

Label

STNO

CHECK

Health Survey



Stress and Health Study

DVERSION

Phase 12: 2015-16

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 anonymised before being used in research, so that you will not be identified. 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 Data Protection Act (1998) and any previous blood samples you may have provided us with are stored in accordance with the Human Tissue Act (2004).

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

No

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

for example

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

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
		1

DDATEOC

2 In general would you say your health is:

Please tick one

Excellent	<input type="checkbox"/>	DGENHLTH
Very good	<input type="checkbox"/>	
Good	<input type="checkbox"/>	
Fair	<input type="checkbox"/>	
Poor	<input type="checkbox"/>	

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	<input type="checkbox"/>	DHLTHNOW
Somewhat better now than one year ago	<input type="checkbox"/>	
About the same as one year ago	<input type="checkbox"/>	
Somewhat worse than one year ago	<input type="checkbox"/>	
Much worse than one year ago	<input type="checkbox"/>	

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

Please tick one box for each question

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
(a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV01
(b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV02
(c) Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV03
(d) Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV04
(e) Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV05
(f) Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV06
(g) Walking more than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV07
(h) Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV08
(i) Walking one hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV09
(j) Bathing and dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DACTIV10

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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKHL01 |
| (b) Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKHL02 |
| (c) Were limited in the kind of work or other activities you could do | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKHL03 |
| (d) Had difficulty performing your work or other activities (for example, it took extra effort) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKHL04 |

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 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKEM01 |
| (b) Accomplished less than you would like | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKEM02 |
| (c) Didn't do work or other activities as carefully as usual | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | DNKEM03 |

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 | <input type="checkbox"/> 1 | DHLSOC |
| Slightly | <input type="checkbox"/> 2 | |
| Moderately | <input type="checkbox"/> 3 | |
| Quite a bit | <input type="checkbox"/> 4 | |
| Extremely | <input type="checkbox"/> 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

DBODPAIN

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

DPAININT

10

How much of the time during the past four weeks:

Please tick one box for each question

	All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time	
(a) Did you feel full of life?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME01
(b) Have you been a very nervous person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME02
(c) Have you felt so down in the dumps that nothing could cheer you up?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME03
(d) Have you felt calm and peaceful?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME04
(e) Did you have a lot of energy?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME05
(f) Have you felt downhearted and low?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME06
(g) Did you feel worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME07
(h) Have you been a happy person?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME08
(i) Did you feel tired?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DTIME09

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

DHLEMSOC

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

Please tick one box for each question

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
(a) I seem to get sick a little easier than other people	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSICKEAS
(b) I'm as healthy as anyone I know	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHLTHAN
(c) I expect my health to get worse	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHLTHWRS
(d) My health is excellent	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DHLTHEXC

Medical consultation

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

Enter number

DGPVISYR

14 (a) Do you have any longstanding illnesses, 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).

Yes

No

Go to **15** (a)

DLONGILL

(b) If yes, please list below

(i)	<input type="text"/>	(vi)	<input type="text"/>
	DLONGIL1		DLONGIL6
(ii)	<input type="text"/>	(vii)	<input type="text"/>
	DLONGIL2		DLONGIL7
(iii)	<input type="text"/>	(viii)	<input type="text"/>
	DLONGIL3		DLONGIL8
(iv)	<input type="text"/>	(ix)	<input type="text"/>
	DLONGIL4		DLONGIL19
(v)	<input type="text"/>	(x)	<input type="text"/>
	DLONGIL5		DLONGIL10

15 (a) This question concerns any medicines that you may have taken during the last fourteen days. Have you been taking any medicines, tablets, tonics or pills within the last fourteen days? You may want to check your medicine bottles, pill box or prescription sheet for the exact name.

DPRESDOC

Yes 1

No 2

→ Go to **16 (a)**

(b) If yes, please list any medicines below And the reasons for taking them

(i)

DPRSDRG1

(ii)

DPRSDRG2

(iii)

DPRSDRG3

(iv)

DPRSDRG4

(v)

DPRSDRG5

(vi)

DPRSDRG6

(vii)

DPRSDRG7

(viii)

DPRSDRG8

DPRSDRG9

DPRSDR10

DPRSDR11

DPRSDR12

DPRSDR13

DPRSDR14

DPRSDR15

Chest pain and other aspects of heart disease

16 (a) Since January 2012 have you had any pain or discomfort in your chest?

DCHPAIN

Yes 1

No 2

→ Go to **18**

(b) If yes:

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

Yes 1

DCHPUPH

No 2

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

Yes 1

DCHPLEV

No 2

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

Please tick one

Stop 1

DCHPACT

Slow down 2

Continue at the same pace 3

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

Yes 1

DCHPSTOP

No 2

→ Go to **(g)**

(f) If yes, how soon?

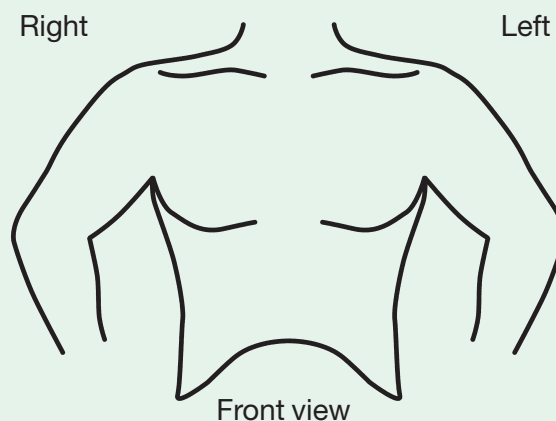
Please tick one

In 10 minutes or less 1

DCHPTIME

More than 10 minutes 2

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



DCHPSIT1 - DCHPSIT9

17 (a) Since January 2012 have you had a severe pain across the front of your chest lasting half an hour or more?

DCHPEXT

Yes 1

No 2 → Go to **18**

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

DCHPDOC

Yes 1

No 2 → Go to **18**

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

DCHPDIAG

Tests and treatments

- 18** These questions concern any **test(s)** or **treatment(s)** you may have had for chest pain or heart disease.
Since January 2012 have you had any of the following? (Please answer Yes or No to each question)
 If yes please give the month and year for each test.

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

		Month	Year since 2012
DEXECG	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		DEXECGM1	DEXECGY1

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

		Month	Year since 2012
DAGRAM	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		DAGRAMM1	DAGRAMY1

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

		Month	Year since 2012
DAPLAS	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		DAPLASM1	DAPLASY1

(d) Coronary artery bypass graft (CABG) operation

		Month	Year since 2012
DCABG	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		DCABGM1	DCABGY1

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

		Month	Year since 2012
DADMCH	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		DADMCHM1	DADMCHY1

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

		Month	Year since 2012
DOHTOA	Yes <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
	No <input type="checkbox"/>	<input type="text"/>	<input type="text"/>
		DOHTOAM1	DOHTOAY1

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

DOHTOAT1 - DOHTOAT9

19 (a) Since January 2012 has a doctor told you that you have had angina?

DANG

	Month	Year since 2012
Yes <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
No <input type="checkbox"/> 2	DANGM	DANGY

(b) Since January 2012 has a doctor told you that you have had a heart attack (myocardial infarct/coronary thrombosis)?

DMI

	Month	Year since 2012
Yes <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
No <input type="checkbox"/> 2	DMIM	DMIY

(c) Since January 2012 has a doctor told you that you have had heart failure?

DHFAIL

	Month	Year since 2012
Yes <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
No <input type="checkbox"/> 2	DHFAILM	DHFAILY

(d) Since January 2012 have you had any other heart trouble suspected or confirmed? (For example, valve disease, congenital heart disease or irregular heartbeat.)

DOHT

	Month	Year since 2012
Yes <input type="checkbox"/> 1	<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
No <input type="checkbox"/> 2	DOHTM1	DOHTY1

If yes, please specify

DOHTDX1 - DOHTDX4

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

Yes 1 No 2 → Go to **21** **DHSADMYR**

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

Enter number **DHSADMNO**

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

Cause 1	<input type="text"/> DHS1RSN	Month	Year
		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
		DHS1MNTH	DHS1YR
Cause 2	<input type="text"/> DHS2RSN	Month	Year
		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
		DHS2MNTH	DHS2YR
Cause 3	<input type="text"/> DHS3RSN	Month	Year
		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
		DHS3MNTH	DHS3YR
Cause 4	<input type="text"/> DHS4RSN	Month	Year
		<input type="text"/> <input type="text"/>	<input type="text"/> 2 <input type="text"/> 0 <input type="text"/> 1 <input type="text"/>
		DHS4MNTH	DHS4YR

21 (a) Since January 2012 have you been told by a doctor that you have had a stroke or transient ischaemic attack (mini stroke/TIA)?

Yes **DSTROKE**

No → Go to **22**

(b) If yes, was it:

Please tick one

Stroke

Transient Ischaemic Attack (mini stroke/TIA) **DSTRDIAG**

Other (please specify)

(c) If yes, please give the month and year.

Month Year since 2012

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

DSTRKM1

DSTRKM1

General health questions

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

Have you recently...

Please tick one box for each question

	Better than usual	Same as usual	Rather less than usual	Much less than usual	
22 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	DGHQ01
23 Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DGHQ02
24 Been having restless, disturbed nights?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DGHQ03
25 Been managing to keep yourself busy and occupied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DGHQ04
26 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	DGHQ05
27 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	DGHQ06
28 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	DGHQ07
29 Been satisfied with the way you've carried out your task(s)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DGHQ08

30	Been able to feel warmth and affection for those near to you?	Better than usual <input type="checkbox"/> 1	About the same as usual <input type="checkbox"/> 2	Less well than usual <input type="checkbox"/> 3	Much less well <input type="checkbox"/> 4	DGHQ09
31	Been finding it easy to get on with other people?	Better than usual <input type="checkbox"/> 1	About the same as usual <input type="checkbox"/> 2	Less well than usual <input type="checkbox"/> 3	Much less well <input type="checkbox"/> 4	DGHQ10
32	Spent much time chatting with people?	More time than usual <input type="checkbox"/> 1	About the same as usual <input type="checkbox"/> 2	Less time than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4	DGHQ11
33	Felt that you are playing a useful part in things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less useful than usual <input type="checkbox"/> 3	Much less useful <input type="checkbox"/> 4	DGHQ12
34	Felt capable of making decisions about things?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less capable <input type="checkbox"/> 4	DGHQ13
35	Felt constantly under strain?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ14
36	Felt you couldn't overcome your difficulties?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ15
37	Been finding life a struggle all the time?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ16
38	Been able to enjoy your normal day-to-day activities?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4	DGHQ17
39	Been taking things hard?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ18

40	Been getting scared or panicky for no good reason?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ19
41	Been able to face up to your problems?	More so than usual <input type="checkbox"/> 1	Same as usual <input type="checkbox"/> 2	Less able than usual <input type="checkbox"/> 3	Much less able <input type="checkbox"/> 4	DGHQ20
42	Found everything getting on top of you?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ21
43	Been feeling unhappy and depressed?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ22
44	Been losing confidence in yourself?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ23
45	Been thinking of yourself as a worthless person?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ24
46	Felt that life is entirely hopeless?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ25
47	Been feeling hopeful about your own future?	More so than usual <input type="checkbox"/> 1	About the same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less hopeful <input type="checkbox"/> 4	DGHQ26
48	Been feeling reasonably happy, all things considered?	More so than usual <input type="checkbox"/> 1	About the same as usual <input type="checkbox"/> 2	Less so than usual <input type="checkbox"/> 3	Much less than usual <input type="checkbox"/> 4	DGHQ27
49	Been feeling nervous and strung-up all the time?	Not at all <input type="checkbox"/> 1	No more than usual <input type="checkbox"/> 2	Rather more than usual <input type="checkbox"/> 3	Much more than usual <input type="checkbox"/> 4	DGHQ28

		Not at all	No more than usual	Rather more than usual	Much more than usual	
50	Felt that life isn't worth living?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DGHQ29

		Not at all	No more than usual	Rather more than usual	Much more than usual	
51	Found at times you couldn't do anything because your nerves were too bad?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DGHQ30

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

	Yes	No	
(a) Dressing, including putting on shoes and socks	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL1
(b) Walking across a room	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL2
(c) Bathing or showering	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL3
(d) Eating, such as cutting up your food	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL4
(e) Getting in or out of bed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL5
(f) Using the toilet, including getting up or down	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL6
(g) Using a map to figure out how to get around in a strange place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL7
(h) Preparing a hot meal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL8
(i) Shopping for groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL9
(j) Making telephone calls	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL10
(k) Taking medication	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL11
(l) Doing work around the house or garden	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL12
(m) Managing money, such as paying bills and keeping track of expenses	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL13
(n) Controlling bowel and bladder completely by yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL14
(o) Doing personal laundry completely	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL15
(p) Travelling independently on public transport or drive own car	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DADL16

53 (a) Do you feel you need help with any of the day-to-day tasks listed in question 52?

Please tick one

Yes 1 DADLHLP

No 2 → Go to **53 (c)**

(b) If yes, when did you first feel the need for help?

Year

DADLHLPY

(c) Does anyone help you with any of the day-to-day tasks?

Please tick one

Yes 1 DADLHLPW

No 2

54 Compared to **two years ago**, how would you say your ability is to do the day-to-day tasks?

Please tick one

- Better 1
- Same 2
- Worse 3
- Much worse 4

DABIL

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

Please tick one

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

DHLTHYR

56 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

DSLEEP

57 How often in the **past month** did you:

Please tick one box for each question

	Not at all	1-3 days	4-7 days	8-14 days	15-20 days	21-31 days	
(a) Have trouble falling asleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DSLPFALL
(b) Wake up several times per night?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DSLPWAKS
(c) Have trouble staying asleep (including waking far too early)?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DSL PSTAY
(d) Wake up after your usual amount of sleep feeling tired and worn out?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DSL PWAKT
(e) Have disturbed or restless sleep?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	DSL PDIST

58 (a) Do you doze or take a nap anytime during the day or before you go to bed?

Yes 1

DSLPNAP

No 2 → Go to **59**

(b) If yes, does this happen:

Please tick one

About once a week or less 1

Two or three times per week 2

DSLPNAPF

Once every day 3

Two or more times per day 4

(c) On average, how long is each nap?

Please tick one

15 mins or less 1

30 mins 2

DSLPNAPL

1 hour 3

1.5 hours 4

2 hours or more 5

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

Please tick one

Excellent 1

Very good 2

DSIGHT

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

DHEAR

Good 3

Fair 4

Poor 5

To be answered by men only – women please go to Question 61

60 Over the past six months:
How do you rate your confidence that you could get and keep an erection?

Please tick one

Very low 1

Low 2

Moderate 3

High 4

Very high 5

DCONFER

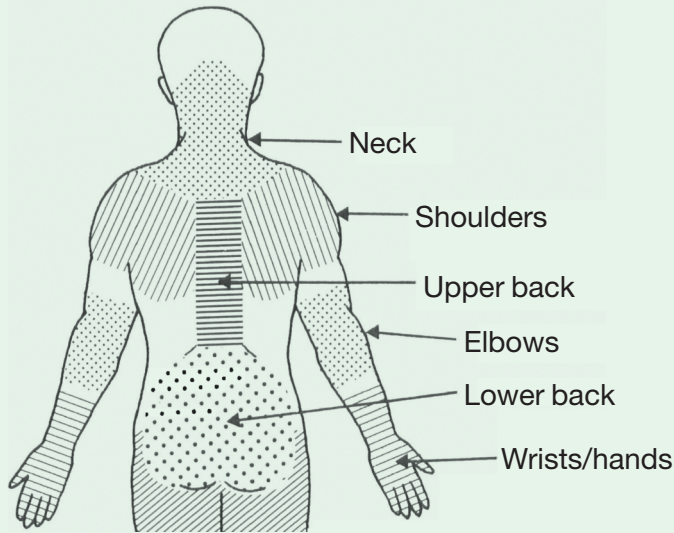
To be answered by everyone

61 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' art	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DOST_ART
(b) Rheumatoid arthritis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DRHE_ART
(c) Gout	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DGOUT
(d) Osteoporosis	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DOST_POR
(e) Diabetes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DDIABET
(f) Peripheral arterial disease or inter-	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DINCLAU
claudication					DINCLAU
(g) Chronic obstructive pulmonary disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DCOPD
(COPD) or emphysema					DCOPD
(h) Chronic renal failure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DRENFAIL
(i) End-stage renal disease	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DRENEND
(j) End-stage renal disease requiring	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Year	<input type="text"/>	DRENDIAL
treatment/renal replacement therapy					DRENDIAL

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



	Have you had pain or a problem in any of the areas below?		During the last 12 months?		More than three times or lasting more than 1 week in the last 12 months?		During the last 14 days?	
	Yes	No	Yes	No	Yes	No	Yes	No
(a) Neck	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	DPNN12M		DPNN_OD		DPNN14D	
(b) Shoulders	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	DPNS12M		DPNS_OD		DPNS14D	
(c) Upper back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	DPNUB12M		DPNUB_OD		DPNUB14D	
(d) Elbow/forearm	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	DPNA12M		DPNA_OD		DPNA14D	
(e) Lower back	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	1	2	DPNLB12M		DPNLB_OD		DPNLB14D	

(f) i) Have you had pain or a problem in your HAND/ WRIST during the last 12 months?

Yes No **DPNHW12M**

ii) Have you had PAIN, BURNING, NUMBNESS, TINGLING, SWELLING, or LOSS OF COLOUR in your HAND/WRIST more than three times or lasting more than 1 week in the last 12 months?

Yes No **DPNHW_OD**

63 (a) Since January 2012 have you broken/fractured a bone?

DFRBEVER

Yes

No

Go to **64**

(b) Details of bones broken/ fractured

(i) First injury	Name of bone(s) broken/fractured DFRB1LO1, DFRB1LO2, DFRB1LO1	Year since 2012 2 0 1	DFRB1YR
(ii) Second injury	Name of bone(s) broken/fractured DFRB2LO1, DFRB2LO2, DFRB2LO1	Year since 2012 2 0 1	DFRB2YR
(iii) Third injury	Name of bone(s) broken/fractured DFRB3LO1, DFRB3LO2, DFRB3LO1	Year since 2012 2 0 1	DFRB3YR

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

Please tick one answer per column

	First injury	Second injury	Third injury
(i) Fall from greater than standing height. (For example, from a chair or stairs)	<input type="checkbox"/> DFRB1RSN	<input type="checkbox"/> DFRB2RSN	<input type="checkbox"/> DFRB3RSN
(ii) Fall from standing height. (For example, walking)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iii) Fall from less than standing height. (For example, getting out of a chair)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(iv) Road traffic accident	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(v) High energy trauma. (For example, sports injury)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(vi) Other (please specify)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

64 Please rate your problems with concentration, memory, and thinking skills during the past 7 days.

Please tick one box on each line

	Not at all	Some	Quite a bit	Very much	
(a) Forgetfulness / Memory problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSCCFORG
(b) Poor concentration	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSCCCONC
(c) Trouble expressing my thoughts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSCCEXP
(d) Trouble finding the right word	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSCCWORD
(e) Slow thinking speed	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSCCSLOW
(f) Trouble figuring things out or solving problems	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DSCCPROB

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.

65 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 **DWLKOUTA**

On each weekend day **DWLKOUTB**

(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 **DPEDCYCA**

On each weekend day **DPEDCYCB**

66 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+

DSOCCERF

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

None ½ 1-1½ 2-3 4-5 6-10 11+

DSOCCERH

Golf

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

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

DGOLFF

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

None ½ 1-1½ 2-3 4-5 6-10 11+

DGOLFH

Swimming

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

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

DSWIMF

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

None ½ 1-1½ 2-3 4-5 6-10 11+

DSWIMH

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

Other, activity 1 (*please specify*)

DSPORT11, DSPORT12, DSPORT13

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

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

DSPORT1F

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

None ½ 1-1½ 2-3 4-5 6-10 11+

DSPORT1H

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

Other, activity 2 (please specify)

DSPORT21, DSPORT22, DSPORT23

Occasions in the past 4 weeks (please tick one)

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

DSPORT2F

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DSPORT2H

(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+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DWEEDF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DWEEDH

Manual lawn mowing

Occasions in the past 4 weeks (please tick one)

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

DMOWF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DMOWH

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

(please specify)

DGARDN11, DGARDN12, DGARDN13

Occasions in the past 4 weeks (please tick one)

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

DGARDN1F

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DGARDN1H

(c) HOUSEWORK

Carrying heavy shopping

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

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

DCARRYHF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DCARRYHH

Cooking

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

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

DCOOKF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DCOOKH

Hanging out washing

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

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

DHANGWF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DHANGWH

Other housework for example, dusting, ironing, hoovering

Other housework, activity 1 *(please specify)*

DHOUSW11, DHOUSW12, DHOUSW13

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

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

DHOUSW1F

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DHOUSW1F

Other housework for example, dusting, ironing, hoovering

Other housework, activity 2 (please specify)

DHOUSW21, DHOUSW22, DHOUSW23

Occasions in the past 4 weeks (please tick one)

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

DHOUSW2F

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DHOUSW2F

(d) DO-IT-YOURSELF

Manual car washing

Occasions in the past 4 weeks (please tick one)

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

DCARWASF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DCARWASH

Painting/decorating

Occasions in the past 4 weeks (please tick one)

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

DPAIDECF

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DPAIDECH

Other DIY for example, household repairs, woodwork, bricklaying

(please specify)

DDIY11, DDIY12, DDIY13

Occasions in the past 4 weeks (please tick one)

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

DDIY1F

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

None	½	1-1½	2-3	4-5	6-10	11+
<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

DDIY1H

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

DPHYSA11, DPHYSA12, DPHYSA13

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

DPHYSA1F

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

DPHYSA1H

Additional/other activity 2 (please specify)

DPHYSA21, DPHYSA22, DPHYSA23

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

DPHYSA2F

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

DPHYSA22

67 Time spent sitting down in the PAST FOUR WEEKS.

(a) In the last four weeks, how many hours did you spend sitting down watching TV (including DVDs and videos)?

For example 1.5 hours

Hours

On each weekday

DSITTVA

On each weekend day

DSITTVB

(b) In the last four weeks, how many hours did you spend sitting down doing any other activity? For example reading, studying, drawing, using a computer, playing video games, driving or sitting in a car, travelling by public transport.

For example 1.5 hours

Hours

On each weekday

DSITOTHA

On each weekend day

DSITOTHB

Smoking habits

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

Yes

No → Go to **69**

Social/Occasional smoker

DSMOKE

If Yes or Social/Occasional smoker...

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

Enter number

DCIGNUM

69 Do you currently smoke cigars or a pipe?

Yes

No

DCGRPIPE

Drinking habits

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

Yes → Go to **71**

No **DDRNKYR**

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

Yes

No

DNONDRNK

Please go to question 73.

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

Yes **DALCWK**

No → Go to **72**

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

DSPRTWK

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

Glasses

DWINEWK

(d) Beer (including lager and cider)?

Pints

DBEERWK

72 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?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DDRNKF

	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?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DDRNKNO

	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
(c) How often do you have six or more drinks in one occasion?	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DDRNK6

Food habits

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

Please tick one

White	<input type="checkbox"/> 1	DBREAD
Wholemeal	<input type="checkbox"/> 2	
Granary or wheatmeal	<input type="checkbox"/> 3	
Other brown	<input type="checkbox"/> 4	
Both brown and white	<input type="checkbox"/> 5	
Do not eat bread	<input type="checkbox"/> 6	

(b) What type of milk do you most often use?

Please tick one

Whole milk	<input type="checkbox"/> 1	DMILKUSE
Semi-skimmed	<input type="checkbox"/> 2	
Skimmed/fat free	<input type="checkbox"/> 3	
Channel Islands whole milk	<input type="checkbox"/> 4	
Dried milk	<input type="checkbox"/> 5	
Soya	<input type="checkbox"/> 6	
Other (please specify)	<input type="checkbox"/> 7	
<input style="width: 400px; height: 20px;" type="text"/>		
None	<input type="checkbox"/> 8	

74 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

DFRUITVG

75 Are you trying to lose weight at present?

- Yes 1
- No 2

DDIET

76 Over the past year have you noticed any unexplained weight loss?

- Yes 1
- No 2

DWEILOSS

77 The following questions are about your eating habits.

Please tick one
True False

(a) When I smell a roasting chicken or see a juicy piece of meat, I find it very difficult to keep from eating, even if I have just finished a meal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFM EAT
(b) I deliberately take small helpings as a means of controlling my weight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFS SMALL
(c) When I feel anxious, I find myself eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFAN XIO
(d) Sometimes when I start eating, I just can't seem to stop	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DFT STOP
(e) Being with someone who is eating often makes me hungry enough to eat also	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFS SOMEO
(f) When I feel low, I often overeat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTF LOW
(g) When I see a real delicacy, I often get so hungry that I have to eat right away	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTF DELIC
(h) I get so hungry that my stomach often seems like a bottomless pit	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTF PIT
(i) I am always hungry so it is hard for me to stop eating before I finish the food on my plate	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFF FINIS
(j) When I feel lonely, I console myself by eating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTF LONEL
(k) I consciously hold back at meals in order not to gain weight	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTF HOLD
(l) I do not eat some foods because they make me fat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFF FAT
(m) I am always hungry enough to eat at any time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	DTFANY TI

78 Please choose the one option which most applies to you.

Please tick one box for each question

	Only at meal times	Sometimes between meals	Often between meals	Almost always	
(a) How often do you feel hungry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DFTFO HUN
	Almost never	Seldom	Usually	Almost always	
(b) How frequently do you <i>avoid</i> 'stocking up on' (eating) tempting foods?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DTF TEMPT
	Unlikely	Slightly likely	Moderately likely	Very likely	
(c) How likely are you to consciously eat less than you want?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DTF LESS
	Never	Rarely	Sometimes	At least once a week	
(d) Do you go on eating binges even though you are not hungry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DTF BINGE

79 Please select which of the following six items best applies to you?

Please tick one

- Eat whatever you want, whenever you want it 1
- Usually eat whatever you want, whenever you want it 2
- Often eat whatever you want, whenever you want it 3
- Often limit food intake, but often 'give in' 4
- Usually limit food intake, rarely 'give in' 5
- Constantly limiting food intake, never 'giving in' 6

DTFRESTR

80 Please choose the one option which most applies to you.

Please tick one box for each question

	Never	Rarely	Sometimes	Often	Very often	
(a) I often get full before my meal is finished	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DWAEBFIN
(b) I get full up easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DWAEBFUL
(c) Do you eat more than usual, when you see others eating?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DDEBOTH
(d) If you walk past a snack bar or a café, do you have the desire to buy something delicious?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DDEBSNAC
(e) If food smells and looks good, do you eat more than usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DDEBGOOD
(f) I cannot eat a meal if I have had a snack just before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DWAEBSNAC
(g) I often leave food on my plate at the end of a meal	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	DWAEBPLAT

The next questions are about your sense of taste.

81 During the past 12 months, have you had a problem with your ability to taste sweet, sour, salty or bitter foods and drinks?

Please tick one

Yes 1

DTASTE

No 2

82 Please read the list of tastes in everyday foods. How is your ability to taste each one of these now, compared to when you were 25 years old?

Please tick one box for each question

Better No Worse
change

(a) Salt in foods like potato crisps or pretzels

 1

 2

 3

DTSTSALT

(b) Sourness in foods like lemons or vinegar

 1

 2

 3

DTSTSOUR

(c) Sweetness in foods like peaches or ice cream

 1

 2

 3

DTSTSWEET

(d) Bitterness in drinks like unsweetened black coffee

 1

 2

 3

DTSTBITT

83 During the past 12 months have you had a taste or other sensation in your mouth that does not go away?

Please tick one

Yes 1

DTSTAWAY

No 2

Section 3: About your life in general

84 (a) Is the accommodation in which you live...

Please tick one

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

DACCOM

Rented (by yourself or friend/family) 2

A care home 3 → Go to **85**

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

Yes 1

DACSHELT

No 2

85 (a) Do you live on your own?

Yes 1 → Go to **86**
 No 2 **DLIVEOWN**

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

Enter number **DACOTHER**

(c) Please specify below who they are.

	Number in household	
Spouse/partner	<input type="text"/>	DACNOSP
Parents, parents-in-law	<input type="text"/>	DACNOPAR
Children	<input type="text"/>	DACNOCH
Grandchildren	<input type="text"/>	DACNOGCH
Other relative e.g. sister	<input type="text"/>	DACNOREL
Non-relative/friend	<input type="text"/>	DACNOFRD
Lodger/paying guest	<input type="text"/>	DACNOPAY

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

Yes 1 **DVISCAR**
 No 2 → Go to **87**

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

Enter number **DVISCARD**

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

Enter number **DVISCARN**

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

Please answer each category

Yes No If yes, for how many hours per week.
(Full time equals 168 hours)

(a) Children	DCARCH	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	DCARCHHR
(b) Grandchildren	DCARGC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	DCARGCHR
(c) Disabled or ill partner/spouse	DCARSP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	DCARSPHR
(d) Disabled or ill parent	DCARPAR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	DCARPARHR
(e) Other disabled or ill relative	DCARRL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	DCARRLHR
(f) Disabled or ill friend	DCARFR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="text"/>	DCARFRHR

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

Yes 1 → Go to **89**

No 2 **DMARCOH**

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

Please tick one

Single, never married 1 → Go to **90**

Widowed 2 **DNOTMAR**

Divorced 3

Separated 4

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

Year **DWDSYEAR**

89 (a) Is your spouse/partner currently in paid employment (including self-employment)?

Yes **DWORKSP**

No → Go to **89 (c)**

(b) If your spouse/partner is currently in paid employment, how many hours do they work in a normal week, including work brought home?

DWORKSPH

Hours → Go to **89 (d)**

(c) If your spouse/partner is not currently in paid employment, would she/he classify herself/himself as:

Please tick one

Unemployed seeking work

DSPNE

Retired

Long term sick/disabled

Looking after family or home

Other (please specify)

(d) If your spouse/partner has retired or left paid work, please give the date when your spouse/partner left their last main job

Month

Year

DSPRETM

DSPRETY

Friends and relatives

90 The following questions concern 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.

Please tick one box for each question

Hardly ever to never Some of the time Often

(a) How often do you feel you lack companionship?

DCOMPAN

(b) How often do you feel isolated from others?

DISOLATE

(c) How often do you feel left out?

DLEFTOUT

(d) How often do you feel in tune with the people around you?

DINTUNE

91 We would now like to ask you some questions about your use of the internet and email. On average, how often do you use the internet or email?

Please tick one

- Every day, or almost every day 1
- At least once a week (but not every day) 2 **DINTERNF**
- At least once a month (but not every week) 3
- At least once every 3 months 4
- Less than every 3 months 5
- Never 6 Go to **93**

92 For which of the following activities did you use the internet in the last 3 months

Please tick all that apply

- Sending/receiving emails 1 **DINTERNA01**
- Finding information about goods and services 1 **DINTERNA02**
- Searching for information for learning, research, fact finding 1 **DINTERNA03**
- Finances (for example, banking, paying bills) 1 **DINTERNA04**
- Shopping/ buying goods or services 1 **DINTERNA05**
- Selling goods or services (for example, via auctions) 1 **DINTERNA06**
- Use social networking sites (for example, Facebook, Twitter, Myspace) 1 **DINTERNA07**
- Creating, uploading or sharing content (for example, Youtube, blogging or Flickr) 1 **DINTERNA08**
- News/ newspaper/ blog websites 1 **DINTERNA09**
- Streaming/downloading live or on demand TV/radio (for example, BBC iplayer, 4OD, ITV player, Demand 5) music (for example, iTunes, Spotify), or ebooks 1 **DINTERNA10**
- Games 1 **DINTERNA11**
- Looking for a job or sending a job application 1 **DINTERNA12**
- Other 1 **DINTERNA13**

Feelings and life events

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

Please tick one box on each line

	Rarely or none of the time (less than 1 day)	Some or a little of the time (1-2 days)	Occasionally or moderate amount of time (3-4 days)	Most or all of the time (5-7 days)	
(a) I was bothered by things that usually don't bother me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN01
(b) I did not feel like eating, my appetite was poor	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN02
(c) I felt that I could not shake off the blues even with help from my family and friends	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN03
(d) I felt that I was just as good as other people	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN04
(e) I had trouble keeping my mind on what I was doing	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN05
(f) I felt depressed	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN06
(g) I felt that everything I did was an effort	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN07
(h) I felt hopeful about the future	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN08
(i) I thought my life had been a failure	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN09
(j) I felt fearful	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN10
(k) My sleep was restless	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN11
(l) I was happy	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN12
(m) I talked less than usual	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN13
(n) I felt lonely	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN14
(o) People were unfriendly	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN15
(p) I enjoyed life	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN16
(q) I had crying spells	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN17
(r) I felt sad	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN18
(s) I felt that people disliked me	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN19
(t) I could not get going	<input type="checkbox"/> 0	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	DDPN20

94 Since January 2012 have either of the following things happened to you?
Please state when they happened.

If yes, please give the year since January 2012 when they occurred, e.g. 2013

(a) Major financial difficulty DEVENT4	Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Please tick one box on each line

	Often	Some-times	Not often	Never	
(a) My age prevents me from doing the things I would like to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP1
(b) I feel that what happens to me is out of my control	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP2
(c) I feel free to plan for the future	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP3
(d) I feel left out of things	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP4
(e) I feel that I can please myself in what I do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP7
(f) My health stops me from doing what I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP8
(g) Shortage of money stops me from doing things I want to do	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP9
(h) I look forward to each day	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP10
(i) I feel that my life has no meaning	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP11
(j) I enjoy being in the company of others	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP13
(k) I feel satisfied with the way my life has turned out	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP17
(l) I feel that life is full of opportunities	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DCASP18

Activities

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

Please tick one box on each line

Are you involved in any of the following?	Weekly	Monthly	Less often	Never	
(a) Religious activities/observance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPARLGF
(b) Positions of office (for example, school governor, councillor)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAPOSF
(c) Voluntary work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAVOLF
(d) Courses and education/evening classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAEDNF
(e) Cultural visits to stately homes, galleries, theatres, cinema or live music events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPACULF
(f) Social indoor games, cards, bingo, chess, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAGAMF
(g) Visiting friends and relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAVSTF
(h) Going to pubs and social clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAPUBF
(i) Individual occupations (for example, reading, listening to music)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPASOLF
(j) Household tasks (for example, DIY, maintenance, decorating)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAHHTF
(k) Practical activities, making things with your hands (for example, pottery, drawing)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAHANF
(l) Gardening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPAGDNF
(m) Using a home computer for leisure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DSPACOMF

Heating the home

97 Do you ever have the home colder than you would like during the winter (December to March)?

Please tick one

- Always 1 **DCOLD**
- Often 2
- Sometimes 3
- No 4 → Go to **99**

98 What are the reasons for having your home colder than you would like?

Please tick all that apply

- Trying to keep cost of heating down 1 DCOLDRS1
- Any heat just disappears 1 DCOLDRS2
- I like to have windows open 1 DCOLDRS3
- It is healthy to keep your body cooler 1 DCOLDRS4
- Other household members like it cooler 1 DCOLDRS5
- We only have a heater in one room 1 DCOLDRS6
- I can't afford to heat it more 1 DCOLDRS7
- Other (please specify) 1 DCOLDRS8

99 (a) Do you spend more than 10% of your disposable household income on your fuel bills (for gas, electricity, etc.) to heat your home up to an adequate standard of warmth?

- Yes 1 → Go to **100**
- No 2 DCOLD10
- Don't know 3 → Go to **100**

(b) If no, what is the reason?

Please tick one

- My fuel bills are less than 10% of my disposable household income 1 DCOLD10R
- I cannot afford to heat my home adequately 2
- Other (please specify) 3

Don't know 4

Income and finances

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

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

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

Number of people

DINCHHNO

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

Please tick one

Less than £9,999

£10,000-£14,999

£15,000-£19,999

£20,000-£24,999

£25,000-£34,999

£35,000-£49,999

£50,000-£69,999

£70,000-£99,999

£100,000-£124,999

£125,000-£149,999

More than £150,000

DINCHH

102

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

Please tick one

- Less than £49,999
- £50,000-£99,999
- £100,000-£199,999
- £200,000-£299,999
- £300,000-£399,999
- £400,000-£499,999
- £500,000-£999,999
- £1,000,000-£1,499,999
- £1,500,000-£1,999,999
- More than £2,000,000

DASSETHH**103**

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

Please tick one

- Less than £9,999
- £10,000-£19,999
- £20,000-£39,999
- £40,000-£59,999
- £60,000-£79,999
- £80,000-£99,999
- £100,000-£249,999
- £250,000-£499,999
- £500,000-£749,999
- £750,000-£999,999
- More than £1,000,000

DASSETXH

Section 4: About your past and present work

104 Are you still working as a civil servant? Yes 1 → Go to **109 (a)**
No 2 **DCSSTILL**

105 By which route did you leave the Civil Service? **DLRROUT**

Please tick one

Retirement at 60 1

Voluntary Early Retirement 2

Retirement on health grounds 3

Voluntary/Compulsory Redundancy 4

Transfer to company through privatisation 5

Left to take a post outside the Civil Service 6

Left to become self-employed 7

Other (please specify) 8

DLRROUTO

106 Are you in paid employment NOW (including self-employment or employment after retirement)? Yes 1 → Go to **109 (a)**
No 2 **DLREMP**

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

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

DLRMONTH **DLRYEAR**

108**This question applies only to those who have retired or are not working.**

What were your reasons for retiring or leaving work? Please answer all the questions. In addition, please indicate which one of these was your **MAIN** reason.

		Yes	No	DNERMAIN Main reason
(a) Reached normal retirement age	DNERAGE	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(b) Your own poor health	DNERHEAL	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(c) Poor health of a relative/friend	DNERRLFR	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(d) Made redundant/dismissed/had no choice	DNERRED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4
(e) Offered reasonable financial terms to retire early or take voluntary redundancy	DNERVRED	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
(f) Other financial reasons such as adequate pension	DNERPENS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 6
(g) Could not find another job	DNERJOB	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7
(h) Dissatisfaction with your job	DNERDISS	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 8
(i) To spend more time with your partner/family	DNERTIME	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 9
(j) To pursue outside interests or hobbies	DNERINT	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 10
(k) To retire at the same time as spouse/partner	DNERSP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 11
(l) To retire at a different time to spouse/partner	DNERSPX	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 12

GO TO QUESTION 115

These questions apply only to those who are currently in paid employment.

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

DJOBSOC

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

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

Please tick one

Employee ₁ → Go to **(f)**

DLREMPPEE

Self-employed ₂ → Go to **(d)**

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

Please tick one

Yes ₁

DLREMPPL

No ₂ → Go to **110**

- (e)** How many people do you employ?

Please tick one

1-24 ₁

DLREPLN

25 or more ₂ → Go to **110**

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

Please tick one

A manager ₁

DLRECHAR

A foreman or supervisor ₂

→ Go to **(g)**

None of the above ₃ → Go to **110**

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

Please tick one

1-24 ₁

DLRECHNO

25 or more ₂

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

Hours

DEMAINHR

111 What are your reasons for continuing to work or for having returned to work? Please answer all the questions. In addition, please indicate which one of these is your **MAIN** reason.

		Yes	No	DCREMAIN Main reason
(i) Enjoyment of your job	DCERENJO	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1
(ii) Financial reasons-to add to your income	DCERADD	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 2
(iii) Financially you cannot afford to retire	DCERAFF	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3
(iv) For social contact	DCERSOC	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 4
(v) To keep active	DCERACT	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 5
(vi) You feel you ought to continue working	DCEROUG	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 6
(vii) Your spouse/partner is working	DCRESP	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 7

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

Please answer all questions

	Often	Some-times	Seldom	Never/ Almost never	
Concerning your particular work:					
(a) Do you have to work very fast?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK01
(b) Do you have to work very intensively?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK02
(c) Do you have enough time to do everything?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK03
(d) Do you have the possibility of learning new things through your work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK05
(e) Does your work demand a high level of skill or expertise?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK06
(f) Does your job require you to take the initiative?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK07
(g) Do you have to do the same thing over and over again?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK08
(h) Do you have a choice in deciding HOW you do your work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK09
(i) Do you have a choice in deciding WHAT you do at work?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWORK10

113 About your position at work – how often do the following statements apply?

Please answer all questions

	Often	Some- times	Seldom	Never/ Almost never	
(a) Others take decisions concerning my work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN1
(b) I have a good deal of say in decisions about work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN2
(c) I have a say in my own work speed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN3
(d) My working time can be flexible	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN4
(e) I can decide when to take a break	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN5
(f) I have a say in choosing with whom I work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN7
(g) I have a great deal of say in planning my work environment	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	DWKPOSN8

114 Regarding your job.

Please answer all questions

	Often	Some- times	Seldom	Never/ Almost never	
(a) Do different groups at work demand things from you that you think are hard to combine?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MJBCLAR1
(b) Does your job provide you with a variety of interesting things?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MJOBINV1
(c) Is your job boring?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MJOBINV3

115 (a) This questionnaire was completed...

Please tick one

Independently

DCOMPLET

With assistance or by somebody else on my behalf

→ Go to **(b)**

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

Please tick all that apply

Poor eyesight

DCOMPLR1

Difficulty reading

DCOMPLR2

Difficulty writing

DCOMPLR3

Poor health

DCOMPLR4

Mental Incapacity, for example Alzheimer's disease or dementia

DCOMPLR5

Other (please specify)

DCOMPLR6

Please use the space below to add any further comments

DCMNT (DCMT_Q1, DCMT_Q2, DCMT_Q3, DCMT_Q4,
DCMT_Q5, DCMT_Q6, DCMT_Q7, DCMT_Q8)

Thank you for completing this questionnaire

