming

Occasions in the past 4 weeks (*please tick one*)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JSWIMF

Total hours in the past 4 weeks (*please tick one*)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JSWIMH

Other sports and games activities for example, aerobics, ballroom dancing, keep fit, jogging, tennis.

Other, activity 1 (*please specify*)

--	--	--

JSPORT11

JSPORT12

JSPORT13

Occasions in the past 4 weeks (*please tick one*)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JSPORT1F

Total hours in the past 4 weeks (*please tick one*)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JSPORT1H

Other sports and games activities for example, aerobics, ballroom dancing, keep fit, jogging, tennis.

Other, activity 2 (please specify)

JSPORT21 JSPORT22 JSPORT23

Occasions in the past 4 weeks (please tick one)

None 1-2 3-4 5-10 11-15 16-20 21+
0 1 2 3 4 5 6

JSPORT2F

Total hours in the past 4 weeks (please tick one)

None ? 1-1? 2-3 4-5 6-10 11+
0 1 2 3 4 5 6

JSPORT2H

(b) GARDENING

Weeding, hoeing, pruning (not mowing)

Occasions in the past 4 weeks (please tick one)

None 1-2 3-4 5-10 11-15 16-20 21+
0 1 2 3 4 5 6

JWEEDF

Total hours in the past 4 weeks (please tick one)

None ? 1-1? 2-3 4-5 6-10 11+
0 1 2 3 4 5 6

JWEEDH

Manual lawn mowing

Occasions in the past 4 weeks (please tick one)

None 1-2 3-4 5-10 11-15 16-20 21+
0 1 2 3 4 5 6

JMOWF

Total hours in the past 4 weeks (please tick one)

None ? 1-1? 2-3 4-5 6-10 11+
0 1 2 3 4 5 6

JMOWH

Other gardening for example, digging, planting, clearing ground, etc

(please specify)

JGARDN11 JGARDN12 JGARDN13

Occasions in the past 4 weeks (please tick one)

None 1-2 3-4 5-10 11-15 16-20 21+
0 1 2 3 4 5 6

JGARDN1F

Total hours in the past 4 weeks (please tick one)

None ? 1-1? 2-3 4-5 6-10 11+
0 1 2 3 4 5 6

JGARDN1H

(c) HOUSEWORK

Carrying heavy shopping

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JCARRYHF

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JCARRYHH

Cooking

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JCOOKF

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JCOOKH

Hanging out washing

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JHANGWF

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JHANGWH

Other housework for example, dusting, ironing, hoovering

Other housework, activity 1 (please specify)

JHOUSW11	JHOUSW12	JHOUSW13
-----------------	-----------------	-----------------

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JHOUSW1F

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

JHOUSW1H

Other housework for example, dusting, ironing, hoovering

Other housework, activity 2 (please specify)

JHOUSW21	JHOUSW22	JHOUSW23
-----------------	-----------------	-----------------

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JHOUSW2F

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JHOUSW2H

(d) DO-IT-YOURSELF

Manual car washing

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JCARWASF

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JCARWASH

Painting/decorating

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JPAIDECF

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JPAIDECH

Other DIY for example, household repairs, woodwork, bricklaying

(please specify)

JDIY11	JDIY12	JDIY13
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Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JDIY1F

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JDIY1H

(e) ADDITIONAL/OTHER Additional/other activity 1 (please specify)

JPHYSA11	JPHYSA12	JPHYSA13
-----------------	-----------------	-----------------

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JPHYSA1F

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JPHYSA1H

Additional/other activity 2 (please specify)

JPHYSA21	JPHYSA22	JPHYSA23
-----------------	-----------------	-----------------

Occasions in the past 4 weeks (please tick one)

None	1-2	3-4	5-10	11-15	16-20	21+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JPHYSA2F

Total hours in the past 4 weeks (please tick one)

None	?	1-1?	2-3	4-5	6-10	11+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JPHYSA2H

72 How many times a week do you engage in vigorous physical activity enough to make you out of breath, and for how long in total? (please specify the activity)

JVIG_OB1	JVIG_OB2	JVIG_OB3	JVIG_OB4	JVIG_OB5
-----------------	-----------------	-----------------	-----------------	-----------------

Occasions in the past 4 weeks (please tick one)

None	1	2	3	4	5	6+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JVIG_OBF

Total hours in the past 4 weeks (please tick one)

None	?	1	1?	2	2?	3+
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

JVIG_OBH

73 How would you describe your usual walking pace?

Please tick one box only

JWLKPACE

Slow pace (less than 3 mph)	<input type="checkbox"/>
Steady average pace	<input type="checkbox"/>
Brisk pace	<input type="checkbox"/>
Fast pace (over 4 mph)	<input type="checkbox"/>

Smoking habits

74 (a) Do you smoke now (including cigarettes, cigars or a pipe)?

JSMOKE

Yes 1

No 2 → Go to **75 (a)**

Social/Occasional smoker 3

If Yes or Social/Occasional smoker...

(b) How many cigarettes do you smoke per day?

Enter number

JCIGNUM

75 (a) If not a current smoker, did you smoke in the past?

JSMKPAST

Yes 1

No 2 → Go to **76 (a)**

If Yes...

(b) How old were you when you stopped smoking?

Age

JSMKSTOP

Drinking habits

76 (a) In the past 12 months have you taken an alcoholic drink?

JALCYR

Please tick one

Twice a day or more 1

Daily or almost daily 2

Once or twice a week 3

Once or twice a month 4

Special occasions only 5

No 6

(b) If No, have you always been a non-drinker?

JNONDRNK

Yes 1 → Go to **79 (a)**

No 2

5

77 (a) Have you had an alcoholic drink in the last seven days?

JALCWK

Yes 1

No 2 → Go to **78** (a)

If Yes...

In the last seven days, how many of each of the following drinks have you had?

Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures.

If none, please indicate 0.

(b) Spirits (Whisky, gin, rum, brandy, vodka etc) or liqueurs?

Measures **JSPRTWK**

(c) Wine (including sherry, port, vermouth)?

Glasses **JWINEWK**

(d) Beer (including lager and cider)?

Pints **JBEERWK**

Yes No

78 (a) Have you ever felt that you ought to cut down on your drinking?

1 2

JDRNKCUT

(b) Have people annoyed you by criticising your drinking?

1 2

JDRNKANN

(c) Have you ever felt bad or guilty about your drinking?

1 2

JDRNKGLT

(d) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

1 2

JDRNKHNG

Food habits

79 (a) What type of bread do you eat most frequently?

JBREAD

Please tick one

- White 1
- Wholemeal 2
- Granary or Wheatmeal 3
- Other brown 4
- Both Brown and White 5
- Do not eat bread 6

(b) What type of milk do you usually use?

JMILKTYP

Please tick one

- Do not use milk 1
- Channel Islands whole milk 2
- Whole milk 3
- Semi-skimmed milk 4
- Skimmed milk 5
- Other (*please specify*) 6

80 How often do you eat fresh fruit or vegetables?

JFRUITVG

Please tick one

- Seldom or never 1
- Less than once a month 2
- 1-3 times a month 3
- 1-2 times a week 4
- 3 to 4 times a week 5
- 5-6 times a week 6
- Daily 7
- 2 or more times daily 8

81 Are you trying to lose weight at present?

JDIETNOW

- Yes 1
- No 2

Section 3: About your life in general

82 Is the accommodation in which you live...

JACCOM

Please tick one

Owned outright 1

Mortgaged 2

Rented from local authority, housing association or HAT 3

Rented privately 4

A care home 5

83 How many cars are normally available for use by you or other members of your household?

JCAR

Please tick one

None 0

1 1

2 2

More than 2 3

84 (a) Do you have a pet at home?

JPET

Yes 1

No 2 → Go to **85**

(b) If you have a pet at home, what kind of pet(s) do you have?

JPETTYPE

Please tick as many that apply

Dog 1

Cat 2

Fish 3

Bird 4

Other (please specify) 5

(c) How attached do you feel to these pets?

Please tick one

Not attached	Slightly attached	Fairly attached	Very attached
--------------	-------------------	-----------------	---------------

1

2

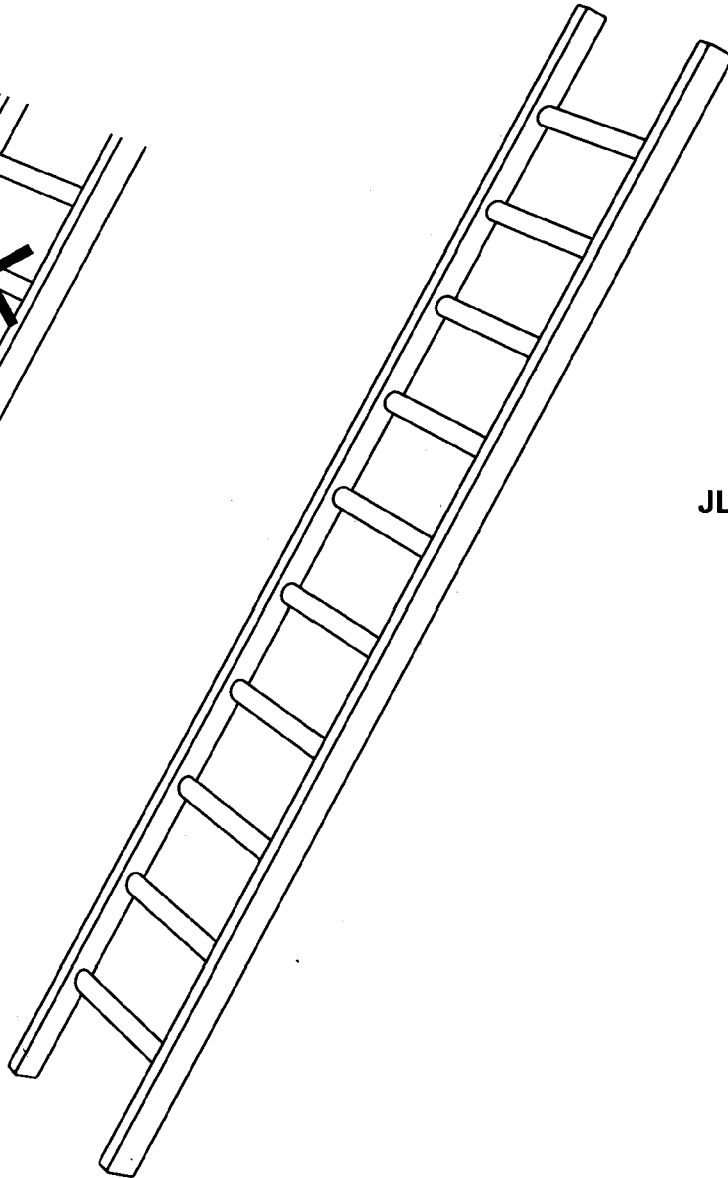
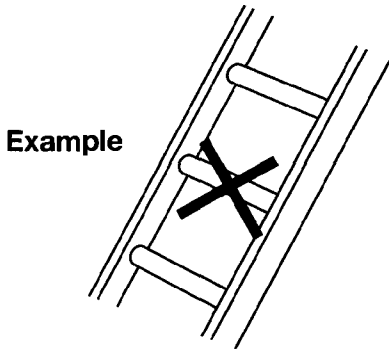
3

4

JPETATTA

85 Think of this ladder as representing where people stand in our society.
At the **top** of the ladder are the people who are best off – those with the most money, most education and best jobs.
At the **bottom** are the people who are worst off – those who have the least money, least education, and the worst jobs or no job. 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.

Where would you place yourself on this ladder?
Please place a large 'X' on the rung (not in between) where you think you stand.



JLAD

Income and finances

Many of you are approaching retirement age, or have retired. Previously we relied on your Civil Service grade to indicate your income. However, Civil Service grade is not as clear an indicator of household income and wealth as before and there are many of you to whom it no longer applies. We would therefore very much appreciate your help in completing the following questions.

As with all other questions, the information you provide will be kept strictly confidential and used for study purposes only.

86 How often does it happen that you do not have enough money to afford the kind of food or clothing you/your family should have?

JFAMPRB5

Please tick one

Always 1

Often 2

Sometimes 3

Seldom 4

Never 5

87 How much difficulty do you have in meeting the payment of bills?

JFAMPRB6

Please tick one

Very great 1

Great 2

Some 3

Slight 4

Very little 5

88 How many people (including yourself) contributed to your household finances with income from any source (any source includes wages or salary from work, money from a second job or odd jobs, income from savings or investments, rent or property, pensions, benefits and/or maintenance etc.) over the last 12 months?

JINCHHNO

Number of people

89 What total income (including your own) has your household received in the last 12 months from the above sources?

JINCHH

Please tick one

- Less than £9,999
- £10,000-£14,999
- £15,000-£19,999
- £20,000-£24,999
- £25,000-£34,999
- £35,000-£49,999
- £50,000-£69,999
- £70,000-£99,999
- More than £100,000

90 If you sold all the assets your household owns, for example, your house, car, caravan, boat, house contents and jewellery, cashed in your savings and investments, and paid off all your debts (including your mortgage), how much money do you think you would have?

JASSETHH

Please tick one

- Less than £49,999
- £50,000-£99,999
- £100,000-£199,99
- £200,000-£299,999
- £300,000-£399,999
- £400,000-£499,999
- £500,000-£999,999
- More than £1,000,000

91 If you sold all the assets your household own (for example, your car, caravan, boat, house contents and jewellery) EXCEPT THE HOUSE IN WHICH YOU LIVE, cashed in your savings and investments, and paid off all your debts (excluding your mortgage), how much money do you think you would have? *Please indicate one category.*

JASSETXH

Please tick one

- Less than £9,999 1
- £10,000-£19,999 2
- £20,000-£39,999 3
- £40,000-£59,999 4
- £60,000-£79,999 5
- £80,000-£99,999 6
- £100,000-£249,999 7
- £250,000-£499,999 8
- More than £500,000 9

Your household

92 Do you provide regular care for any of the following? (This does not include care provided as part of a paid job.)

Please answer each category

		Yes	No	If yes, for how many hours per week. (Full time equals 168 hours)	
(a) Children	JCARCH	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	JCARCHHR
(b) Grandchildren	JCARGC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	JCARGCHR
(c) Disabled or ill partner/spouse	JCARSP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	JCARSPHR
(d) Disabled or ill parent	JCARPA	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	JCARPAHR
(e) Other disabled or ill relative	JCARRL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	JCARRLHR
(f) Disabled or ill friend	JCARFR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	JCARFRHR

Your civil status

93 (a) Are you married/cohabiting/in a civil partnership?

JMARCOH

Yes 1 → Go to **94**

No 2

(b) If not married/cohabiting/in a civil partnership, are you

JNOTMAR

Please tick one

Single, never married 1 → Go to **94**

Widowed 2

Divorced 3

Separated 4

(c) If widowed/divorced/separated or you have lost a partner – what year did this last happen?

JWDSYEAR

Year

This Section concerns people in your life who you feel close to and from whom you can obtain support (either emotional or practical) including close relatives and good friends.

94 How many people do you feel very close to? (It does not matter where they live or whether you have seen them recently).

JCPNO

Number of people

95 Who have you felt closest to in the last 12 months? Please describe in terms of their relationship to you: (for example, WIFE, SON, AUNT, BOYFRIEND, MALE FRIEND, FEMALE FRIEND). Remember these are just examples and we would like you to write in whoever you feel closest to.

WRITE IN THE PERSON YOU ARE CLOSEST TO HERE:

Closest Person

Thinking about the person you are closest to, please tell us how you would rate the practical and emotional support they have provided for you IN THE LAST 12 MONTHS.

Please tick one box for each question

Not at all A little Quite a lot A great deal

(a) How much in the last 12 months did this person give you information, suggestions and guidance that you found helpful?

1 2 3 4

JCPSUPA1

(b) How much in the last 12 months could you rely on this person (was this person there when you needed him/her)?

1 2 3 4

JCPSUPB1

(c) How much in the last 12 months did this person make you feel good about yourself?

1 2 3 4

JCPSUPC1

(d) How much in the last 12 months did you share interests, hobbies and fun with this person?

1 2 3 4

JCPSUPD1

Please tick one box for each question

	Not at all	A little	Quite a lot	A great deal	
(e) How much in the last 12 months did this person give you worries, problems and stress?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPSUPE1
(f) How much in the last 12 months did you want to confide in (talk frankly, share feelings with) this person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPCONF1
(g) How much in the last 12 months did you confide in this person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPCONG1
(h) How much in the last 12 months did you trust this person with your most personal worries and problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPCONH1
(i) How much in the last 12 months would you have liked to have confided more in this person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPCONI1
(j) How much in the last 12 months did talking to this person make things worse?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPSONJ1
(k) How much in the last 12 months did he/she talk about his/her personal worries with you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPCONK1
(l) How much in the last 12 months did you need practical help from this person with major things (for example, look after you when ill, help with finances, children)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPRACL1
(m) How much in the last 12 months did this person give you practical help with major things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPRACM1
(n) How much in the last 12 months would you have liked more practical help with major things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPRACN1
(o) How much in the last 12 months did this person give you practical help with small things when you needed it (for example, chores, shopping, watering plants etc)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCPRACO1

Please tick one box for each question

	Hardly ever to never	Some of the time	Often	
96 (a) How often do you feel you lack companionship?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JCOMPAN
(b) How often do you feel isolated from others?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JISOLATE
(c) How often do you feel left out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JLEFTOUT
(d) How often do you feel in tune with the people around you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JINTUNE

97 Please read each of the following statements below and indicate the extent to which you agree with each statement. Try to be as accurate and honest as you can as you answer the questions. Try not to let your answer to one question influence your answer to other questions. There are no correct or incorrect answers.

Please tick one box for each question

	Absolutely disagree	Somewhat disagree	Cannot say	Somewhat agree	Absolutely agree	
(a) I feel that it is impossible to reach the goals I would like to strive for	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHOPELS1
(b) The future seems to me to be hopeless and I can't believe that things are changing for the better	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHOPELS2
(c) I look forward to the future with hope and enthusiasm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHOPELS3
(d) I might as well give up because I can't make things better for myself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHOPELS4
(e) All I can see ahead of me is unpleasantness rather than pleasantness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHOPELS5
(f) Things just won't work out the way I want them to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	JHOPELS6

98

How do you feel about your local area, that is everywhere within a 20 minute walk or about a mile of your home? Please tick one box on each line.

The closer your tick is to a statement the more strongly you agree with it.

Please tick one box on each line

(a) I really feel part of this area

1 2 **JARPART** 6 7

I feel that I don't belong in this area

(b) Vandalism and graffiti are a big problem in this area

1 **JARVANDA** 6 7

There is no problem with vandalism and graffiti in this area

(c) I often feel lonely living in this area

1 **JARLONEL** 6 7

I have never felt lonely living in this area

(d) Most people in this area can be trusted

1 **JARTRUST** 6 7

Most people in this area can't be trusted

(e) People would be afraid to walk alone in this area after dark

1 2 **JARDARK** 6 7

People feel safe walking alone in this area after dark

(f) Most people in this area are friendly

1 **JARFRIEN** 6 7

Most people in this area are unfriendly

(g) People in this area will take advantage of you

1 **JARADVAN** 6 7

People in this area will always treat you fairly

(h) This area is kept very clean

1 **JARCLEAN** 6 7

This area is always full of litter and rubbish

(i) If you were in trouble, there are lots of people in this area who would help you

1 **JARHELP** 6 7

If you were in trouble, there is nobody in this area who would help you

99

Here is a list of statements that people use to describe their lives or how they feel. We would like to know how often, if at all, you think they apply to you.

Please tick one box on each line

	Often	Some- times	Not often	Never	
(a) My age prevents me from doing the things I would like to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP1
(b) 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	JCASP2
(c) I feel free to plan for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP3
(d) I feel left out of things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP4
(e) 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	JCASP5
(f) 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	JCASP6
(g) I feel that I can please myself in what I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP7
(h) My health stops me from doing what I want to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP8
(i) Shortage of money 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	JCASP9
(j) I look forward to each day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP10
(k) I feel that my life has no meaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP11
(l) I enjoy the things I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP12
(m) I enjoy being in the company of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP13
(n) 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	JCASP14
(o) I feel full of energy these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP15
(p) 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	JCASP16
(q) 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	JCASP17
(r) I feel that life is full of opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	JCASP18
(s) 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	JCASP19

100 In your spare time are you involved in any of the following activities?
 How often have you taken part in these activities
 in the last 12 months?

Please tick one box on each line

Are you involved in any of the following?

		Weekly	Monthly	Less often	Never
(a) Religious activities/observance	JSPARLGF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(b) Positions of office (for example, school governor, councillor)	JSPAPOSF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(c) Voluntary work	JSPAVOLF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(d) Courses and education/evening classes	JSPAEDNF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(e) Cultural visits to stately homes, galleries, theatres, cinema or live music events	JSPACULF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(f) Social indoor games, cards, bingo, chess,	JSPAGAMF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(g) Visiting friends and relatives	JSPAVSTF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(h) Going to pubs and social clubs	JSPAPUBF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(i) Individual occupations (for example, reading, listening to music)	JSPASOLF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(j) Household tasks (for example, DIY, maintenance, decorating)	JSPAHTF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(k) Practical activities, making things with your hands (for example, pottery, drawing)	JSPAHANF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(l) Gardening	JSPAGDNF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
(m) Using a home computer for leisure	JSPACOMH	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

101

The sentences that follow concern your feelings and behaviour over the past week. Please read the statements carefully and tick one box for each statement that best describes how often you felt this way during the past week.

Please tick one box on each line

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	
(a) I was bothered by things that usually don't bother me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN01
(b) I did not feel like eating, my appetite was poor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN02
(c) I felt that I could not shake off the blues even with help from my family and friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN03
(d) I felt that I was just as good as other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN04
(e) I had trouble keeping my mind on what I was doing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN05
(f) I felt depressed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN06
(g) I felt that everything I did was an effort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN07
(h) I felt hopeful about the future	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN08
(i) I thought my life had been a failure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN09
(j) I felt fearful	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN10
(k) My sleep was restless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN11
(l) I was happy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN12
(m) I talked less than usual	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN13
(n) I felt lonely	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN14
(o) People were unfriendly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN15
(p) I enjoyed life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN16
(q) I had crying spells	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN17
(r) I felt sad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN18
(s) I felt that people disliked me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN19
(t) I could not get going	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	JDPN20

Section 4: About your past and present work

102 (a) Are you still working as a civil servant?

JCSSTILL

Yes 1

No 2 → Go to **103 (a)**

(b) In which Ministry/Department do you work?

(c) Which of the following is closest to your current grade in the Civil Service?

Please tick one

JCSCLGD

Administrative Assistant (AA) 1

Administrative Officer (AO) 2

Executive Officer (EO) 3

Higher Executive Officer (HEO) 4

Senior Executive Officer (SEO) 5

Grade 7 6

Grade 6 7

Grade 5 8

Grade 4 9

Grade 3 10

Grade 2 11

Grade 1 12

→ Go to **109**

103 (a) When did you leave the civil service? Was it:

JLR2005

On or before 31st December 2005 1

→ Go to **106**

On or after 1st January 2006 2

(b) Please give the date when you left the Civil Service:

Month	Year				

JLRMONTH

JLRYEAR

104 Which of the following is closest to your last grade in the Civil Service?

Please tick one

JLRCLGD

- Administrative Assistant (AA) 1
- Administrative Officer (AO) 2
- Executive Officer (EO) 3
- Higher Executive Officer (HEO) 4
- Senior Executive Officer (SEO) 5
- Grade 7 6
- Grade 6 7
- Grade 5 8
- Grade 4 9
- Grade 3 10
- Grade 2 11
- Grade 1 12

105 By which route did you leave the Civil Service?

Please tick one

JLRRROUT

- Retirement at 60 1
- Voluntary Early Retirement 2
- Retirement on health grounds 3
- Voluntary Compulsory Redundancy 4
- Redundancy 5
- Transfer to company through privatisation 6
- Left to take a post outside the Civil Service 7
- Left to become self-employed 8
- Other (please specify) 9

JLRRROUTO

106 Are you in paid employment NOW (including self-employment or employment after retirement)?

JLREMP

Yes 1 → Go to **108 (a)**
No 2

107 If you are not currently in paid employment, would you classify yourself as:

JLRNE

Please tick one

- Unemployed seeking work 1
- Retired 2
- Long term sick/disabled 3 → Go to **109**
- Looking after family or home 4
- Other (*please specify*) 5

108 (a) What is the exact title of your main paid job, including those of you who are self-employed? (If you have more than one job, the main job is either the one in which the most hours are worked, or if you do equal hours it is the one that is the highest paid.)
Please give the full title by which the job is known and give the rank or grade if you have one.

J108

(b) What kind of work do you do in it? (list the main things you do in the job)

(c) Are you an employee or self-employed?

JLREMPEE

Please tick one

Employee 1 → Go to **(f)**

Self-employed 2 → Go to **(d)**

(d) If you are self-employed, do you employ other people?

JLREMPPL

Yes 1

No 2 → Go to **109**

(e) How many people do you employ?

JLREPPLN

Please tick one

1-24 1

25 or more 2 → Go to **109**

(f) If you are an employee, are you:

JLRECHAR

Please tick one

A manager 1

A foreman or supervisor 2 → Go to **(g)**

None of the above 3 → Go to **109**

(g) How many people do you manage or supervise?

JLRECHNO

Please tick one

1-24 1

25 or more 2

109

We would like to know about any work or other activities that you currently do primarily for self-fulfillment, to keep physically and mentally active or involved in the local community, or for the benefit of society. **This work is likely to be for little or no pay.** Please tell us how often you take part in the following and feel free to add any activities that are not listed in the spaces provided.

Please tick one box for each question

Never or almost never	Once every few months	Once a month or more	Once a week	2-4 days a week	5 days a week or more
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JSFCONSU (a) Consultancy work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
JSFBOOKS (b) Writing book(s)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
JFSCHARI (c) Charity work (for example, fundraising, working in a charity shop)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
JSFENVIR (d) Environmental work (for example, thinning woodland)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
JSFPOLIT (e) Political work (for example, serving as a local councillor)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
JSFCOMMU (f) Community work (for example, sitting on the committee of a local club or board of Governors)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
(g) Other (please specify)						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JSFOTH1</div>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	JSFOTH1F					
(h) Other (please specify)						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JSFOTH2</div>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	JSFOTH2F					
(i) Other (please specify)						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JSFOTH3</div>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	JSFOTH3F					
(j) Other (please specify)						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JSFOTH4</div>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	JSFOTH4F					
(k) Other (please specify)						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JSFOTH5</div>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	JSFOTH5F					
(l) Other (please specify)						
<div style="border: 1px solid black; padding: 2px; display: inline-block;">JSFOTH6</div>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
	JSFOTH6F					

110 This questionnaire was completed...

Please tick one

Independently

With assistance (for example, if you have trouble writing or have lost your eye sight)

By someone else on my behalf

JCOMPLET

Please use the space below to add any further comments

JCMT_Q1

JCMT_Q2

JCMT_Q3

JCMT_Q4

JCMT_Q5

JCMT_Q6

JCMT_Q7

JCMT_Q8

JCMT_CAT

Thank you for completing this questionnaire