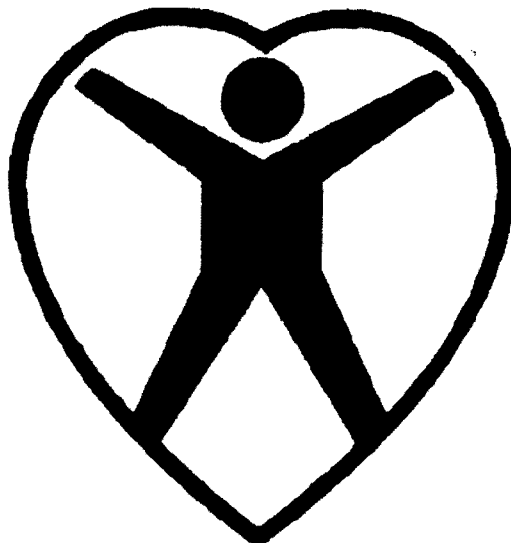


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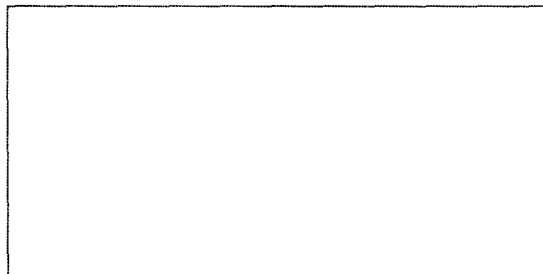
CONFIDENTIAL



STRESS AND HEALTH STUDY

**DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH
UNIVERSITY COLLEGE LONDON**

PHASE 6 – 2001



Version A
SN 1-6
Card 7-8
Batch 9-13

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 in your employment status, 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. All information on individuals will go into statistics for all men and women in the study, and it will not be possible to identify your responses from any reports or publications.

Under no circumstances will any information from an individual record be made available to the Civil Service, or anyone else outside the research team.

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	<input checked="" type="checkbox"/>
No	<input type="checkbox"/>

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

<input type="text" value="2"/>

Some questions don't apply to everybody. Where you should skip questions it tells you where to go next to the box you have ticked; otherwise please continue through each question in turn.

SECTION 1 - This section is about your health

Q1. In general would you say your health is:

(Please tick one)

114

QGENHLTH

Excellent

 1

Very good

 2

Good

 3

Fair

 4

Poor

 5

Q2. COMPARED TO ONE YEAR AGO, how would you rate your health in general now?

(Please tick one)

115

QHLTHNOW

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

Q3. 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 on every row)

		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 type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹¹⁶ QACTIV01
b.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹¹⁷ QACTIV02
c.	Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹¹⁸ QACTIV03
d.	Climbing several flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹¹⁹ QACTIV04
e.	Climbing one flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹²⁰ QACTIV05
f.	Bending, kneeling or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹²¹ QACTIV06
g.	Walking more than one mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹²² QACTIV07
h.	Walking half a mile	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹²³ QACTIV08
i.	Walking one hundred yards	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹²⁴ QACTIV09
j.	Bathing and dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	¹²⁵ QACTIV10

Q4. 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 per row)

Yes **No**

a. Cut down the **amount of time** you spent on work or other activities

1
2

126 QNKHL01

b. **Accomplished less** than you would like

1
2

127 QNKHL02

c. Were limited in the **kind** of work or other activities you could do

1
2

128 QNKHL03

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

1
2

129 QNKHL04

Q5. 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 per row)

Yes **No**

a. Cut down the **amount of time** you spent on work or other activities

1
2

130 QNKEM01

b. **Accomplished less** than you would like

1
2

131 QNKEM02

c. Didn't do work or other activities as **carefully** as usual

1
2

132 QNKEM03

Q6. During the **past four weeks** to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? *(Please tick one)*

QHLSOC

133

Not at all	<input type="checkbox"/>	1
Slightly	<input type="checkbox"/>	2
Moderately	<input type="checkbox"/>	3
Quite a bit	<input type="checkbox"/>	4
Extremely	<input type="checkbox"/>	5

Q7. How much **bodily** pain have you had during the **past four weeks**? *(Please tick one)*

QBODPAIN

134

None	<input type="checkbox"/>	1
Very mild	<input type="checkbox"/>	2
Mild	<input type="checkbox"/>	3
Moderate	<input type="checkbox"/>	4
Severe	<input type="checkbox"/>	5
Very severe	<input type="checkbox"/>	6

Q8. During the **past four weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? *(Please tick one)*

QPAININT

135

Not at all	<input type="checkbox"/>	1
Slightly	<input type="checkbox"/>	2
Moderately	<input type="checkbox"/>	3
Quite a bit	<input type="checkbox"/>	4
Extremely	<input type="checkbox"/>	5

Q9. How much of the time during the **past four weeks**:

(Please tick one answer for each question)

	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time	
a. Did you feel full of life? QTIME01	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	136
b. Have you been a very nervous person? QTIME02	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	137
c. Have you felt so down in the dumps that nothing could cheer you up? QTIME03	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	138
d. Have you felt calm and peaceful? QTIME04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	139
e. Did you have a lot of energy? QTIME05	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	140
f. Have you felt downhearted and low? QTIME06	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	141
g. Did you feel worn out? QTIME07	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	142
h. Have you been a happy person? QTIME08	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	143
i. Did you feel tired? QTIME09	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	144

Q10. 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)?

(Please tick one answer for each question)

QHLEMSOC

	All of the time	Most of the time	Some of the time	A little 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	145

Q11. Please choose the answer that best describes how **TRUE** or **FALSE** each of the following statements is for you:

(Please tick one answer 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 QSICKEAS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	146
b.	I'm as healthy as anyone I know QHLTHAN	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	147
c.	I expect my health to get worse QHLTHWRS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	148
d.	My health is excellent QHLTHEXC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	149

Q12. How many times have you visited your GP in the last **12 months?**

QGPVISYR

ENTER NUMBER

150-51

--	--

Q13. Have you been admitted to hospital (including as a day case) in the **last 12 months?**

QHSADMYR

Yes

152
[]
1

No

[]
2

Go to question 14a

b. If yes, please specify the number of times:

QHSADMNO

ENTER NUMBER

153-54
[] []

and the reason for hospitalisation(s):

Cause 1

QHS1RSN
[]

QHS1MNTH

(month)

155-57
[] []

QHS1YR

(year)

158-63
[] [] [] []

Cause 2

QHS2RSN
[]

QHS2MNTH

(month)

164-66
[] []

QHS2YR

(year)

167-72
[] [] [] []

Cause 3

QHS3RSN
[]

QHS3MNTH

(month)

209-11
[] []

QHS3YR

(year)

212-17
[] [] [] []

Cause 4

QHS4RSN
[]

QHS4MNTH

(month)

218-20
[] []

QHS4YR

(year)

221-26
[] [] [] []

Spare
173-80
SN 1-6
Card 7-8

Q14a. 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).

QLONGILL

Yes
1

No — Go to question 15a

b. If yes, please list below

i QLONGIL1

iv QLONGIL4

ii QLONGIL2

v QLONGIL5

iii QLONGIL3

vi QLONGIL6

246-51
Spare 252-80

SN 1-6
Card 7-8

Q15a. 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 **prescribed by a doctor** (excluding contraceptive pills) within the last fourteen days?

QPRESDOC

Yes
1

No — Go to question 16a

b. If yes, please list any medicines below

And the reasons for taking

i QPRSDRG1

ii QPRSDRG2

iii QPRSDRG3

iv QPRSDRG4

v QPRSDRG5

vi QPRSDRG6

346-57

Q16a. At the moment are you following a special diet prescribed by your doctor or dietician?

QDIETSPL

Yes ³⁵⁸₁

No ₂ — Go to question 17a

b. If yes, how long have you been following such a diet?

(Please tick one)

QDIETIME

Less than 1 year ³⁵⁹₁

1-2 years ₂

3-5 years ₃

6-10 years ₄

Spare 360-380

SN 1-6
Card 7-8

Q17a. Have you ever broken/fractured a bone?

QFRBEVER

Yes ⁴⁰⁹₁

No ₂ — Go to question 18a

b. Which bone did you break/fracture?

1st injury: name of bone(s) broken

QFRB1LOC

410-11

2nd injury: name of bone(s) broken

QFRB2LOC

412-13

3rd injury: name of bone(s) broken

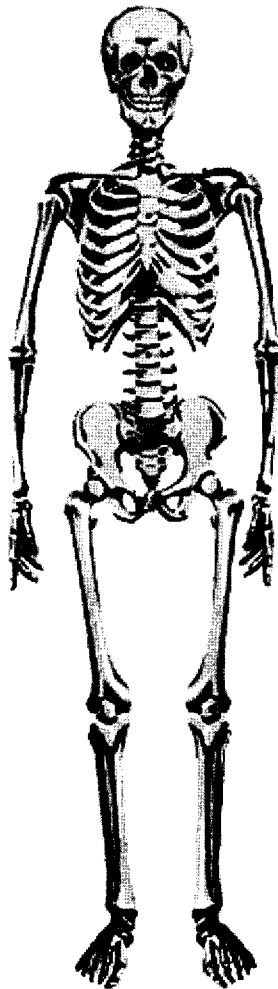
QFRB3LOC

414-15

Q17c. Please specify what caused the bone(s) to break/fracture?

	QFRB1	QFRB2F	QFRB3F
	1 st injury	2 nd injury	3 rd injury
i. Fall from greater than standing height e.g. from chair or stairs	416 <input type="text"/> 1	417 <input type="text"/> 1	418 <input type="text"/> 1
ii. Fall from standing height e.g. walking	<input type="text"/> 2	<input type="text"/> 2	<input type="text"/> 2
iii. Fall from less than standing height e.g. getting out of a chair	<input type="text"/> 3	<input type="text"/> 3	<input type="text"/> 3
iv. Road traffic accident	<input type="text"/> 4	<input type="text"/> 4	<input type="text"/> 4
v. High energy trauma e.g. sports injury	<input type="text"/> 5	<input type="text"/> 5	<input type="text"/> 5
vi. Other, please specify	<input type="text"/> 6	<input type="text"/> 6	<input type="text"/> 6

Please mark the skeleton below with a cross to show where the break/fractures occurred. For the first injury label injury 1, for second label injury 2 etc.



Q18a. Has a doctor ever told you that you have Osteoporosis, brittle bones, or bone loss?

QOST

Yes ⁴¹⁹₁

No ₂ — Go to page 14

b. If yes, when was the first time your doctor diagnosed this? ENTER YEAR

⁴²⁰⁻²³

QOSTFST

WOMEN'S HEALTH - MEN PLEASE GO TO QUESTION 22

Q19a. Are you still having periods or menstrual bleeding?

QPERIODS

Yes ⁴²⁴₁ — Go to question 20a

No ₂

b. How old were you when your periods, or menstrual bleeding stopped?

QPERAGE

ENTER AGE ⁴²⁵⁻²⁶ years

c. Were your periods or menstrual bleeding stopped by:

(Please tick one)

QPERWHY

Natural menopause

⁴²⁷₁

Hysterectomy (removal of womb only)

₂

Hysterectomy (plus removal of ovaries)

₃

Chemotherapy/radiation therapy

₄

Other (Please specify e.g. endometrial ablation, TRCE)

₅

Q20a. Have you ever had hormone replacement therapy (HRT)?

QHORMEV

Yes ⁴²⁸₁

No ₂ — Go to question 21a

b. Are you still taking HRT?

QHORMNOW

Yes ⁴²⁹₁

No ₂ — Go to question 21a

c. What brand are you taking?

Patch/implant
QHORMCPA

Yes ⁴³⁰ 1 — Name
 No 2

431-42

Tablet
QHORMCTA

Yes ⁴⁴³ 1 — Name
 No 2

444-55

d. Before you first started HRT, had your periods or menstrual bleeding stopped?

QHRSTOP

Yes ⁴⁵⁶ 1
 No 2 — Go to question 21a

e. How old were you when your periods stopped?

QHRPAGE

ENTER AGE ⁴⁵⁷⁻⁵⁸ years

f. Were your periods stopped by

QHRPWHY

(Please tick one)

⁴⁵⁹ 1 Natural menopause
 2 Hysterectomy (removal of womb only)
 3 Hysterectomy (plus removal of ovaries)
 4 Chemotherapy/radiation therapy
 5 Other (Please specify e.g. endometrial ablation, TRCE?)

If you are no longer having periods or menstrual bleeding, please go to question 22

Q21a. Are you taking any contraceptive pills?

QORALCON

Yes ⁴⁶⁰ 1
 No 2 — Go to question 22

b. Which pill are you currently taking?

Please give the name

QOCTYPE

461-62

FOR MEN AND WOMEN - 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...

(Tick one box for each question)

	QGHQ01	Better than usual	Same as usual	Less than usual	Much less than usual	
Q22.	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	463

	QGHQ02	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q23.	Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	464

	QGHQ03	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q24.	Been having restless, disturbed nights?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	465

	QGHQ04	More so than usual	Same as usual	Rather less than usual	Much less than usual	
Q25.	Been managing to keep yourself busy and occupied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	466

	QGHQ05	More so than usual	About the same as usual	Less than usual	Much less than usual	
Q26.	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	467

	QGHQ06	Better than most	About the same	Rather less well	Much less well	
Q27.	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	468

	QGHQ07	Better than usual	About the same	Less well than usual	Much less well	
Q28.	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	469

QGHQ08

More satisfied About the same as usual Less satisfied than usual Much less satisfied

Q29. Been satisfied with the way you've carried out your task(s)? 1 2 3 4 509

QGHQ09

Better than usual About the same as usual Less well than usual Much less well

Q30. Been able to feel warmth and affection for those near to you? 1 2 3 4 510

QGHQ10

Better than usual About the same as usual Less well than usual Much less well

Q31. Been finding it easy to get on with other people? 1 2 3 4 511

QGHQ11

More time than usual About the same as usual Less time than usual Much less than usual

Q32. Spent much time chatting with people? 1 2 3 4 512

QGHQ12

More so than usual Same as usual Less useful than usual Much less useful

Q33. Felt that you are playing a useful part in things? 1 2 3 4 513

QGHQ13

More so than usual Same as usual Less so than usual Much less capable

Q34. Felt capable of making decisions about things? 1 2 3 4 514

QGHQ14

Not at all No more than usual Rather more than usual Much more than usual

Q35. Felt constantly under strain? 1 2 3 4 515

QGHQ15

Not at all No more than usual Rather more than usual Much more than usual

Q36. Felt you couldn't overcome your difficulties? 1 2 3 4 516

QG HQ16

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q37. Been finding life a struggle all the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	517

QG HQ17

	More so than usual	Same as usual	Less so than usual	Much less than usual	
Q38. Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	518

QG HQ18

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q39. Been taking things hard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	519

QG HQ19

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q40. 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	520

QG HQ20

	More so than usual	Same as usual	Less able than usual	Much less able	
Q41. Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	521

QG HQ21

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q42. Found everything getting on top of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	522

QG HQ22

	Not at all	No more than usual	Rather more than usual	Much more than usual	
Q43. Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	523

QGHQ23

Q44. Been losing confidence in yourself?

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	524

QGHQ24

Q45. Been thinking of yourself as a worthless person?

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	525

QGHQ25

Q46. Felt that life is entirely hopeless?

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	526

QGHQ26

Q47. Been feeling hopeful about your own future?

More so than usual	About the same as usual	Less so than usual	Much less hopeful	
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	527

QGHQ27

Q48. Been feeling reasonably happy, all things considered?

More so than usual	About the 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	528

QGHQ28

Q49. Been feeling nervous and strung-up 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	529

QGHQ29

Q50. Felt that life isn't worth living?

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	530

QGHQ30

Q51. Found at times you couldn't do anything because your nerves were too bad?

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	531

This section concerns chest pain and other aspects of heart disease.

Q52a. Have you ever had any pain or discomfort in your chest?

QCHPAIN

Yes ⁵³²
1

No ₂

Go to question 53a

b. If yes, Do you get this pain or discomfort when you walk uphill or hurry?

QCHPUPH

Yes ⁵³³
1

No ₂

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

QCHPLEV

Yes ⁵³⁴
1

No ₂

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

QCHPACT

(Please tick one)

Stop ⁵³⁵
1

Slow down ₂

Continue at the same pace ₃

e. Does it go away when you stand still?

QCHPSTOP

Yes ⁵³⁶
1

No ₂

Go to question 52g

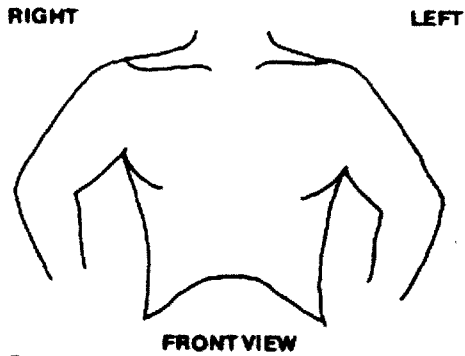
f. If yes, how soon?

QCHPTIME

In 10 minutes or less ⁵³⁷
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
 QCHPSIT1 QCHPSIT2 QCHPSIT3 QCHPSIT4



QCHPSIT5 QCHPSIT6 QCHPSIT7 QCHPSIT8 QCHPSIT9

- Q53a.** Have you ever had a severe pain across the front of your chest lasting half an hour or more?

QCHPEXT

Yes ⁵⁴⁷₁

No ₂ — Go to question 54

- b.** If yes:
Did you talk to a doctor about it?

QCHPDOC

Yes ⁵⁴⁸₁

No ₂ — Go to d

- c.** If yes:
What did he/she say it was?

549-51

QCHPDIAG

- d.** How many of these attacks have you had?

QCHPNUM

ENTER NUMBER

552-53

Q54. These questions concern any TEST(S) or TREATMENT(S) you may have had for CHEST PAIN or HEART DISEASE.

Since 1997 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)

QEXECGYR

QEXECG

		YEAR		HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/> ⁶⁰⁹ 1			
No	<input type="checkbox"/> ⁶¹⁰⁻¹³ 2			

CONSULTANT

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

QAGRAMYR

QAGRAM

		YEAR		HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/> ⁶¹⁴ 1			
No	<input type="checkbox"/> ⁶¹⁵⁻¹⁸ 2			

CONSULTANT

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

QAPLASYR

QAPLAS

		YEAR		HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/> ⁶¹⁹ 1			
No	<input type="checkbox"/> ⁶²⁰⁻²³ 2			

CONSULTANT

QCABGYR

d. Coronary artery bypass graft (CABG) operation

QCABG

Yes ⁶²⁴ ⁶²⁵⁻²⁸ YEAR

No ₁ ₂

HOSPITAL NAME/TOWN

CONSULTANT

QADMCHYR

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

QADMCH

Yes ⁶²⁹ ⁶³⁰⁻³³ YEAR

No ₁ ₂

HOSPITAL NAME/TOWN

CONSULTANT

QOHTOAYR

f. Other heart tests or operations, or admissions to hospital for other heart trouble.

QOHTOA

Yes ⁶³⁴ ⁶³⁵⁻³⁸ YEAR

No ₁ ₂

HOSPITAL NAME/TOWN

CONSULTANT

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

QOHTOAT1 QOHTOAT2 QOHTOAT3 QOHTOAT4 QOHTOAT5
 QOHTOAT6 QOHTOAT7 QOHTOAT8 QOHTOAT9

639-56

Q55a. Has a doctor ever told you that you have had ANGINA?

QANG

Yes ⁶⁵⁷ ₁

No ₂

Go to question 55e

b. If yes: **QANGFST** 658-61
When was the first time? ENTER YEAR

--	--	--	--

c. Are you still suffering from angina?
QANGSTIL
Yes

1

No

2

d. **QANGLST** 663-66
When was the last time you had angina?
ENTER YEAR

--	--	--	--

e. Has a doctor ever told you that you have had a
HEART ATTACK (MYOCARDIAL INFARCT/
CORONARY THROMBOSIS)?
QMI
Yes

1

No

2

 — Go to h

f. How many heart attacks have you had?
QMINUM ENTER NUMBER

--	--

668-69

g. When were these attacks?
QMIFST ENTER YEAR 708-12
1st heart attack

--	--	--	--

QMI2ND 2nd heart attack

--	--	--	--

713-16

QMI3RD 3rd heart attack

--	--	--	--

717-20

h. Have you ever had any OTHER HEART TROUBLE
suspected or confirmed? (e.g. valve disease,
congenital heart disease or irregular heart beat)
QOHT
Yes

1

No

2

721

If yes:
Please specify

QOHTDIA1	QOHTDIA2	QOHTDIA3
QOHTDIA4		

722-39

Spare 670-80
SN 1-6
Card 7-8

Spare 740-44

SECTION 2 -This section is about your employment status

Q56a. Are you still working as a Civil Servant?

QCSSTILL

Yes ⁷⁴⁵₁

No ₂ — Go to question 57

b. In which Ministry/Department do you work?

746-49

c. Please give your present Civil Service grade/job title - IN FULL

750-53

d. Which of the following is closest to your current grade?

(Please tick one)

QCSCCLGD

Administrative Assistant (AA)

⁷⁵⁴⁻⁵⁵₀₁

Administrative Officer (AO)

₀₂

Executive Officer (EO)

₀₃

Higher Executive Officer (HEO)

₀₄

Senior Executive (SEO)

₀₅

Grade 7

₀₆

Grade 6

₀₇ — Go to question 67

Grade 5

₀₈

Grade 4

₀₉

Grade 3

₁₀

Grade 2

₁₁

Grade 1

₁₂

(Month)

(Year)

Q57. If you are NOT still working in the Civil Service, when did you leave?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

756-61

Q58a. Please give your last Civil Service grade/job title - IN FULL

762-65

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

(Please tick one)

766-67

QLRCLGD

Administrative Assistant (AA)

<input type="checkbox"/>	01
--------------------------	----

Administrative Officer (AO)

<input type="checkbox"/>	02
--------------------------	----

Executive Officer (EO)

<input type="checkbox"/>	03
--------------------------	----

Higher Executive Officer (HEO)

<input type="checkbox"/>	04
--------------------------	----

Senior Executive (SEO)

<input type="checkbox"/>	05
--------------------------	----

Grade 7

<input type="checkbox"/>	06
--------------------------	----

Grade 6

<input type="checkbox"/>	07
--------------------------	----

Grade 5

<input type="checkbox"/>	08
--------------------------	----

Grade 4

<input type="checkbox"/>	09
--------------------------	----

Grade 3

<input type="checkbox"/>	10
--------------------------	----

Grade 2

<input type="checkbox"/>	11
--------------------------	----

Grade 1

<input type="checkbox"/>	12
--------------------------	----

Q59. By which route did you leave the Civil Service?

(Please tick one)

768-69

QLRROUT

Retirement at 60

 01

Voluntary Early Retirement

 02

Retirement on health grounds

 03

Voluntary Compulsory Redundancy

 04

Redundancy

 05

Transfer to company through privatisation

 06

Left to take a post outside the Civil Service

 07

Left to become self-employed

 08

Other (please specify)

 09

Q60. Have you had any paid jobs since leaving the Civil Service?

QLRPAID

Yes

 ⁷⁷⁰
1

No

 2

Go to question 62

Q61. If yes:
How many paid jobs have you had since leaving the Civil Service, including your present job if you have one?

QLRPAIDN

Enter number

 ⁷⁷¹⁻⁷²

Q62. Excluding your present situation, have you had any periods of unemployment since leaving the Civil Service?

QLRPUNEM

809

Yes 1

No 2 — Go to question 64

Q63. Do your previous periods of unemployment add up to...

QLRPUTIM

(Please tick one)

810

Less than 3 months 1

3-6 months 2

6-12 months 3

more than 12 months 4

Q64. Are you currently in paid employment?

QLREMP

811

Yes 1 — Go to question 66a

No 2

Q65. If you are not currently in paid employment, would you classify yourself as:

QLRNE

(Please tick one)

812

Unemployed 1

Retired 2

Long term sick 3

Other (please specify) 4

— Go to question 70

Q66a. What is the exact title of your main current job, including those of you who are self-employed? (Please give the full title by which the job is known and give the rank or grade if you have one)

QLRESC QLRESEG

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

813-15

816-17

818-20

c. What sort of work place do you work at?

(Please tick one)

QLREPL

821-22

Factory or workshop

01

Agriculture/farming or forestry business

02

Transport business (airline, railway, shipping)

03

Shop

04

Bank or building society

05

Other private company office

06

National or local government office

07

School, college or university

08

Hospital, Health Centre

09

Other, please describe

10

d. How many people work at the place where you work?

QLREMAN Y

(Please tick one)

823

1-9	1
10-24	2
25-49	3
50 or more	4

e. Are you an employee or self-employed?

QLREMPEE

824

Employee	1	Go to h
Self-employed	2	Go to f

f. Do you employ other people?

QLREMPPL

825

Yes	1	
No	2	Go to question 67

g. How many people do you employ?

QLREPPPLN

826

1-24	1
25 or more	2

h. Are you:

QLRECHAR

(Please tick one)

827

A manager	1	} Go to i
a foreman or supervisor	2	
or none of the above	3	Go to question 67

i. How many people do you manage or supervise?

QLRECHNO

828

1-24	1
25 or more	2

TO BE ANSWERED BY EVERYONE IN EMPLOYMENT

Q67. Is your job...

QEFTPT

829

full-time

part-time

Q68. How secure do you feel in your present job?

QESECURE

(Please tick one)

830

Very secure

Secure

Insecure

Very insecure

Q69. Over the past three years has your job:

QESECHNG

(Please tick one)

831

Become more secure

Remained unchanged

Become less secure

Q70. How much do you agree or disagree with the following statements?

(Please tick one)

	Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly agree	
<p>a. At home, I feel I have control over what happens in most situations</p> <p>QCONTHM</p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="6"/>	832
<p>b. At work, I feel I have control over what happens in most situations</p> <p>QCONTWK</p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="6"/>	833
<p>c. Over the next 5-10 years I expect to have many more positive than negative experiences</p> <p>QPOSEXP</p>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="1"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="2"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="3"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="4"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="5"/>	<input style="width: 40px; height: 20px; border: 1px solid black;" type="text" value="6"/>	834

Q71a. Are you married or cohabiting?

QMARCOH

Yes ⁸³⁵₁ — Go to question 72

No ₂

b. If NOT married/cohabiting, are you

QNOTMAR

Single, never married ⁸³⁶₁ — Go to question 72

Widowed ₂

Divorced ₃

Separated ₄

QWDSYEAR

Year

⁸³⁷⁻⁴⁰

c. If widowed/divorced or separated - what year did this happen?

QDEVSEP

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

QDOB QMOB QYOB
 (Day) (Month) (Year)

Q72. What is your date of birth?

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	1	9	<input type="text"/>	<input type="text"/>
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⁸⁴¹⁻⁴⁸

Q73a. How old was your father when he finished full-time continuous education?

QAGEEDF

ENTER AGE ⁸⁴⁹⁻⁵⁰ years

b. What is/was your father's main job? (Please give the full title by which the job is/was known and give the rank or grade if he has/had one)

QSOCF

c. What kind of work does/did your father do in that job? (list the main things he does/did in the job)

d. What qualifications or training, if any, are/were necessary for that job?

851-53

854-55

856-57

e. Is/was he an employee or self employed?

QEMPF

Employee

859

1

Self-employed

2

f. How many people work/worked at his place of work?

QPEOPF

Less than 25 employees

860

1

25 or more employees

2

g. Is/was he in charge of other people?

QSUPF

Yes

861

1

Go to h

No

2

Go to question 74

h. If yes,
How many?

QSUPNF

1-24

862

1

25 or more

2

QDOC QMOC QYOC
(Day) (Month) (Year)

Q74. Please enter today's date:

				2	0	0	1
--	--	--	--	---	---	---	---

863-70

PLEASE ADD ANY COMMENTS BELOW

QCMNT

871
Spare 872-80

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE. PLEASE
RETURN IT IN THE LARGE REPLY-PAID ENVELOPE ADDRESSED TO:
The *National Centre for Social Research*
Operations Dept.
100 Kings Road
Brentwood
*Essex CM14 4LX***