Label

Health Survey

Stress and Health Study

Phase 13: 2019-20

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 would 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. If at any point you feel that you are unable to complete some or all the questions, somebody else, such as a relative or a carer could help you. As usual, your participation is voluntary and you can decline to participate at any point.

The answers to these questions will be kept strictly confidential. All information gathered from you will be pseudonymised, so that you will not be identified, before being used in research. The information held and maintained by The Health and Social Care Information Centre and other central UK NHS bodies, may be used to provide further information about your health status. All your personal information will be treated in the strictest confidence in accordance with the General Data Protection Regulation (GDPR) 2018, the Data Protection Act (DPA) 2018 and the NHS Information Governance requirements. Any previous blood samples you may have provided are stored and used in accordance with the UK Human Tissue Act (2004) and The Codes of Practice laid down by the Human Tissue Authority (HTA).

To contact the Stress and Health research team, or get information about the results of the study, please contact us at:

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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 we do hope that you understand why it is so important.

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

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 ☑ 1

No ☐ 2

or sometimes you have to write numbers in the box to complete a date,

for example | 2 | 0 | 1 | 9 |

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

Section 1: About your health

1 **Please enter today's date:**

Day		Month		Year			
				2	0		

2 **In general would you say your health is:**

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?**

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	☐ 1	☐ 2	☐ 3
(b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐ 1	☐ 2	☐ 3
(c) Lifting or carrying groceries	☐ 1	☐ 2	☐ 3
(d) Climbing **several** flights of stairs	☐ 1	☐ 2	☐ 3
(e) Climbing **one** flight of stairs	☐ 1	☐ 2	☐ 3
(f) Bending, kneeling or stooping	☐ 1	☐ 2	☐ 3
(g) Walking **more than one mile**	☐ 1	☐ 2	☐ 3
(h) Walking **half a mile**	☐ 1	☐ 2	☐ 3
(i) Walking **one hundred yards**	☐ 1	☐ 2	☐ 3
(j) Bathing and dressing yourself	☐ 1	☐ 2	☐ 3

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

	Yes	No
(a) Cut down the **amount of time** you spent on work or other activities	1	2
(b) **Accomplished less** than you would like	1	2
(c) Were limited in the **kind** of work or other activities you could do	1	2
(d) Had **difficulty** performing your work or other activities (for example, it took extra effort)	1	2

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

	Yes	No
(a) Cut down the **amount of time** you spent on work or other activities	1	2
(b) **Accomplished less** than you would like	1	2
(c) Didn't do work or other activities as **carefully** as usual	1	2

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

- 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?**

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)?**

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?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(b) Have you been a very nervous person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(c) Have you felt so down in the dumps that nothing could cheer you up?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(d) Have you felt calm and peaceful?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(e) Did you have a lot of energy?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(f) Have you felt downhearted and low?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(g) Did you feel worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(h) Have you been a happy person?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(i) Did you feel tired?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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

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
☐ 1	☐ 2	☐ 3	☐ 4	☐ 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	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
(b) I'm as healthy as anyone I know	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
(c) I expect my health to get worse	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5
(d) My health is excellent	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5

Medication

13 **(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?** You may want to check your medicine bottles, pill box or prescription sheet for the exact name.

Yes 1 No 2 → Go to **14** **(a)**

(b)	If yes, please list any medicines below	And the reasons for taking them
(i)		
(ii)		
(iii)		
(iv)		
(v)		
(vi)		
(vii)		
(viii)		

14 **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	1	2
(b) Walking across a room	1	2
(c) Bathing or showering	1	2
(d) Eating, such as cutting up your food	1	2
(e) Getting in or out of bed	1	2
(f) Getting up from chair after sitting long periods	1	2
(g) Using the toilet, including getting up or down	1	2
(h) Using a map to figure out how to get around in a strange place	1	2
(i) Recognising when you are in physical danger	1	2
(j) Preparing a hot meal	1	2
(k) Shopping for groceries	1	2
(l) Making telephone calls	1	2
(m) Communication (speech, hearing or eyesight)	1	2
(n) Taking medication	1	2
(o) Doing work around the house or garden	1	2
(p) Managing money, such as paying bills and keeping track of expenses	1	2
(q) Controlling bowel and bladder completely by yourself	1	2
(r) Doing personal laundry completely	1	2
(s) Travelling independently on public transport or drive own car	1	2
(t) Pulling or pushing large objects	1	2

15 **Do you feel you need help with any of the day-to-day tasks listed in question 14?**

Please tick one

Yes 1

No 2

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

Please tick one

- 5 hours or less ☐ 1
- 6 hours ☐ 2
- 7 hours ☐ 3
- 8 hours ☐ 4
- 9 hours or more ☐ 5

17 **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?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(b) Wake up several times per night?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(c) Have trouble staying asleep (including waking far too early)?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(d) Wake up after your usual amount of sleep feeling tired and worn out?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6
(e) Have disturbed or restless sleep?	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

18 **(a)** **Is your eyesight (with your glasses if you wear them):**

Please tick one

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

(b) **Is your hearing (with your hearing aids if you use them):**

Please tick one

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

19 **Have you ever been told by a doctor that you have, or have had, any of the following?**

Please tick one answer per row

	Yes	No	If yes, what year was this first diagnosed?
(a) Osteoarthritis ('wear and tear' arthritis)	1	2	Year
(b) Rheumatoid arthritis	1	2	Year
(c) Gout	1	2	Year
(d) Osteoporosis	1	2	Year
(e) Diabetes	1	2	Year
(f) Chronic obstructive pulmonary disease (COPD) or emphysema	1	2	Year
(g) Asthma	1	2	Year

Section 2: About your lifestyle

Exercise

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

20 **Thinking about the days of the PAST WEEK.**

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

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

Minutes

On **each weekday**

On **each weekend day**

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

Minutes

On **each weekday**

On **each weekend day**

21 **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+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Golf

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Swimming

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

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

Other, activity 1 *(please specify)*

☐

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

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

Other, activity 2 *(please specify)*

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

0 1 2 3 4 5 6

(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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

0 1 2 3 4 5 6

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

0 1 2 3 4 5 6

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

(please specify)

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

0 1 2 3 4 5 6

(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+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Cooking

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Hanging out washing

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Other housework for example, dusting, ironing, hoovering

Other housework, activity 1 *(please specify)*

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

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

None ½ 1-1½ 2-3 4-5 6-10 11+

☐0 ☐1 ☐2 ☐3 ☐4 ☐5 ☐6

Other housework for example, dusting, ironing, hoovering

Other housework, activity 2 *(please specify)*

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

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

None	½	1-1½	2-3	4-5	6-10	11+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

(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+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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

None	½	1-1½	2-3	4-5	6-10	11+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Painting/decorating

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

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

None	½	1-1½	2-3	4-5	6-10	11+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Other DIY for example, household repairs, woodwork, bricklaying

(please specify)

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

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

None	½	1-1½	2-3	4-5	6-10	11+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

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

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

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

None	½	1-1½	2-3	4-5	6-10	11+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Additional/other activity 2 *(please specify)*

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

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

None	½	1-1½	2-3	4-5	6-10	11+
☐ 0	☐ 1	☐ 2	☐ 3	☐ 4	☐ 5	☐ 6

Smoking habits

22 **(a) Do you smoke cigarettes now (that is, not cigars, electronic cigarettes or a pipe)?**

Yes ☐ 1

No ☐ 2 → Go to **23**

Social/Occasional smoker ☐ 3

If Yes or Social/Occasional smoker…

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

23 **Please specify if you smoke one of the following:**

Electronic cigarettes ☐ 1

Cigars ☐ 2

Pipes ☐ 3

None ☐ 4

Drinking habits

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

Yes [1] → Go to **25**

No [2]

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

Yes [1]

No [2]

Please go to question 27.

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

Yes [1]

No [2] → Go to **26**

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 ☐

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

(d) Beer (including lager and cider)? Pints ☐

26 **Thinking about the past 12 months:**

Please tick one box for each question

	Never	Monthly or less	2-4 times per month	2-3 times per week	4+ times per week
(a) How often do you have a drink containing alcohol?	[1]	[2]	[3]	[4]	[5]
	1-2 drinks	3-4 drinks	5-6 drinks	7-9 drinks	10+ drinks
(b) How many drinks do you have on a typical day when you are drinking?	[1]	[2]	[3]	[4]	[5]
	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
(c) How often do you have six or more drinks in one occasion?	[1]	[2]	[3]	[4]	[5]

Food habits

27 **What type of bread do you eat most frequently?**

Please tick one

- White [1]
- Wholemeal [2]
- Granary or wheatmeal [3]
- Other brown [4]
- Both brown and white [5]
- Do not eat bread [6]

28 **How often do you eat fresh fruit or vegetables?**

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]
- 3-4 times a week [5]
- 5-6 times a week [6]
- Once a day [7]
- 2-3 times daily [8]
- 4 or more times daily [9]

Section 3: About your life in general

29 **(a) Is the accommodation in which you live…** **Please tick one**

Owned outright/Mortgaged (by yourself or friend/family) ☐ 1

Rented (by yourself or friend/family) ☐ 2

A care home ☐ 3

(b) Do you live in sheltered or warden assisted accommodation?

Yes ☐ 1

No ☐ 2

Household

30 **(a) Do you live on your own?**

Yes ☐ 1 → Go to **31**

No ☐ 2

(b) If No, how many people do you share your household with (excluding yourself)?

Enter number ☐

(c) Please specify below who they are.

	Number in household
Spouse/partner	☐
Parents, parents-in-law	☐
Children	☐
Grandchildren	☐
Other relative e.g. sister	☐
Non-relative/friend	☐
Lodger/paying guest	☐

31 **(a) Do you have a carer(s) who visits you regularly or stays in your household?**

Yes ☐ 1

No ☐ 2 → Go to **32**

(b) If Yes, how many days per week on average does your carer visit you?

Enter number ☐☐

(c) If Yes, how many nights per week on average does your carer stay with you overnight?

Enter number ☐☐

32 **(a) Are you currently married/cohabiting/in a civil partnership?**

Yes ☐ 1 → Go to **33**

No ☐ 2

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

Please tick one

Single, never married ☐ 1 → Go to **33**

Widowed ☐ 2

Divorced ☐ 3

Separated ☐ 4

(c) If widowed, divorced or separated – what year did this last happen?

Year ☐☐☐☐

Friends and relatives

33 **(a) Are there any relatives outside your household with whom you have regular contact (either by visit, telephone, e-mail or letters)? (Not necessarily the same person each time)**

Please tick one

- Almost daily ☐ 1
- About once a week ☐ 2
- About once a month ☐ 3
- Once every few months ☐ 4
- Never/Almost never ☐ 5
- No relatives outside household ☐ 6 → Go to **34**

(b) How often do you regularly visit or are visited by these relatives?

Please tick one

- Almost daily ☐ 1
- About once a week ☐ 2
- About once a month ☐ 3
- Once every few months ☐ 4
- Never/Almost never ☐ 5

(c) How many relatives do you see once a month or more?

Please tick one

- None ☐ 1
- 1-2 ☐ 2
- 3-5 ☐ 3
- 6-10 ☐ 4
- More than 10 ☐ 5

34 **(a) Are there friends or acquaintances with whom you have regular contact (either by visit, telephone, e-mail or letters)? (Not necessarily the same person each time)**

Please tick one

- Almost daily 1
- About once a week 2
- About once a month 3
- Once every few months 4
- Never/Almost never 5

(b) How often do you regularly visit or are visited by these friends or acquaintances

Please tick one

- Almost daily 1
- About once a week 2
- About once a month 3
- Once every few months 4
- Never/Almost never 5

(c) How many friends or acquaintances do you see once a month or more?

Please tick one

- None 1
- 1-2 2
- 3-5 3
- 6-10 4
- More than 10 5

Feelings

35 **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	☐ 0	☐ 1	☐ 2	☐ 3
(b) I did not feel like eating, my appetite was poor	☐ 0	☐ 1	☐ 2	☐ 3
(c) I felt that I could not shake off the blues even with help from my family and friends	☐ 0	☐ 1	☐ 2	☐ 3
(d) I felt that I was just as good as other people	☐ 0	☐ 1	☐ 2	☐ 3
(e) I had trouble keeping my mind on what I was doing	☐ 0	☐ 1	☐ 2	☐ 3
(f) I felt depressed	☐ 0	☐ 1	☐ 2	☐ 3
(g) I felt that everything I did was an effort	☐ 0	☐ 1	☐ 2	☐ 3
(h) I felt hopeful about the future	☐ 0	☐ 1	☐ 2	☐ 3
(i) I thought my life had been a failure	☐ 0	☐ 1	☐ 2	☐ 3
(j) I felt fearful	☐ 0	☐ 1	☐ 2	☐ 3
(k) My sleep was restless	☐ 0	☐ 1	☐ 2	☐ 3
(l) I was happy	☐ 0	☐ 1	☐ 2	☐ 3
(m) I talked less than usual	☐ 0	☐ 1	☐ 2	☐ 3
(n) I felt lonely	☐ 0	☐ 1	☐ 2	☐ 3
(o) People were unfriendly	☐ 0	☐ 1	☐ 2	☐ 3
(p) I enjoyed life	☐ 0	☐ 1	☐ 2	☐ 3
(q) I had crying spells	☐ 0	☐ 1	☐ 2	☐ 3
(r) I felt sad	☐ 0	☐ 1	☐ 2	☐ 3
(s) I felt that people disliked me	☐ 0	☐ 1	☐ 2	☐ 3
(t) I could not get going	☐ 0	☐ 1	☐ 2	☐ 3

Section 4: About your past and present work

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

Yes [1] → Go to **38**

No [2]

37 **(a) If you are not currently in paid employment, would you classify yourself as?**

Please tick one

Unemployed seeking work [1]

Retired [2]

Long term sick/disabled [3]

Looking after family or home [4]

Other *(please specify)* [5]

(b) Please give the date when you left your last main job.

Month [ ][ ] Year [ ][ ][ ][ ]

Please go to question 39.

The following question applies only to those who are currently in paid employment.

38 **Thinking about your main job, how many hours do you work in a normal week, including work brought home?**

Hours [ ]

39 **(a) This questionnaire was completed…**

Please tick one

Independently ☐ 1

With assistance or by somebody else on my behalf ☐ 2 → Go to **(b)**

(b) If completed with assistance or by somebody else, please indicate why.

Please tick all that apply

Poor eyesight ☐ 1

Difficulty reading ☐ 2

Difficulty writing ☐ 3

Poor health ☐ 4

Mental Incapacity, for example Alzheimer's disease or dementia ☐ 5

Other *(please specify)* ☐ 6

Please use the space below to add any further comments

Thank you for completing this questionnaire