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# HEALTH SURVEY

Conducted by the University College London/Middlesex  
Hospital Medical School and the Civil Service  
Medical Advisory Service.

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**CONFIDENTIAL**

We are interested in identifying the characteristics of work and personal environment which may adversely or beneficially affect people's health. We should, therefore, be grateful if you would complete this questionnaire which asks some general background questions as well as a few questions about your activities.

The answers to all 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.

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**PLEASE USE BLOCK LETTERS THROUGHOUT**

Once returned, the personal identification section below will be removed. This will ensure the preservation of confidentiality in subsequent handling of the questionnaires.

FORENAMES (in full) .....

SURNAME .....

HOME ADDRESS .....

MINISTRY/DEPARTMENT ..... MINDEP .....

DIVISION .....

BRANCH OR SECTION .....

Official telephone number  
(if available) .....

**Six to eight weeks following the examination you will be sent a letter about your results and appropriate advice. A letter for your general practitioner will be enclosed for you to give him/her**

This questionnaire asks about features of your way of life which may affect your health. To study this we need to monitor your health over the next 5-7 years. Therefore, **we are asking your permission to obtain your sickness record from your department** and in cases of serious illness to obtain details from your general practitioner.

Again we wish to assure you that such information will be **absolutely confidential. Under no circumstances will an individual record be made available to anyone: either connected with the Civil Service or outside.** It will not be possible for anyone to be identified from any scientific publication.

Consent given:                      Yes    No  
(Please circle one)

If yes, please sign your name here .....

If you have given your consent, please could you provide the following information:

NATIONAL INSURANCE NUMBER .....  
(you can get this from your payslip)

PAYROLL NUMBER/PAY REFERENCE .....  
(also on your payslip)

NATIONAL HEALTH SERVICE NUMBER .....  
(You can find your National Health Service No. on your medical card or obtain it from your general practitioner. Please note that it is not the same as your National Insurance No.)

Your General Practitioner's name      NAME .....  
and address

ADDRESS .....  
.....  
.....

THANK YOU

# HEALTH SURVEY

## General Instructions

### Please read these notes before filling in the rest of the form

Please answer all the questions.

The answer to most questions can be indicated by circling the appropriate number.

e.g. What is your sex?

Male  1  
Female  2

Where the answer requires you to write numbers, a rectangle is used.

e.g. What is your date of birth?

19   
Day Month Year

Where the answer is likely to involve a phrase or sentence lines are given.

e.g. What is your civil service grade?

HEO

---

1. a) What is your date of birth?

DOB	MOB	19	YOB
Day	Month		Year

b) Sex:

SEX	
Male	1
Female	2

2 a) What is your civil service grade? (e.g. HEO or SEO)

GRADE	LEVEL	PROF
.....	.....	.....

b) What was your first civil service grade?

FSTGRADE	FSTLEVEL	FSTPROF
.....	.....	.....

3. In what year did you first join the civil service?

19

Year

JOINCS

4. a) How many changes of post within the civil service have you had during the last 5 years?

CNGPOST

b) How many changes of grade have you had during the last 5 years?

Enter numbers

CHGGRD

5. a) How old were you when you finished full-time education?

AGEED

Age

b) Now thinking just of your full-time education: what type of school or college did you last attend full-time?

Elementary or secondary school	1
University/Polytechnic	2
Nursing School/Teaching Hospital	3
Some other type of college	4
Other. (please specify)	5

6. What is your marital status

Circle one only

Married	1
Cohabiting	2
Single (never married)	3
Divorced or separated	4
Widowed	5

If Yes, go to Question 7a

If Yes, go to Question 7c

If Not now married or cohabiting, go to Question 8

7. If 'now married'

FIRSTMAR

a) is this your first marriage?

Yes	1
No	2

If Yes, go to Question 7c

If No

PREVMAR

b) How did your previous marriage end?

Widowed	1
Divorced	2

c) How old was your spouse [partner] when he/she finished full-time education?

AGEEDSP

age

d) Now thinking just of your spouse's [partner's] full-time education: what type of school or college did he/she last attend full-time?

Elementary or secondary school	1
University/Polytechnic	2
Nursing School/Teaching Hospital	3
Some other type of college	4
Other (please specify)	5

Continued

Continued

WORKSP

e) Is your spouse [partner] currently doing any paid work?

Circle one only

- Yes: Full-time (over 30 hours/week) 1
- Yes: Part-time (less than 30 hours/week) 2
- No: Unemployed — seeking work 3
- No: Looking after the house/family 4
- No: Not working — other reasons 5

If, **Not Working**, go to Question 8

SEGSP SOCSP

If spouse/partner is working:

f) What is your spouse's [partner's] main current job. What kind of work does he/she do in it?

g) What qualifications or training if any are necessary for that job?

h) Is he/she an employee 1 EMPSP  
or: self employed 2

i) How many people work at his/her place of work?  
Less than 25 employees 1 PEOPSP  
25 or more employees 2

j) Is he/she in charge of other people? SUPSP  
Yes 1  
No 2

k) If **Yes**, how many?  SUPNSP

ACCOM

8. Is the accommodation in which you live owned or rented?

- Own outright or have mortgage 1
- Rent from local authority 2
- Rent privately unfurnished 3
- Rent privately furnished 4

9. Does anyone live in your household besides you?

- Yes 1
- No 2 ACSHARE

If **No**, go to Question 11

If **Yes**,

10. Who lives in your household besides you? Answer all parts

- |  | Yes                  | No |        |
|--|----------------------|----|--------|
| a) Spouse or partner                       | 1                    | 2  | ACSP   |
| b) Your mother                             | 1                    | 2  | ACMO   |
| c) Your father                             | 1                    | 2  | ACFA   |
| d) Your spouse's mother                    | 1                    | 2  | ACSM   |
| e) Your spouse's father                    | 1                    | 2  | ACSF   |
|  |                      |    | number |
| f) Children under 5<br>(If none write 0)   | <input type="text"/> |    | ACU5   |
| g) Children aged 5-15<br>(If none write 0) | <input type="text"/> |    | AC515  |
| h) Children over 15<br>(If none write 0)   | <input type="text"/> |    | ACO15  |
| i) Any other people?<br>(If none write 0)  | <input type="text"/> |    | ACOTH  |

11. Is there a car or van normally available for use by you or other members of your household?

- Yes 1 CAR
- No 2

12. a) How old was your **father** when he finished full-time education?  AGEEDF  
age

b) What is/was your **father's** main job, what kind of work does/did he do in it? SEGF  
SOCF

c) What qualifications or training, if any, are/were necessary for that job?

d) Is/was he an employee 1 EMPF  
or: self employed 2

e) How many people work/worked at his place of work?  
Less than 25 employees 1  
25 or more employees 2 PEOPF

f) Is/was he in charge of other people?  
Yes 1 SUPF  
No 2

g) If **Yes**, how many?  SUPNF

h) Is your natural father still alive?

Yes 1 LIVEF  
No 2

**If Yes go to Question 13**

**If No**

i) how old were you when he died?  AAFD

years

j) how old was your father when he died?  AODF

years

k) what did he die from?

Heart Attack (coronary) 1 CODF

Stroke 2

Other heart condition (not a coronary) 3

Cancer 4

Other causes (please specify) 5

Don't know 6

13. a) How old was your mother when she finished full-time education?

AGEEDM

AGE

(b) Is your natural mother still alive? LIVEM

Yes 1

No 2

**If Yes go to Question 14**

**If No**

c) how old were you when she died?  AAMD

years

d) how old was your mother when she died?  AODM

years

e) what did she die from?

Heart Attack (coronary) 1 CODM

Stroke 2

Other heart condition (not a coronary) 3

Cancer 4

Other causes (please specify) 5

Don't know 6

14. Has either of your parents suffered from the following?  
(Please answer all questions)

	Yes	No/Don't know	
a) Angina	1	2	ANGPAR
b) Heart attack	1	2	HAPAR
c) Stroke	1	2	STRPAR
d) High blood pressure	1	2	HBPPAR
e) Diabetes	1	2	DIABPAR

15. Do you have any brothers or sisters? Yes 1 SIBS  
No 2

**If No brothers or Sisters go to Question 16**

**If Yes**

Have any of your brothers or sisters suffered from the following?  
(Please answer all questions)

	Yes	No/Don't know	
a) Angina	1	2	ANGSIB
b) Heart attack	1	2	HASIB
c) Stroke	1	2	STRSIB
d) High blood pressure	1	2	HBPSIB
e) Diabetes	1	2	DIABSIB

## THIS SECTION CONCERNS YOUR OWN HEALTH

16. Over the last 12 months would you say your health has been

Very good	1	HLTHYR
Good	2	
Average	3	
Poor	4	
Very poor	5	

17. a) Do you have any longstanding illness, disability or infirmity? LONGILL

(longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time)

Yes 1

No 2

**If Yes**

b) What is the matter with you?

LONGILL1

LONGILL2

LONGILL3

18. There are some kinds of health problems that keep recurring and some that people have all the time. In the last 12 months have you suffered from any of the following health problems?  
(Please answer all questions)

		Yes	No
a) Bronchitis	HLTHYR01	1	2
b) Arthritis or rheumatism	HLTHYR02	1	2
c) Sciatica, lumbago or recurring backache	HLTHYR03	1	2
d) Persistent skin trouble (e.g. eczema)	HLTHYR04	1	2
.....			
e) Asthma	HLTHYR05	1	2
f) Hay fever	HLTHYR06	1	2
g) Recurring stomach trouble/indigestion	HLTHYR07	1	2
h) Being constipated all or most of the time	HLTHYR08	1	2
i) Piles	HLTHYR09	1	2
.....			
j) Persistent foot trouble (e.g. bunions, ingrowing toenails)	HLTHYR10	1	2
k) Trouble with varicose veins	HLTHYR11	1	2
l) Nervous trouble or persistent depression	HLTHYR12	1	2
m) Persistent trouble with your gums or mouth	HLTHYR13	1	2
.....			
n) Any other recurring health problem (Please specify)	HLTHYR14	1	2
	↓		
	HLTHYR24		

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS.

19. Have you had any of the following symptoms in the last fourteen days?  
(Please answer all questions)

		Yes	No
a) A cough, catarrh or phlegm	SYMP01	1	2
b) Diarrhoea	SYMP02	1	2
c) Heartburn, wind or indigestion	SYMP03	1	2
d) Shortness of breath	SYMP04	1	2
e) Dizziness or giddiness	SYMP05	1	2
.....			
f) Earache or discomfort in the ears	SYMP06	1	2
g) Swollen ankles	SYMP07	1	2
h) Nervy, tense or depressed	SYMP08	1	2
i) A cold or 'flu	SYMP09	1	2
j) A sore throat	SYMP10	1	2
.....			
k) Difficulty in sleeping	SYMP11	1	2
l) Pains in the chest	SYMP12	1	2
m) A backache or pains in the back	SYMP13	1	2
n) Nausea or vomiting	SYMP14	1	2
o) Feeling tired for no apparent reason	SYMP15	1	2
.....			
p) Rashes, itches or other skin trouble	SYMP16	1	2
q) Toothache or trouble with the gums	SYMP17	1	2
r) Any other complaint(s) in the last 14 days (Please specify)	SYMP18	1	2
.....			

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS.



20. a) Have you ever had any pain or discomfort in your chest? CHPAIN

- Yes 1
- No 2

If No go to Question 21

If Yes

b) do you get this pain or discomfort when you walk uphill or hurry? CHPUPH

- Yes 1
- No 2

c) do you get it when you walk at an ordinary pace on the level? CHPLEV

- Yes 1
- No 2

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

- Stop 1
- Slow down 2
- Continue at the same pace 3

e) does it go away when you stand still? CHPSTOP

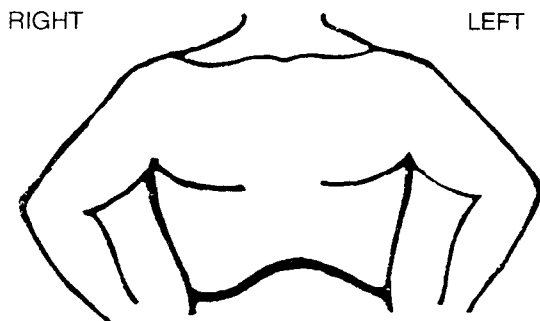
- Yes 1
- No 2

f) how soon? CHPTIME

- In 10 min. or less 1
- More than 10 min. 2

g) Where do you get this pain or discomfort? CHPLOC

(mark the place(s) with a X on the diagram)



Front view

21. a) Have you ever had a severe pain across the front of your chest lasting for half an hour or more?

- Yes 1 CHPEXT
- No 2

If No go to Question 22

If Yes

b) did you talk to a doctor about it? CHPDOC

- Yes 1
- No 2

If No, go to Question 22

If Yes,

c) What did he say it was? CHPDIAG

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

number

22. a) Have you ever had heart trouble suspected or confirmed?

- Yes 1 HTR
- No 2

If No, go to Question 23

If Yes,

b) When was the first time? [give year] HTRFST

19   
 year

c) What was the diagnosis? HTRDIAG

- Heart attack 1
- Heart strain 2
- High blood pressure 3
- Valve disease 4
- Hole in the heart 5
- Other (please specify) 6

d) Did you attend a hospital? HTRHOSP

- Yes 1
- No 2

e) Are you still attending a doctor for heart trouble? HTRDOC

- Yes 1
- No 2

23. Has your blood pressure ever been checked?

Yes	1	BPCHK
No	2	

**If No**, go to Question 26

24. If **Yes**, who has it been checked by?  
(circle all that apply)

	Yes	No	
a) General Practitioner (or practice nurse)	1	2	BPCHKGP
b) Hospital doctor (or nurse)	1	2	BPCHKDR
c) At work	1	2	BPCHKWK
d) Insurance exam	1	2	BPCHKIE
e) Others	1	2	BPCHKOT

25. a) Has a doctor ever told you that your blood pressure was above normal?

Yes	1	BPUP
No	2	

**If No**, go to Question 26

If **Yes**

b) when was the first time?  BPUPFST  
year

c) Have you ever had treatment for high blood pressure?

Yes	1	BPUPTRT
No	2	

d) Are you taking drug treatment for high blood pressure now?

Yes	1	BPUPDRG
No	2	

26. a) Do you get any pains in either leg on walking?

Yes	1	LEGPAIN
No	2	

**If No**, go to Question 27

If **Yes**,

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

	LPSTILL
Yes	1
No	2

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

	LPCALF
Yes	1
No	2

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

	LPUPH
Yes	1
No	2

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

	LPLEV
Yes	1
No	2

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

	LPSTOPGO
Yes	1
No	2

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

	LPACT
Stop	1
Slow down	2
Continue at the same pace	3

h) What happens to it if you stand still?

	LPTIME
Usually continues more than 10 mins.	1
Usually disappears in 10 mins. or less	2

27. Do you suffer from Diabetes?

	DIABETES
Yes	1
No	2

28. a) Do you usually bring up any phlegm from your chest first thing in the morning in winter? PHLEGM

Yes	1
No	2

**If No, go to Question 29**

If Yes,  
 b) Do you usually bring up phlegm in the morning on most days for as much as three months in the winter? PHLREG

Yes	1
No	2

c) In the past three years have you had a period of increased cough and phlegm lasting for three weeks or more? PHLINC

None	1
One period	2
Two or more periods	3

29. a) What is your present weight? [approximately] WTPS WTPL

<input type="text"/>	<input type="text"/>
<i>Stones</i>	<i>lbs</i>

b) How much did you weigh at the age of 25? [approximately] WT25S WT25L

<input type="text"/>	<input type="text"/>
<i>Stones</i>	<i>lbs</i>

30. In the last 12 months how many days were you off work for health reasons? OFFWKYR

*Days*

31. How many hours of sleep do you have on an average week night? SLEEP

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

32. In the last 14 days have you taken any of these medicines prescribed by a doctor?

	Yes	No
PMED1 a) Pain killers	1	2
PMED2 b) Medicines for indigestion	1	2
PMED3 c) Tranquillisers	1	2
PMED4 d) Sleeping pills	1	2
PMED5 e) Antidepressants	1	2
PMED6 f) Laxatives (bowel opening medicine)	1	2
PMED7 g) Other medicines prescribed by a doctor ( <i>Please specify</i> )	1	2

.....  
 OTHMED42 OTHMED43 OTHMED44 OTHMED45  
 .....

h) In the last 2 weeks have you taken other medicines **not prescribed by a doctor** (e.g. tonics or cough syrup)

	1	2
--	---	---

NONPRES4

If Yes, please specify:

.....

.....

**If MALE go to Question 38**

**FOR WOMEN ONLY**

**33. a)** Are you taking any contraceptive pills?  
 ORALCON  
 Yes 1  
 No 2

**If No,** go to Question 34

**If Yes**  
 b) At what age did you first start?  OCAGE  
 age  
 c) For how many years altogether have you taken the pill?  OCYRSTOT  
 years  
 d) Which pill are you currently taking? Specify brand  
 OCTYPE

GO TO QUESTION 35

**IF NOT NOW TAKING CONTRACEPTIVE PILLS**

**34. a)** Did you ever take contraceptive pills?  
 OCPAST  
 Yes 1  
 No 2

**If No,** go to Question 35

**If yes,**  
 b) For how many years altogether did you take contraceptive pills?  OCYRSPST  
 years

**35. a)** Are you still having your periods? PERIODS  
 Yes 1  
 No 2

**If Yes,** go to Question 36

**If No,**  
 b) At what age did you stop?  PERAGE  
 age  
 c) What was the cause of menopause? PERWHY  
 Natural menopause 1  
 Hysterectomy (removal of womb only) 2  
 Hysterectomy plus removal of ovaries 3

**HORMEVER**

d) Have you ever had hormone replacement therapy?  
 Yes 1  
 No 2

**If No,** go to Question 36

**If Yes,**  
 e) For how many months?  HORMMTHS  
 number  
 f) Please specify the name of the tablets

**HORMTABS**

g) Are you still taking hormone replacement therapy? HORMNOW  
 Yes 1  
 No 2

36. a) Do you suffer from menopausal symptoms?  
(Change of life)

SYMMENOP

Yes 1  
No 2

If No, go to Question 37

If Yes,  
What symptoms do you suffer from?

	Yes a lot	Yes Somewhat	Yes a little	No Not at all
SYMHOTF b) Hot flushes	1	2	3	4
SYMDEP c) Depression	1	2	3	4
SYMSLP d) Sleep disturbance	1	2	3	4
SYMBONES e) Bone pains	1	2	3	4
SYMMNOTH f) Other	1	2	3	4

SYMOTHER

If Other, please specify: .....

37. If you are still having periods do you suffer from any premenstrual symptoms?

	Yes a lot	Yes Somewhat	Yes a little	No Not at all
SYMIRRIT a) Irritability	1	2	3	4
SYMBLOAT b) Swelling or weight gain (bloated feeling)	1	2	3	4
SYMBRST c) Breast tenderness	1	2	3	4
SYMOTHPM d) Other	1	2	3	4

If Other, (please specify) .....

38. a) All things considered how satisfied or dissatisfied are you with your present state of health?  
Please circle one of the numbers on the 1-7 scale below to show how satisfied or dissatisfied you feel:—

HLTHSAT

Very dissatisfied	Moderately dissatisfied	Slightly dissatisfied	No feelings either way	Slightly satisfied	Moderately satisfied	Very satisfied
1	2	3	4	5	6	7

b) Which one of the following statements best reflects your view on reducing the chances of having a heart attack?

HTRED

(circle one only)

There is very little you can do for yourself, it is fate or bad luck 1

There are certain things you can do for yourself, which **might** help reduce the chance of a heart attack 2

These are certain things you can do for yourself which will **definitely** help reduce the chance of a heart attack 3

### SMOKING HABITS

39. a) Do you smoke cigarettes now?  
(i.e. not cigars/pipe)

	SMOKE	
Yes	1	
No	2	

**If No, go to Question 40**

**If Yes,**  
b) What kind of cigarettes do you smoke?

	CIGTYPE	
	<i>circle all that apply</i>	
Manufactured with filters	1	CIGFILT
Manufactured without filters	2	CIGNFILT
Hand rolled	3	CIGHAND

c) How many manufactured cigarettes do you smoke per day?

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

*cigarettes*

**and/or**

d) About how many ounces of tobacco do you use per week for handrolled cigarettes?

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

*ounces*

GO TO QUESTION 41

40. a) **If not a present cigarette smoker** did you smoke in the past?

Yes	1	SMKPAST
No	2	

**If No, go to Question 42**

**If Yes,**  
b) How many manufactured cigarettes did you smoke per day?

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

*cigarettes*

**and/or**

c) How many ounces of tobacco did you use per week for handrolled cigarettes?

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

*ounces*

d) How old were you when you stopped smoking?

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

*age*

41. How old were you when you started smoking?

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

*age*

42. a) Do you smoke cigars?

Yes	1	CIGARS
No	2	

**If No, go to Question 42c**

**If Yes,**  
b) How many cigars per week?

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

*cigars*

c) Do you smoke a pipe?

Yes	1	PIPE
No	2	

**If Yes,**  
d) How many ounces of tobacco do you smoke per week?

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

*ounces*

### DRINKING HABITS

43. a) In the past 12 months have you taken an alcoholic drink?

ALCYR  
*circle one only*

Twice a day or more	1
Almost daily	2
Once or twice a week	3
Once or twice a month	4
Special occasions only	5
No	6

b) In the last 5 years have you changed your drinking habits?

ALCCH5YR  
Yes 1  
No 2

**If No, go to Question 44**

**If Yes,**  
c) Compared with your current habits did you drink?

ALCCH

A lot more	1
A bit more	2
A bit less	3
A lot less	4

Continued

- d) If you have given up or reduced drinking, what was the main reason? **ALCRED**
- circle one only*
- |                         |   |
|-------------------------|---|
| Illness/doctor's orders | 1 |
| Health precautions      | 2 |
| Finance                 | 3 |
| Other (please specify)  | 4 |

**IF YOU ARE A NON DRINKER PLEASE GO TO QUESTION 46**

44. a) Have you had an alcoholic drink in the last seven days? **ALCWK**
- |     |   |
|-----|---|
| Yes | 1 |
| No  | 2 |

**If No, go to Question 45**

**If Yes,**

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

[please remember that a drink poured at home could be equivalent to 2 or 3 pub measures]

*[If none write 0]*

- |  |                      |                 |
|--|----------------------|-----------------|
| b) Spirit (whisky, gin, rum, brandy, vodka etc) or liqueurs. | <input type="text"/> | <b>SPIRITWK</b> |
|  | <i>measures</i>      |                 |
| c) Wine (including sherry, port, vermouth)                   | <input type="text"/> | <b>WINEWK</b>   |
|  | <i>glasses</i>       |                 |
| d) Beer (including lager or cider)                           | <input type="text"/> | <b>BEERWK</b>   |
|  | <i>pints</i>         |                 |

45. a) When you drink spirits or wine how many drinks do you **usually** have during one occasion? **SPWINORM**
- [If you have both wine and spirits, add them together — e.g. 1 measure of whisky and 2 glasses of wine = 3]
- |                               |   |
|-------------------------------|---|
| 1 - 2                         | 1 |
| 3 - 4                         | 2 |
| 5 or more                     | 3 |
| I don't drink spirits or wine | 4 |

- b) When you drink beer how many pints do you **usually** have during one occasion? **BEERNORM**
- |                    |   |
|--------------------|---|
| 1 - 2              | 1 |
| 3 - 4              | 2 |
| 5 or more          | 3 |
| I don't drink beer | 4 |

- c) What is the **maximum** quantity of wine/spirits you would drink at one sitting? **SPWIMAX**
- [If none write 0]*

wine/spirits

*No. of drinks*

- d) What is the **maximum** quantity of beer you would drink during one occasion? **BEERMAX**
- [If none write 0]*

beer

*pints*

- e) In what circumstances are you most likely to drink the maximum you might drink?

	Yes	No
Social occasions	1	2 <b>ALCMXSOC</b>
When bored	1	2 <b>ALCMXBRD</b>
When under pressure	1	2 <b>ALCMXPRS</b>
When upset about something	1	2 <b>ALCMXUPS</b>
Other (please specify)	1	2 <b>ALCMXOTH</b>

**COFFEE AND TEA CONSUMPTION**

The following questions about your regular beverage apply to work as well as home.

**IF YOU DO NOT DRINK TEA OR COFFEE GO TO QUESTION 47**

46. How many cups of tea and coffee on average do you drink every day?

- a) Tea  **TEAAV**
- cups*
- b) Coffee  **COFFAV**
- cups*

**IF YOU DO NOT DRINK COFFEE GO TO QUESTION 47**

If you

46.

FOC

Plea  
your  
pers  
your

47.

If you drink coffee:

COFFTYPE

46.c) What sort of coffee do you mostly drink?

(Circle one only)

Instant	1
Filtered	2
Percolated	3
Decaffeinated	4
Other (specify)	5
.....	

**FOOD CONSUMPTION**

Please answer the following questions about your food habits (if you are not sure you may discuss this question with the person responsible for buying and cooking your food.)

47.a) What type of bread do you eat most frequently?

BREAD

Circle one only

White	1
Wholemeal	2
Granary or wheatmeal	3
Other brown	4
Both brown and white	5

b) How many slices of bread do you usually eat daily?

BREADNO

None	1
1 - 2	2
3 - 6	3
7 - 12	4
13 slices or more	5

c) What type of butter or margarine do you use most frequently?

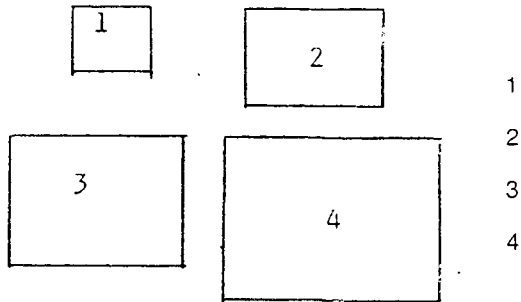
SPREAD

Circle one only

Butter	1
Hard margarine	2
Soft margarine	3
Margarine high in polyunsaturates (e.g. Flora)	4
Low calorie spread (e.g Outline)	5
Rarely use butter or margarine	6

d) The drawing below shows cubes of butter or margarine in true scale. Pick the cube which most resembles the average amount you use for one slice of bread. If in doubt try buttering a slice [do not place butter or margarine on the questionnaire]

SPREADSZ



e) What type of milk do you usually use?

MILK

Circle one only

Do not use milk	1
Channel Islands Whole Milk (gold top)	2
Whole Milk (silver/red top or sterilised)	3
Skimmed milk	4
Semi-Skimmed milk	5
Other (please specify)	6
.....	



Continued

f) How much milk do you yourself use daily? (drinking and in cooking). Please estimate your share of the household supply and what you might drink at work or elsewhere.

	MILKAMT
None	1
Half a pint or less	2
Over half, up to one pint	3
Over 1, up to 2 pints	4
More than 2 pints	5

g) How often do you use cream?

	CREAM
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
7 or more times a week	7

h) How often do you use cheese?

	CHEESE
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
7 or more times a week	7

i) How often does your meal consist of fish or fish dishes?

	FISH
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
7 or more times a week	7

j) How often do you eat fresh fruits or vegetables?

	FRUITVEG
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
Daily	7
2 or more times a day	8

k) How often do you eat meals containing meat (not fish or poultry)?

	MEAT
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
7 or more times a week	7

l) How often do you eat eggs?

	EGGSV4
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
7 or more times a week	7

m) How often do you eat breakfast cereals?

	CEREAL
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
7 or more times a week	7

If **Never**, go to Question 48

Continued

Continued

n) Which of the following breakfast cereals do you eat nowadays?  
(Circle one only)

CEREALTY

Allbran	1	CER1
Muesli	2	CER2
Weetabix	3	CER3
Branflakes	4	CER4
Puffed wheat	5	CER5
Other cereal ( <i>specify</i> )	6	CER6

CEREALOT .....

CEREALHF

**PHYSICAL ACTIVITY**

48. How often do you take part in sports or activities that are:

	3 times a week or more	once or twice a week	about once to three times a month	Never/ Hardly ever
a) <b>Mildly energetic</b> (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing darts, general housework)	1	MILD2 2	3	MILD4 4
b) <b>Moderately energetic</b> (e.g. scrubbing, polishing car, chopping, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming).	1	MOD2 2	3	MOD4 4
c) <b>Vigorous</b> (e.g. running, hard swimming, tennis, squash, digging, cycle racing)	1	VIG2 2	3	VIG4 4

Please give the average number of hours per week you spend in such sports or activities.

Please give details of these activities:

d) Mildly energetic	<input type="text"/>	hours	MILD2HRS	.....
e) Moderately energetic	<input type="text"/>	hours	MOD2HRS	.....
f) Vigorous	<input type="text"/>	hours	VIG2HRS	.....

## WORK CHARACTERISTICS

49. The following questions are about your work. For each please circle the one answer that best describes your job or the way you deal with problems occurring at work.

[please answer all questions]

Concerning your particular work:		Often	Sometimes	Seldom	Never/ Almost never
WORK01	a) Do you have to work very fast?	1	2	3	4
WORK02	b) Do you have to work very intensively?	1	2	3	4
WORK03	c) Do you have enough time to do everything?	1	2	3	4
WORK04	d) Are your tasks such that others can help you if you do not have enough time?	1	2	3	4
WORK05	e) Do you have the possibility of learning new things through your work?	1	2	3	4
WORK06	f) Does your work demand a high level of skill or expertise?	1	2	3	4
WORK07	g) Does your job require you to take the initiative?	1	2	3	4
WORK08	h) Do you have to do the same thing over and over again?	1	2	3	4
WORK09	i) Do you have a choice in deciding HOW you do your work?	1	2	3	4
WORK10	j) Do you have a choice in deciding WHAT you do at work?	1	2	3	4

50. About your position at work — how often do the following statements apply?  
 [please answer all questions]

	Often	Sometimes	Seldom	Never/ Almost never	
a) Others take decisions concerning my work	1	2	3	4	WKPOSN1
b) I have a good deal of say in decisions about work	1	2	3	4	WKPOSN2
c) I have a say in my own work speed	1	2	3	4	WKPOSN3
d) My working time can be flexible	1	2	3	4	WKPOSN4
e) I can decide when to take a break	1	2	3	4	WKPOSN5
f) I can take my holidays more or less when I wish	1	2	3	4	WKPOSN6
g) I have a say in choosing with whom I work	1	2	3	4	WKPOSN7
h) I have a great deal of say in planning my work environment	1	2	3	4	WKPOSN8

51. If problems occur at work concerning the way the job should be done, how are they solved?  
 [please answer all questions]

	Often	Sometimes	Seldom	Never/ Almost never	Not Applicable	
a) By discussing it at a meeting	1	2	3	4	5	WKPROB1
b) By discussing it with a superior	1	2	3	4	5	WKPROB2
c) By discussing it with colleagues at work	1	2	3	4	5	WKPROB3
d) By discussing it with colleagues out of work time	1	2	3	4	5	WKPROB4
e) By discussing it with trade union representatives	1	2	3	4	5	WKPROB5
f) Others take decisions and just tell me how to do my job.	1	2	3	4	5	WKPROB6

## 52. About consistency and clarity regarding your job

[please answer all questions]

	Often	Sometimes	Seldom	Never	Not Applicable	
a) Do different groups at work demand things from you that you think are hard to combine?	1	2	3	4	5	JOBCLAR1
b) Do you get sufficient information from line management? (your superiors)	1	2	3	4	5	JOBCLAR2
c) Do you get consistent information from line management? (your superiors)	1	2	3	4	5	JOBCLAR3
d) Are you uncertain about the best way of doing your job?	1	2	3	4	5	JOBCLAR4
e) Do you ever get praised for your work?	1	2	3	4	5	JOBCLAR5
f) Do you ever get criticised constructively?	1	2	3	4	5	JOBCLAR6
g) Do you ever get criticised unfairly?	1	2	3	4	5	JOBCLAR7

## 53. Regarding job involvement

[please answer all questions]

	Often	Sometimes	Seldom	Never	Not Applicable	
a) Does your job provide you with a variety of interesting things?	1	2	3	4	5	JOBINV1
b) Is your job too varied and split up?	1	2	3	4	5	JOBINV2
c) Is your job boring?	1	2	3	4	5	JOBINV3
d) Do you consider your job very important?	1	2	3	4	5	JOBINV4
e) Do you feel your immediate superior considers your job very important?	1	2	3	4	5	JOBINV5
f) Do your colleagues consider your job very important?	1	2	3	4	5	JOBINV6
g) How often do you wish that you were doing a different job?	1	2	3	4	5	JOBINV7
h) How often do you feel that you are doing your job only for the money?	1	2	3	4	5	JOBINV8

54. When you are having difficulties in your work:

[please answer all questions]

	Often	Sometimes	Seldom	Never	Not Applicable	
a) How often do you get help and support from your colleagues?	1	2	3	4	5	WKDIFF1
b) How often are your colleagues willing to listen to your work related problems?	1	2	3	4	5	WKDIFF2
c) How often do you get help and support from your immediate superior?	1	2	3	4	5	WKDIFF3
d) How often is your immediate superior willing to listen to your problems?	1	2	3	4	5	WKDIFF4
e) How often can you delegate work effectively to your juniors?	1	2	3	4	5	WKDIFF5
f) How often can you get support from your trade union representative?	1	2	3	4	5	WKDIFF6

55. If you were to be treated unfairly or to come into conflict with your boss or supervisor, what would be your immediate reaction?

[please answer all questions]

	Often	Sometimes	Seldom	Never or Almost Never	
a) Let it pass without saying anything	1	2	3	4	WKCONF01
b) Walk away feeling strongly but not saying anything	1	2	3	4	WKCONF02
c) Say something at once	1	2	3	4	WKCONF03
d) Reason with the person	1	2	3	4	WKCONF04
e) Become angry	1	2	3	4	WKCONF05
<b>What happens then?</b>	<b>Often</b>	<b>Sometimes</b>	<b>Seldom</b>	<b>Never or Almost Never</b>	
f) Forget about it	1	2	3	4	WKCONF06
g) Talk to the person when you have calmed down	1	2	3	4	WKCONF07
h) Complain to a colleague	1	2	3	4	WKCONF08
i) Go to someone higher in position	1	2	3	4	WKCONF09
j) Go to trade union representative	1	2	3	4	WKCONF10
k) Feel ill (headache, stomach ache etc.)	1	2	3	4	WKCONF11
l) Become miserable	1	2	3	4	WKCONF12
m) Get angry and short tempered at home	1	2	3	4	WKCONF13
n) Contemplate revenge	1	2	3	4	WKCONF14

56. About your job in general. How satisfied have you been with the following:

	Very Satisfied	Satisfied	Dissatisfied	Very Dissatisfied	
a) Your usual take home pay	1	2	3	4	JOBSAT1
b) Your work prospects	1	2	3	4	JOBSAT2
c) The people you work with	1	2	3	4	JOBSAT3
d) Physical working conditions	1	2	3	4	JOBSAT4
e) The way your department is run	1	2	3	4	JOBSAT5
f) The way your abilities are used	1	2	3	4	JOBSAT6
g) The interest and skill involved in your job	1	2	3	4	JOBSAT7
h) Your job as a whole taking everything into consideration	1	2	3	4	JOBSAT8

57. a) Do you work with visual display units (VDU's) or desk top television screens?

- Yes 1  
No 2 VDU

If No, go to Question 57e

If Yes,

b) When did you first start?

19  VDUFST  
year

c) How many months you have worked with VDU?

VDUMTHS  
months

d) On average how many hours per week do you use a VDU?

VDUHRS  
hours

e) Do you use a Home Computer or play video games?

- Yes 1  
No 2 VDUHOME

If No, go to Question 58

If Yes,

f) On average how many hours do you spend on it per week?

VDUHMHRS  
hours

**HERE IS A LIST OF SEVERAL TRAITS OR QUALITIES**

58. For each will you circle the appropriate number to show whether each trait describes you very well, fairly well, somewhat or not at all.  
 [Please answer all questions]

	Very Well	Fairly Well	Somewhat	Not at all	
a) Being bossy or dominating	1	2	3	4	TRAIT01
b) Having a strong need to excel (be best) in most things	1	2	3	4	TRAIT02
c) Usually being pressed for time	1	2	3	4	TRAIT03
d) Being hard driving and competitive	1	2	3	4	TRAIT04
e) Eating too quickly	1	2	3	4	TRAIT05

Now we want to know how you have generally felt at the end of an average day at work:

	Yes	No	
f) Have you often felt very pressed for time?	1	2	TRAIT06
g) Has your work often stayed with you so that you were thinking about it after working hours?	1	2	TRAIT07
h) Has your work often stretched you to the very limits of energy and capacity?	1	2	TRAIT08
i) Have you often felt uncertain, uncomfortable or dissatisfied with how well you were doing in your work?	1	2	TRAIT09

**Finally in this section:**

j) Do you get quite upset when you have to wait for anything?	Yes	1	TRAIT10
	No	2	
k) When you are faced with slow people, do you feel agitated or irritable?	Not at all	1	TRAIT11
	Somewhat	2	
	Very much	3	
l) When you are being held up in a queue do you feel agitated or irritable?	Not at all	1	TRAIT12
	Somewhat	2	
	Very much	3	



**SOCIAL LIFE**

**59.** 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.

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

PLEASE WRITE NUMBER IN THIS BOX

CPNO

Who have you felt **closest** to in the last 12 months? Please describe in terms of their relationship to you: (e.g. 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. If you feel close to more than one person, please list up to four below:—

WRITE IN THE PEOPLE YOU ARE CLOSEST TO HERE:—

	Closest .....	CP1
	Second person .....	CP2
<i>Only one person on each line please</i>	Third person .....	CP3
	Fourth person .....	CP4

IF YOU ARE MARRIED NOW AND HAVE NOT PUT YOUR HUSBAND/WIFE IN ALREADY PLEASE INCLUDE HIM/HER ON THE FIFTH LINE

Fifth .....	CP5
-------------	-----

On the opposite page please tell us how you would rate the practical and emotional support each of the people you have listed above provide for you. (Each column refers to one of the persons you listed above). Rate each person on the scale from 1 - 4 to show how well they have provided each stated type of support from (a - n) **IN THE LAST 12 MONTHS**

1	2	3	4
Not at all	A little	Quite a lot	A great deal

for example:—

If the person you are closest to is your wife and the second a male friend, the columns on the next page might look this:—

	Closest Person	Second Person
Write in the people you are closest to here:—	<i>Wife</i>	<i>Male friend</i>
a) . . . How much in the last 12 months . . . did this person give you <b>information, suggestions and guidance</b> that you found helpful?	<i>4</i>	<i>2</i>

i.e. "a great deal" from wife, "a little" from friend. Of course, this is only an example. Please complete each row a - n on the 1 - 4 scale for the people listed above.

Rate each person on the scale from 1 - 4 to show how well they have provided each stated type of support:  
 1 = not at all, 2 = a little, 3 = quite a lot, 4 = a great deal

	Closest Person	Second Person	Third Person	Fourth Person	Spouse [if not already covered]
Write in the people you are closest to here:—					
a) . . . How much in the last 12 months . . . did this person give you <b>information, suggestions</b> and <b>guidance</b> that you found helpful?	CPSUPA1	CPSUPA2	CPSUPA3	CPSUPA4	CPSUPA5
b) . . . How much in the last 12 months . . . could you <b>rely</b> on this person (was this person there when you needed him/her?)	CPSUPB1	CPSUPB2	CPSUPB3	CPSUPB4	CPSUPB5
c) . . . How much in the last 12 months . . . did this person make you <b>feel good</b> about yourself?	CPSUPC1	CPSUPC2	CPSUPC3	CPSUPC4	CPSUPC5
d) . . . How much in the last 12 months . . . did you <b>share</b> interests, hobbies and fun with this person?	CPSUPD1	CPSUPD2	CPSUPD3	CPSUPD4	CPSUPD5
e) . . . How much in the last 12 months . . . did this person give you <b>worries, problems</b> and <b>stress</b> ?	CPSUPE1	CPSUPE2	CPSUPE3	CPSUPE4	CPSUPE5

This section is about **confiding** in people, that is talking frankly or sharing feelings with them.  
 Rate each person on the scale from 1 - 4 to show how well they have provided each stated type of support:  
 1 = not at all, 2 = a little, 3 = quite a lot, 4 = a great deal.

	Closest Person	Second Person	Third Person	Fourth Person	Spouse [if not already covered]
Write in the people you are closest to here:—					
f) . . . How much in the last 12 months . . . did you <b>want to confide in</b> (talk frankly, share feelings with this person)?	CPCONFF1	CPCONFF2	CPCONFF3	CPCONFF4	CPCONFF5
g) . . . How much in the last 12 months . . . <b>did you confide in</b> this person?	CPCONFG1	CPCONFG2	CPCONFG3	CPCONFG4	CPCONFG5
h) . . . How much in the last 12 months . . . did you trust this person with your most personal worries and problems?	CPCONFH1	CPCONFH2	CPCONFH3	CPCONFH4	CPCONFH5
i) . . . How much in the last 12 months . . . would you have <b>liked to have confided more</b> in this person?	CPCONFI1	CPCONFI2	CPCONFI3	CPCONFI4	CPCONFI5
j) . . . How much in the last 12 months . . . did talking to this person make things worse?	CPCONFJ1	CPCONFJ2	CPCONFJ3	CPCONFJ4	CPCONFJ5
k) . . . How much in the last 12 months . . . did he/she talk about his/her personal worries with you?	CPCONFK1	CPCONFK2	CPCONFK3	CPCONFK4	CPCONFK5

This section is about major and minor **practical** support. Rate each person on the scale from 1 - 4 to show how well they provided each stated type of support:

1 = not at all, 2 = a little, 3 = quite a lot, 4 = a great deal.

	Closest Person	Second Person	Third Person	Fourth Person	Spouse (if not already covered)
Write in the people you are closest to here:—					
l) . . . How much in the last 12 months . . . did you <b>need</b> practical help from this person with <b>major</b> things (e.g. look after you when ill, help with finances, children)?	CPPRACL1	CPPRACL2	CPPRACL3	CPPRACL4	CPPRACL5
m) . . . How much in the last 12 months . . . did this person give you <b>practical</b> help with <b>major</b> things?	CPPRACM1	CPPRACM2	CPPRACM3	CPPRACM4	CPPRACM5
n) . . . How much in the last 12 months . . . would you have <b>liked more practical</b> help with major things from this person?	CPPRACN1	CPPRACN2	CPPRACN3	CPPRACN4	CPPRACN5
o) . . . How much in the last 12 months . . . did this person give you <b>practical</b> help with <b>small</b> things when you needed it? (e.g. chores, shopping, watering plants etc.)	CPPRACO1	CPPRACO2	CPPRACO3	CPPRACO4	CPPRACO5

Continued

We would also like a few details on each of these people:-

	Closest Person	Second Person	Third Person	Fourth Person	Spouse [if not already covered]
Write in the people you are closest to here:—					
p) How old are they? (in years)?	CPAGE1	CPAGE2	CPAGE3	CPAGE4	CPAGE5
q) What sex are they? (male/female)	M CPSEX1 F	M CPSEX2 F	M CPSEX3 F	M CPSEX4 F	M CPSEX5 F
r) What is their marital status (married, single other)?	M S CPMS1 O	M S CPMS2 O	M S CPMS3 O	M S CPMS4 O	CPMS5
s) Do they have children aged 16 or under now? (Yes/No)	CPCHLD1 Yes No	CPCHLD2 Yes No	CPCHLD3 Yes No	CPCHLD4 Yes No	CPCHLD5 Yes No
t) How long have you known them? (in years)	CPYRS1	CPYRS2	CPYRS3	CPYRS4	CPYRS5
u) Did they have further education after 18 years? Yes No Don't know Not applicable	CPFE1 1 2 3 4	CPFE2 1 2 3 4	CPFE3 1 2 3 4	CPFE4 1 2 3 4	CPFE5 1 2 3 4
v) Do they work with you? (Yes/No)	Yes No CPWK1	Yes No CPWK2	Yes No CPWK3	Yes No CPWK4	Yes No CPWK5
w) About how many days did you see them in the last year (1 - 365)?	CPDAYS1	CPDAYS2	CPDAYS3	CPDAYS4	CPDAYS5
x) How close do they live to you (with you, or number of miles away)?	CPMLS1	CPMLS2	CPMLS3	CPMLS4	CPMLS5

- y) All things considered how satisfied or dissatisfied are you overall with your own personal relationships? Please circle one of the numbers on the 1 - 7 scale below to show how satisfied or dissatisfied you feel:-

PERSREL	Very dissatisfied	Moderately dissatisfied	A little dissatisfied	No feelings either way	A little satisfied	Moderately satisfied	Very satisfied
	1	2	3	4	5	6	7

- z) All things considered how satisfied or dissatisfied are you with the way you spend your leisure time? Please circle one of the numbers on the 1 - 7 scale below to show how satisfied or dissatisfied you feel:—

LEISURE	Very dissatisfied	Moderately dissatisfied	A little dissatisfied	No feelings either way	A little satisfied	Moderately satisfied	Very satisfied
	1	2	3	4	5	6	7

60. a) Amongst your family and friends how many people are available to you with whom you talk frankly without having to watch what you say?

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

b) Are there times when you are comforted by being held in someone's arms?

	COMFORT
Almost daily	1
About once/week	2
About once/month	3
Never	4

61. a) Are there any relatives outside your household who you regularly visit or who visit you? [not necessarily the same person each time]

	VSTREL
Almost daily	1
About once/week	2
About once/month	3
Once every few months	4
Never/almost never	5
No relatives outside household	6

**If No relatives outside household go to Question 62**

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

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

62. How often do you ever see anyone from work socially out of work hours? (Excludes casual lunchtime meetings)

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

63. a) Do you have any friends or acquaintances you visit or who visit you? (not necessarily the same person each time)

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

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

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

c) Do you have any friends or acquaintances with whom you are in contact only by telephone or letter?

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

64. How often do you attend religious services? (apart from weddings and funerals)

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

65. Do you do any voluntary work for other people (e.g. visiting sick, disabled or elderly, belonging to Friends of the Hospital etc.)? VOLUNT

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

66. a) Do you belong to any clubs or organisations? (Social or recreational groups, trade union, commercial groups, professional organisations, political parties, sports clubs, cultural groups, pressure groups etc.) CLUB

Yes	1
No	2

If No, go to Question 67

If Yes,  
b) Taking all of the above together, how often do you attend? CLUBFRQ

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

67. How often do you have parties at home? (including small dinner parties) PARTIES

4 or more times a week	1
About once/week	2
About once/month	3
Once every few months	4
Never/almost never	5

68. a) Do you have any hobbies? (other than watching TV or reading the newspaper) HOBB

Yes	1
No	2

If No, go to Question 69

If Yes, HOBBHRS

b) In an average week how much time do you spend on your hobbies?

--

hours

Please specify your hobbies HOBB1 HOBB2 HOBB3 .....

HOBB4 HOBB5 .....

69. How often do you have the feeling that there is little meaning in the things you do in your daily life? MEANING

Often	1
Sometimes	2
Seldom	3
Almost never	4

70. When you have difficulties in important aspects of your life, do you feel you will succeed in overcoming them? POS

Often	1
Sometimes	2
Seldom	3
Almost never	4

71. How often do you have the feeling that you do not have a clear idea of how your personal life will work out?

Often	1
Sometimes	2
Seldom	3
Almost never	4 UNCLEAR4

72. a) All things considered how satisfied or dissatisfied are you with your standard of living?  
Please circle one of the numbers on the 1 - 7 scale below to show how satisfied or dissatisfied you feel:-

STD LIV	Very dissatisfied 1	Moderately dissatisfied 2	A little dissatisfied 3	No feelings either way 4	A little satisfied 5	Moderately satisfied 6	Very satisfied 7
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b) All things considered how satisfied or dissatisfied are you with your present accommodation?  
Please circle one of the numbers on the 1 - 7 scale below to show how satisfied or dissatisfied you feel:-

ACCOMSAT	Very dissatisfied 1	Moderately dissatisfied 2	A little dissatisfied 3	No feelings either way 4	A little satisfied 5	Moderately satisfied 6	Very satisfied 7
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73. Below are five statements with which you may agree or disagree. Using the 1 - 7 scale below, indicate your agreement with each item by circling the appropriate number.

		Strongly disagree	Disagree	Slightly disagree	Neither agree nor disagree	Slightly agree	Agree	Strongly agree
LIFESAT1	a) In most ways my life is close to my ideal	1	2	3	4	5	6	7
LIFESAT2	b) The conditions of my life are excellent	1	2	3	4	5	6	7
LIFESAT3	c) I am satisfied with my life	1	2	3	4	5	6	7
LIFESAT4	d) So far I have got the important things I want in life	1	2	3	4	5	6	7
LIFESAT5	e) If I could live my life over again I would change almost nothing	1	2	3	4	5	6	7

74. This Section is about the way you are feeling these days. Please answer each question by circling the number which most nearly applies to you.

During the past few weeks did you feel:

		Not at all	A little	Quite a lot	A great deal
MOODS01	a) Particularly excited or interested in something	1	2	3	4
MOODS02	b) So restless you could not sit long in a chair	1	2	3	4
MOODS03	c) Proud because someone complimented you on something you had done	1	2	3	4
MOODS04	d) Very lonely or remote from other people	1	2	3	4
MOODS05	e) Pleased about having accomplished something	1	2	3	4
MOODS06	f) Bored	1	2	3	4
MOODS07	g) On top of the world	1	2	3	4
MOODS08	h) Depressed or very unhappy	1	2	3	4
MOODS09	i) That things were going your way	1	2	3	4
MOODS10	j) Upset because someone criticised you	1	2	3	4

75-78. The following is a list of things that can happen to people. Try to think back over the past 12 months and remember if any of these things happened to you and, if so, how much you were upset or disturbed by it?

			Very much	Moderately	Not too much	Not at all
EVENT1	a) Personal serious illness, injury or operation					
	Yes	1				UPSET1
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT2	b) Death of a close relative or friend					
	Yes	1				UPSET2
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT3	c) Serious illness, injury or operation of a close relative or friend					
	Yes	1				UPSET3
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT4	d) Major financial difficulty					
	Yes	1				UPSET4
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT5	e) Divorce, separation or break up of personal intimate relationship					
	Yes	1				UPSET5
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT6	f) Other marital or family problem					
	Yes	1				UPSET6
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT7	g) Any mugging, robbery, accident or similar event					
	Yes	1				UPSET7
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4
EVENT8	h) Change of job or residence					
	Yes	1				UPSET8
	No	2				
	<b>If Yes,</b> How much did it upset you?		1	2	3	4



79. For each of the following questions on common concerns of everyday living circle one answer:  
(If the question does not apply to you please circle not applicable)

a) How often do you wonder if your children are turning out the way you hoped?

FAMPROB1	Always	1
	Often	2
	Sometimes	3
	Seldom	4
	Never	5
	Not Applicable	6

b) How often do your children fail to get along with others of the same age?

FAMPROB2	Always	1
	Often	2
	Sometimes	3
	Seldom	4
	Never	5
	Not Applicable	6

c) How often do you have worries or problems with other relatives (e.g. parents or in-laws)?

FAMPROB3	Always	1
	Often	2
	Sometimes	3
	Seldom	4
	Never	5
	Not Applicable	6

d) How often do you have to spend time looking after aged or disabled relatives?

FAMPROB4	Very often	1
	Often	2
	Sometimes	3
	Seldom	4
	Never	5
	Not Applicable	6

e) 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?

FAMPROB5	Always	1
	Often	2
	Sometimes	3
	Seldom	4
	Never	5
	Not Applicable	6

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

FAMPROB6	Very great	1
	Great	2
	Some	3
	Slight	4
	Very little	5

g) To what extent do you have problems with your housing?  
(e.g. too small, repairs, damp etc.)

FAMPROB7	Very great problems	1
	Great	2
	Some	3
	Slight	4
	Very little	5

h) To what extent do you have problems with the neighbourhood in which you live? (e.g. noise, unsafe street, few local facilities)

FAMPROB8	Very great problems	1
	Great	2
	Some	3
	Slight	4
	Very little	5

How strongly do you agree or disagree that:

i) Generally I give in more to my spouse's wishes than he/she gives in to mine

FAMPROB9	Strongly agree	1
	Agree	2
	Not sure	3
	Disagree	4
	Strongly disagree	5
	Not applicable	6

## 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** the questions on the following pages simply by circling the answer which you think most nearly applies to you. Remember that we want to know about present and recent complaints, not those that you had in the past.

It is important that you try to answer **ALL** the questions.

**HAVE YOU RECENTLY:—**

GHQ01	80.	— been able to concentrate on whatever you're doing?	Better than usual 1	Same as usual 2	Less than usual 3	Much less than usual 4
GHQ02	81.	— lost much sleep over worry?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ03	82.	— been having restless, disturbed nights?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ04	83.	— been managing to keep yourself busy and occupied?	More so than usual 1	Same as usual 2	Rather less than usual 3	Much less than usual 4
GHQ05	84.	— been getting out of the house as much as usual?	More so than usual 1	Same as usual 2	Less than usual 3	Much less than usual 4
GHQ06	85.	— been managing as well as most people would in your shoes?	Better than most 1	About the same 2	Rather less well 3	Much less well 4
GHQ07	86.	— felt on the whole you were doing things well?	Better than usual 1	About the same 2	Less well than usual 3	Much less well 4
GHQ08	87.	— been satisfied with the way you've carried out your task?	More satisfied 1	About same as usual 2	Less satisfied than usual 3	Much less satisfied 4
GHQ09	88.	— been able to feel warmth and affection for those near to you?	Better than usual 1	About same as usual 2	Less well than usual 3	Much less well 4
GHQ10	89.	— been finding it easy to get on with other people?	Better than usual 1	About same as usual 2	Less well than usual 3	Much less well 4
GHQ11	90.	— spent much time chatting with people	More time than usual 1	About same as usual 2	Less time than usual 3	Much less than usual 4
GHQ12	91.	— felt that you are playing a useful part in things?	More so than usual 1	Same as usual 2	Less useful than usual 3	Much less useful 4

**HAVE YOU RECENTLY:—**

GHQ13	92.	— felt capable of making decisions about things?	More so than usual 1	Same as usual 2	Less so than usual 3	Much less capable 4
GHQ14	93.	— felt constantly under strain?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ15	94.	— felt you couldn't overcome your difficulties?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ16	95.	— been finding life a struggle all the time?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ17	96.	— been able to enjoy your normal day-to-day activities?	More so than usual 1	Same as usual 2	Less so than usual 3	Much less than usual 4
GHQ18	97.	— been taking things hard?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ19	98.	— been getting scared or panicky for no good reason	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ20	99.	— been able to face up to your problems?	More so than usual 1	Same as usual 2	Less able than usual 3	Much less able 4
GHQ21	100.	— found everything getting on top of you?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ22	101.	— been feeling unhappy and depressed	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ23	102.	— been losing confidence in yourself?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ24	103.	— been thinking of yourself as a worthless person?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ25	104.	— felt that life is entirely hopeless?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ26	105.	— been feeling hopeful about your own future?	More so than usual 1	About same as usual 2	Less so than usual 3	Much less hopeful 4

**HAVE YOU RECENTLY:—**

GHQ27	106.	— been feeling reasonably happy, all things considered?	More so than usual 1	About same as usual 2	Less so than usual 3	Much less than usual 4
GHQ28	107.	— been feeling nervous and strung-up all the time?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ29	108.	— felt that life isn't worth living?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
GHQ30	109.	— found at times you couldn't do anything because your nerves were too bad?	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4

**110.** Below are some of the statements which describe people's beliefs and attitudes and the way they might react to some situations. If the statement applies to you or describes you in general, circle "1" for True. If the statement does not describe you circle "2" for False.

	TRUE	FALSE	
1) When someone does me a wrong I feel I should pay him back if I can, just for the principle of the thing.	1	2	BELIEF01
2) I prefer to pass by school friends, or people I know but have not seen for a long time, unless they speak to me first.	1	2	BELIEF02
3) I have often had to take orders from someone who did not know as much as I did.	1	2	BELIEF03
4) I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others.	1	2	BELIEF04
5) It takes a lot of argument to convince most people of the truth.	1	2	BELIEF05
6) I think most people would lie to get ahead.	1	2	BELIEF06
7) Someone has it in for me.	1	2	BELIEF07
8) Most people are honest chiefly through fear of being caught.	1	2	BELIEF08
9) Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it.	1	2	BELIEF09
10) I commonly wonder what hidden reason another person may have for doing something nice for me.	1	2	BELIEF10
11) It makes me impatient to have people ask my advice or otherwise interrupt me when I am working on something important.	1	2	BELIEF11
12) I feel that I have often been punished without cause.	1	2	BELIEF12
13) Some of my family have habits that bother and annoy me very much.	1	2	BELIEF13
14) My way of doing things is apt to be misunderstood by others.	1	2	BELIEF14
15) I don't blame anyone for trying to grab everything he can get in this world.	1	2	BELIEF15
16) No one cares much what happens to you.	1	2	BELIEF16
17) It is safer to trust nobody.	1	2	BELIEF17
18) I do not blame a person for taking advantage of someone who lays himself open to it.	1	2	BELIEF18

*Continued*

	TRUE	FALSE	
19) I have often felt that strangers were looking at me critically.	1	2	BELIEF19
20) Most people make friends because friends are likely to be useful to them.	1	2	BELIEF20
21) I am sure I am being talked about.	1	2	BELIEF21
22) I am likely not to speak to people until they speak to me.	1	2	BELIEF22
23) Most people inwardly dislike putting themselves out to help other people.	1	2	BELIEF23
24) I tend to be on my guard with people who are somewhat more friendly than I had expected.	1	2	BELIEF24
25) I have sometimes stayed away from another person because I feared doing or saying something that I might regret afterwards.	1	2	BELIEF25
26) People often disappoint me.	1	2	BELIEF26
27) It makes me feel like a failure when I hear of the success of someone I know well.	1	2	BELIEF27
28) I have at times had to be rough with people who were rude or annoying.	1	2	BELIEF28
29) People generally demand more respect for their own rights than they are willing to allow for others.	1	2	BELIEF29
30) There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something they have done.	1	2	BELIEF30
31) I am not easily angered.	1	2	BELIEF31
32) I have often met people who were supposed to be experts who were no better than I.	1	2	BELIEF32
33) I am often inclined to go out of my way to win a point with someone who has opposed me.	1	2	BELIEF33
34) I have often found people jealous of my good ideas, just because they had not thought of them first.	1	2	BELIEF34
35) I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes on to those under them.	1	2	BELIEF35
36) I strongly defend my own opinions as a rule.	1	2	BELIEF36
37) People can pretty easily change me even though I thought that my mind was already made up on a subject.	1	2	BELIEF37
38) Sometimes I am sure that other people can tell what I am thinking.	1	2	BELIEF38

Date when form completed

DOC	MOC	YOC
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<i>day</i>	<i>month</i>	<i>year</i>

PLEASE ADD COMMENTS BELOW OR OVERLEAF, IF YOU WISH:—

**TO ALL RESPONDENTS  
THANK YOU VERY MUCH FOR YOUR COOPERATION**