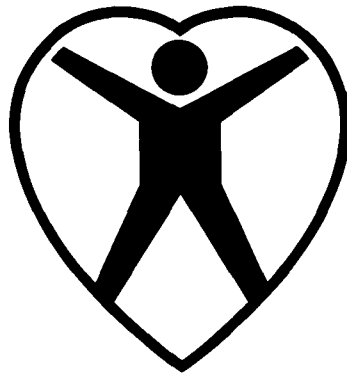


**CONFIDENTIAL**

# HEALTH SURVEY



Department of Community Medicine  
University College London

Civil Service Occupational Health Service

## HEALTH SURVEY

We are interested in identifying the characteristics of work and personal environment which may affect people's health. We should, therefore, be grateful if you would complete this questionnaire which asks for some general background information as well as 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.

Under no circumstances will any information from an individual record be made available to anyone, either connected with the Civil Service or outside it.

### PLEASE USE BLOCK LETTERS THROUGHOUT

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

SURNAME \_\_\_\_\_

FORENAMES (in full) \_\_\_\_\_

HOME ADDRESS  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

MINISTRY/DEPARTMENT ZMINDEP  
\_\_\_\_\_

ROOM NUMBER \_\_\_\_\_

WORK ADDRESS (in full)  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WORK TELEPHONE  
NUMBER \_\_\_\_\_

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.

In the last questionnaire we asked most of you to give us permission to monitor your health via your departmental sickness records. We would like to continue collecting this information for 5-7 years. We shall continue to treat all information with the strictest confidence.

If you agree, please indicate. Consent given:      Yes      No  
(Please circle one)

If Yes, please sign your name here

\_\_\_\_\_

If you have given consent, please could you provide the following information in order that we can check the accuracy of our records.

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

PAYROLL NUMBER/PAY REFERENCE \_\_\_\_\_  
(this is given in the top left hand corner of your payslip)

Your General Practitioner's name and address

NAME \_\_\_\_\_

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

ZSEX

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

e.g. What is your date of birth?

ZDOB

ZMOB

ZYOB

12

3

19

45

Day

Month

Year

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

e.g. What was the main reason for you being in hospital?

(please specify)

acute bronchitis

CODER'S INITIALS

[Empty box for coder's initials]

1. a) Give your grade title - IN FULL

ZGRADE

\_\_\_\_\_

ZLEVEL

\_\_\_\_\_

b) Is your grade title on the following list?  
If it is please circle **one** number.

ZGT Name of grade title

- 1 Senior Executive Officer
- 2 Higher Executive Officer
- 3 Executive Officer
  
- 4 Senior Scientific Officer
- 5 Higher Scientific Officer
- 6 Scientific Officer
- 7 Assistant Scientific Officer
- 8 Principal Professional Technology Officer
- 9 Higher Professional Technology Officer
- 10 Professional Technology Officer
  
- 11 Administrative Officer  
(formerly Clerical Officer)
- 12 Administrative Assistant  
(formerly Clerical Assistant)
- 13 Senior Personal Secretary
- 14 Personal Secretary
- 15 Typing Manager
- 16 Typist (including specialist, audio shorthand typists)
  
- Support Staff (This includes Messengers, Paperkeepers, Telephonists, Security Officers, Porters, Reprographics Officers/Photoprinters and Cleaners)
  
- 17 Support Manager 1 (includes Reprographics/ Photoprinter Manager)
- 18 Support Manager 2 (includes Chief Reprographics/ Photoprinter Officer)
- 19 Support Manager 3 (includes Chief Paperkeeper and Assistant Chief Reprographics Officer)
- 20 Support Grade Band 1 (includes Senior Messenger, Senior Paperkeeper and Reprographics Operator 1)
- 21 Support Grade Band 2 (includes Messenger, Paperkeeper and Reprographics Operator 2)
  
- 22 Senior Information Officer
- 23 Information Officer
- 24 Assistant Information Officer

- 25 Unified Grade 1
- 26 Unified Grade 2
- 27 Unified Grade 3 (including Undersecretary)
- 28 Unified Grade 4
- 29 Unified Grade 5  
(including Assistant Secretary)
- 30 Unified Grade 6 (formerly Senior Principal)
- 31 Unified Grade 7 (formerly Principal Level)
  
- 32 Superintendent of Specialist  
Teleprinter Operators
- 33 Specialist Teleprinter Operator
- 34 Superintendent of Teleprinter Operators
- 35 Teleprinter Operator
  
- 36 Director of Audit (National Audit Office)
- 37 Deputy Director of Audit (NAO)
- 38 Chief Auditor (NAO)
- 39 Senior Auditor (NAO)
- 40 Auditor (NAO)
- 41 Assistant Auditor (NAO)
  
- 42 Superintendent Examiner (Patents Office)
- 43 Principal Examiner (Patents Office)
- 44 Senior Examiner (Patents Office)
- 45 Examiner (Patents Office)
  
- 46 Museum Warder Grade 1
- 47 Museum Warder Grade 2
- 48 Museum Warder Grade 3
- 49 Museum Warder Grade 4
- 50 Museum Warder Grade 5
- 51 Museum Warder Grade 6
- 52 Museum Warder Grade 7
  
- 53 Curatorial Officer Grade D
- 54 Curatorial Officer Grade E
- 55 Curatorial Officer Grade F
- 56 Curatorial Officer Grade G
  
- 57 Conservation Officer D
- 58 Conservation Officer E
- 59 Conservation Officer F
- 60 Conservation Officer G

c) If you DO NOT know your official grade title please give a brief description of your job, including level of seniority

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

2. a) What is your date of birth?

		19	
Day	Month		Year

b) Sex: Male 1  
Female 2

3. What is your marital status?

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

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

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

5. a) Does anyone live in your household besides you?

ZACSHARE	Yes	1
	No	2

If No, go to Question 6

If Yes,

Who lives in your household besides you?

Answer all parts

	Yes	No	
b) Spouse or partner	1	2	ZACSP
c) Other adult(s)	1	2	ZACADULT

How many other adults? (if none write 0)  ZNOADULT

d) Children 1 2 ZACCHD

How many? (if none write 0)  ZNOCHLD

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

Yes	1
No	2

7. a) Is your natural father still alive? ZLIVEF

Yes	1
No	2

If Yes, go to Question 8

If No,

b) How old was your father when he died? ZAODF

Years

c) What did he die from?	ZCODF
Heart Attack (coronary)	1
Stroke	2
Other heart condition (not a coronary)	3
Cancer	4
Other causes (please specify)	5

---

Don't know 6

8. a) Is your natural mother still alive?	ZLIVEM
Yes	1
No	2

If Yes, go to Question 9

If No,

b) How old was your mother when she died?	ZAODM
<input type="text"/>	
Years	

c) What did she die from?	ZCODM
Heart attack (coronary)	1
Stroke	2
Other heart condition (not a coronary)	3
Cancer	4
Other causes (please specify)	5

---

Don't know 6

9. a) Do you have any brothers or sisters	ZSIBS
Yes	1
No	2

If No brothers no sisters go to Question 10

If Yes

Have any of your brothers or sisters suffered with the following?

(Please answer all questions)

	Yes	No	Don't know
b) Angina	1	2	3 ZANGI
c) Heart Attack	1	2	3 ZHASIB
d) Stroke	1	2	3 ZSTRSIB
e) High Blood Pressure	1	2	3 ZHBPSIB
f) Diabetes	1	2	3 ZDIABSIB

**THIS SECTION CONCERNS YOUR OWN HEALTH**

10. Over the last 12 months would you say your health has been	ZHLTHYR
Very good	1
Good	2
Average	3 ZHLTHYRA
Poor	4
Very poor	5

ZLONGILL

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

(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 No, go to question 12

If Yes,

b) What is the matter with you?

ZLONGIL1

---

ZLONGIL2

---

ZLONGIL3

---

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

ZCHPAIN Yes 1

No 2

If No, go to Question 13

If Yes,

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

ZCHPUPH Yes 1

No 2

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

ZCHPLEV Yes 1

No 2

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

ZCHPACT

Stop 1

Slow down 2

Continue at the same pace 3

e) Does it go away when you stand still?

ZCHPSTOP Yes 1

No 2

f) How soon?

ZCHPTIME

In 10 mins or less 1

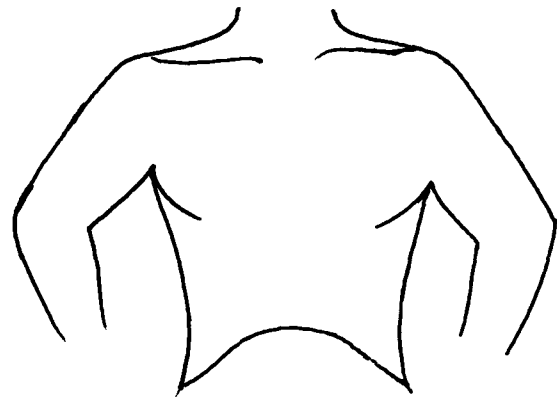
More than 10 mins 2

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

RIGHT

ZCHPLOC

LEFT



FRONT VIEW



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

ZCHPEXT Yes 1  
No 2

If No, go to Question 15

If Yes,

b) Did you talk to a doctor about it?

ZCHPDOC Yes 1  
No 2

If No, go to Question 14

If Yes,

c) What did he say it was?

ZCHPDIAG

d) How many of these attacks have you had?

ZCHPNUM number

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

ZBPUP Yes 1  
No 2

If No, go to part (c)

If Yes

b) when was the first time?

ZBPUPFST 19 year

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

ZBPUPTRT Yes 1  
No 2

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

ZBPUPDRG Yes 1  
No 2

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

ZHTR Yes 1  
No 2

If No, go to Question 16

If Yes,

b) When was the first time? (give year)

ZHTRFST 19 year

c) What was the diagnosis? ZHTRDIAG

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

d) Did you attend a hospital?

ZHTRHOSP Yes 1  
No 2

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

ZHTRDOC	Yes	1
	No	2

16. 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
ZHLTYR01 a) Bronchitis	1	2
ZHLTYR02 b) Arthritis or rheumatism	1	2
ZHLTYR03 c) Sciatica, lumbago or recurring backache	1	2
ZHLTYR04 d) Persistent skin trouble (e.g. eczema)	1	2
ZHLTYR05 e) Asthma	1	2
ZHLTYR06 f) Hay fever	1	2
ZHLTYR07 g) Recurring stomach trouble/indigestion	1	2
ZHLTYR08 h) Being constipated all or most of the time	1	2
ZHLTYR09 i) Piles	1	2
ZHLTYR10 j) Persistent foot trouble (e.g. bunions, ingrowing toenails)	1	2
ZHLTYR11 k) Trouble with varicose veins	1	2
ZHLTYR12 l) Nervous trouble or persistent depression	1	2
ZHLTYR13 m) Persistent trouble with your gums or mouth	1	2

n) Any other recurring health problem (please specify) ZHLTYR14

1 2

---



---



---

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS

17. Have you had any of the following symptoms in the last 14 days?

(Please answer all questions)

	Yes	No
a) A cough, catarrh or phlegm	1	2 ZSYMP01
b) Diarrhoea	1	2 ZSYMP02
c) Heartburn, wind or indigestion	1	2 ZSYMP03
d) Shortness of breath	1	2 ZSYMP04
e) Dizziness or giddiness	1	2 ZSYMP05
f) Earache or discomfort in the ears	1	2 ZSYMP06
g) Swollen ankles	1	2 ZSYMP07
h) Nerve, tense or depressed	1	2 ZSYMP08
i) A cold or 'flu'	1	2 ZSYMP09
j) A sore throat	1	2 ZSYMP10
k) Difficulty in sleeping	1	2 ZSYMP11
l) Pains in the chest	1	2 ZSYMP12
m) A backache or pains in the back	1	2 ZSYMP13
n) Nausea or vomiting	1	2 ZSYMP14
o) Feeling tired for no apparent reason	1	2 ZSYMP15
p) Rashes, itches or other skin trouble	1	2 ZSYMP16

ZSYMP17 q) Toothache or trouble with the gums 1 2

ZSYMP18 r) Any other complaints in the last 14 days (Please specify) 1 2

Three horizontal lines for specifying other complaints.

PLEASE MAKE SURE YOU HAVE ANSWERED ALL THE ABOVE QUESTIONS

18. Do you suffer from Diabetes?

ZDIABETE Yes 1 No 2

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

ZPHLEGM Yes 1 No 2

If No, go to question 20

If Yes,

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

ZPHLREG Yes 1 No 2

20. In the past three years have you had a period of increased cough and phlegm lasting for three weeks or more? ZPHLINC

None 1 One period 2 Two or more periods 3

21. What is your present weight? (approximately)

Two boxes for weight measurement, labeled 'Stones ZWTPS' and 'lbs ZWTPL'.

22. a) This question concerns any medicines prescribed by a doctor that you may have taken during the last fourteen days

Have you been taking any medicines, tablets, tonics or pills (including contraceptive pills) within the last fourteen days? ZPRESDOC

Yes 1 No 2

If Yes

b) Please list any medicines below:-

Four lines for listing medicines, labeled ZDRUG1, ZDRUG2, ZDRUG3, and ZDRUG4.

23. a) During the last 12 months, were you in hospital as a patient, overnight or longer?

ZINPATNT Yes 1  
No 2

If No go to question 24

If Yes

b) How many times did you go into hospital overnight or longer during the last 12 months?

ZINPATNO  number

c) How many days altogether were you in hospital during the last 12 months?

ZINPATDY  days

d) What were the main reasons for you being in hospital? (please specify)

ZINPT1 \_\_\_\_\_

ZINPT2 \_\_\_\_\_

ZINPT3 \_\_\_\_\_

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

(circle one only)

ZHTRED  
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

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

SMOKING HABITS

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

Yes 1  
No 2

If No, go to Question 26

If Yes,

b) What kind of cigarettes do you smoke? ZCIGTYPE

Circle all that apply

Manufactured with filters 1

Manufactured without filters 2

Hand rolled 3

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

ZCIGNUM

cigarettes

and/or

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

ZTOBOZ

ounces

**GO TO QUESTION 27**

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

ZSMKPAST	Yes	1
	No	2

If No, go to Question 28

If Yes,

b) How many manufactured cigarettes did you smoke per day?

ZCIGNOP

cigarettes

and/or

c) How many ounces of tobacco did you use per week for hand-rolled cigarettes?

ZTOBOP

ounces

d) How old were you when you stopped smoking?

ZSMKSTOP

age

27. a) How old were you when you started smoking cigarettes

ZSMKSTRT

age

28. a) Do you smoke cigars?

ZCIGARS	Yes	1
	No	2

If No, go to 28. c)

If Yes,

b) How many cigars per week?

ZCIGARNO

cigars

c) Do you smoke a pipe?

ZPIPE	Yes	1
	No	2

If Yes,

d) How many ounces of tobacco do you smoke per week?

ZTOBP

ounces

### DRINKING HABITS

29. a) In the past 12 months have you taken an alcoholic drink:

- ZALCYR (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?

- ZALCH5YR
- Yes 1
  - No 2

If No, go to Question 30

If Yes,

c) Compared with 5 years ago do you now drink:

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

d) If you have given up or reduced drinking, what was the main reason?

- ZALCRED
- circle one only
- Illness/doctor's orders 1
  - Health precautions 2
  - Finance 3
  - Other (please specify) 4

30. a) Have you had an alcoholic drink in the last seven days?

- ZALCWK
- Yes 1
  - No 2

If No, go to Question 31

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) Spirits (whisky, gin, rum, brandy, vodka etc) or liqueurs

- ZSPRTWK
- measures

c) Wine (including sherry, port, vermouth)

- ZWINEWK
- glasses

d) Beer (including lager and cider)

- ZBEERWK
- pints

ZSPWINRM

31. a) When you drink spirits or wine how many drinks do you usually have during one occasion?

[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 ZBEERNRM  
how many pints do you usually have during one occasion?

- 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? [if none write 0]

ZSPWIMAX

wine/spirits

no of drinks

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

ZBEERMAX

beer

pints

## 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).

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

- Circle one only
- ZBREAD
- White 1
  - Wholemeal 2
  - Granary or wheatmeal 3
  - Other brown 4
  - Both brown and white 5

b) What type of milk do you usually use?

- (circle one only)
- ZMILK
- 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
-

c) How often do you eat fresh fruits or vegetables? ZFRUITVG

- 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 daily 8

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

- 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

e) How often do you eat eggs? ZEGG

- 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



33. a) Compared with four or five years ago, do you now eat more, less, or the same of the following.

CIRCLE ONE PER ITEM

	More	Same	Less	Don't know
ZFCH01 White bread	1	2	3	4
ZFCH02 Brown/wholemeal bread	1	2	3	4
ZFCH03 Fruit	1	2	3	4
ZFCH04 Butter	1	2	3	4
ZFCH05 Vegetables	1	2	3	4
ZFCH06 Meat products e.g. pies, sausages	1	2	3	4
ZFCH07 Cod and other white fish	1	2	3	4
ZFCH08 Poultry	1	2	3	4
ZFCH09 Herring, mackerel, sardines etc	1	2	3	4
ZFCH10 Beef, pork and lamb	1	2	3	4

b) Which of the following do you now do more often than four or five years ago?

	More	Same	Less	Don't know
ZFMORE1 Grill food rather than fry it	1	2	3	4
ZFMORE2 Trim fat off meat before cooking it	1	2	3	4
ZFMORE3 Avoid additives	1	2	3	4
ZFMORE4 Buy more fast food (like burgers, chicken pieces, etc)	1	2	3	4
ZFMORE5 Look for lower fat alternatives when shopping	1	2	3	4
ZFMORE6 Eat more chips	1	2	3	4

If your diet has not changed in the last four to five years, go to Question 35.

34. If you have changed your food habits, in the last four to five years what was the main reason? ZFCHWHY

(circle one only)

- Taste 1
  - Health precautions 2
  - Availability 3
  - To lose weight 4
  - Finances 5
  - Other (please specify) 6
- 

**PHYSICAL ACTIVITY**

35. 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 3 times a month	Never/hardly ever	
a) <b>Mildly energetic</b> (e.g. walking, woodwork, weeding, hoeing, bicycle repair, playing darts, general housework)	1	2	3	4	ZMILD
b) <b>Moderately energetic</b> (e.g. scrubbing, polishing car, chopping, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming)	1	2	3	4	ZMOD
c) <b>Vigorous</b> (e.g. running, hard swimming, tennis, squash, digging, cycle racing)	1	2	3	4	ZVIG

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

d) Mildly energetic  e) Moderately energetic  f) Vigorous

ZMILDHRS ZMODHRS ZVIGHRS

## WORK CHARACTERISTICS

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]*

36. Concerning your particular work:

	Often	Sometimes	Seldom	Never/almost never	
a) Do you have to work very fast?	1	2	3	4	ZWORK0 
b) Do you have to work very intensively?	1	2	3	4	ZWORK02 
c) Do you have enough time to do everything?	1	2	3	4	ZWORK0 .
d) Are your tasks such that others can help you if you do not have enough time?	1	2	3	4	ZWORK0 
e) Do you have the possibility of learning new things through your work?	1	2	3	4	ZWORK05 
f) Does your work demand a high level of skill or expertise?	1	2	3	4	ZWORK06 
g) Does your job require you to take the initiative?	1	2	3	4	ZWORK0 
h) Do you have to do the same thing over and over again?	1	2	3	4	ZWORK08 
i) Do you have a choice in deciding HOW you do your work?	1	2	3	4	ZWORK09 
j) Do you have a choice in deciding WHAT you do at work?	1	2	3	4	ZWORK10 

37. 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 ZWKPOST
b) I have a good deal of say in decisions about work	1	2	3	4 ZWKPOST
c) I have a say in my own work speed	1	2	3	4 ZWKPOST
d) My working time can be flexible	1	2	3	4 ZWKPOST
e) I can decide when to take a break	1	2	3	4 ZWKPOST
f) I can take my holidays more or less when I wish	1	2	3	4 ZWKPOST
g) I have a say in choosing with whom I work	1	2	3	4 ZWKPOST
h) I have a great deal of say in planning my work environment	1	2	3	4 ZWKPOST

38. About consistency and clarity concerning your job

*[Please answer all questions]*

	Often	Sometimes	Seldom	Never
a) Do different groups at work demand things from you that you think are hard to combine?	1	2	3	4 ZJBCLAR
b) Do you get sufficient information from line management? (your superiors)	1	2	3	4 ZJBCLAR
c) Do you get consistent information from line management? (your superiors)	1	2	3	4 ZJBCLAR
d) Are you uncertain about the best way of doing your job?	1	2	3	4 ZJBCLAR
e) Do you ever get praised for your work?	1	2	3	4 ZJBCLAR
f) Do you ever get criticised constructively?	1	2	3	4 ZJBCLAR
g) Do you ever get criticised unfairly?	1	2	3	4 ZJBCLAR

39. Regarding job involvement

*[Please answer all questions]*

	Often	Sometimes	Seldom	Never	
a) Does your work provide you with a variety of interesting things?	1	2	3	4	ZJOBINV1
b) Is your job too varied and split up?	1	2	3	4	ZJOBINV2
c) Is your job boring?	1	2	3	4	ZJOBINV3
d) Do you consider your job very important?	1	2	3	4	ZJOBINV4
e) Do you feel your immediate superior considers your job very important?	1	2	3	4	ZJOBINV5
f) Do your colleagues consider your job very important?	1	2	3	4	ZJOBINV6
g) How often do you wish that you were doing a different job?	1	2	3	4	ZJOBINV7
h) How often do you feel that you are doing your job only for the money?	1	2	3	4	ZJOBINV8

40. When you are having difficulties in your work

*[Please answer all questions]*

	Often	Sometimes	Seldom	Never	
a) How often do you get help and support from your colleagues?	1	2	3	4	ZWKDIFF1
b) How often are your colleagues willing to listen to your work related problems?	1	2	3	4	ZWKDIFF2
c) How often do you get help and support from your immediate superior?	1	2	3	4	ZWKDIFF3
d) How often is your immediate superior willing to listen to your problems?	1	2	3	4	ZWKDIFF4
e) How often can you delegate work effectively to your juniors?	1	2	3	4	ZWKDIFF5

41. About your job in general. How satisfied are you with your job as a whole, taking everything into consideration?

ZJOBSAT

Very Satisfied	Satisfied	Dissatisfied	Very dissatisfied
1	2	3	4

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

ZVDU

Yes 1

No 2

If No, go to Question 43

If Yes,

b) When did you first start using VDU's regularly

19

ZVDFST

Year

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

ZVDUHRS

hours

### SOCIAL LIFE

43. 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.)

ZCPNO

PLEASE WRITE NUMBER IN THIS BOX

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 two below:

WRITE IN THE PEOPLE YOU ARE CLOSEST TO HERE:

Closest person \_\_\_\_\_ ZCP1

Second person \_\_\_\_\_ ZCP2

*Only one person on each line, please.*

On the opposite page please tell us how you would rate the practical and emotional support each of the people you have listed above provides for you. (Each column refers to **one** of the people 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 - o) **IN THE LAST 12 MONTHS.**

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

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 like this:-

Write in the people you are closest to here:-

Closest Person	Second Person
<i>Wife</i>	<i>Male friend</i>
<i>4</i>	<i>2</i>

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

e.g. "a great deal" from wife, "a little" from friend. Of course, **these are only examples.** Please complete each question (a) - (o) on the 1 - 4 scale for the person or two people you 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.

Write in the people you are closest to here:-

	Closest Person	Second Person
a) How much in the last 12 months... did this person give you <b>information, suggestions and guidance that you found helpful?</b>	ZCPSUPA1	ZCPSUPA2
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?)	ZCPSUPB1	ZCPSUPB2
c) How much in the last 12 months... did this person make you <b>feel good</b> about yourself?	ZCPSUPC1	ZCPSUPC2
d) How much in the last 12 months... did you <b>share</b> interests, hobbies and fun with this person?	ZCPSUPD1	ZCPSUPD2
e) How much in the last 12 months... did this person give you <b>worries, problems and stress?</b>	ZCPSUPE1	ZCPSUPE2

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.

Write in the people you are closest to here:-

	Closest Person	Second Person
f) How much in the last 12 months... did you <b>want to confide in</b> (talk frankly, share feelings with) this person?	ZCPCONF1	ZCPCONF2
g) How much in the last 12 months... <b>did you confide</b> in this person?	ZCPCONG1	ZCPCONG2
h) How much in the last 12 months... did you trust this person with your most personal worries and problems?	ZCPCONH1	ZCPCONH2
i) How much in the last 12 months... would you have <b>liked to confide more</b> in this person?	ZCPCONI1	ZCPCONI2
j) How much in the last 12 months... did talking to this person make things worse?	ZCPCONJ1	ZCPCONJ2
k) How much in the last 12 months... did he/she talk to you about his/her personal worries with you?	ZCPCONK1	ZCPCONK2



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 type of support:  
 1 = not at all. 2 = a little. 3 = quite a lot. 4 = a great deal.

Write in the people you are closest to here:-

	Closest Person	Second Person
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)?	ZCPRACL1	ZCPRACL2
m) How much in the last 12 months... did this person give you <b>practical</b> help with <b>major</b> things?	ZCPRACM1	ZCPRACM2
n) How much in the last 12 months... would you have <b>liked more practical</b> help with major things from this person?	ZCPRACN1	ZCPRACN2
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.)	ZCPRACO1	ZCPRACO2

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

Write in the people you are closest to here:-

	Closest Person	Second Person
p) How old are they? (in years)	ZCPAGE1	ZCPAGE2
q) What sex are they? (male/female)	ZCPSEX1 M F	ZCPSEX2 M F
r) How long have you known them? (in years)	ZCPYRS1	ZCPYRS2
s) Do they work with you? (Yes/No)	ZCPWK1 Y N	ZCPWK2 Y N
t) About how many days did you see them in the last year (1 - 365)	ZCPDAYS1	ZCPDAYS2
u) How close do they live to you? (with you, or number of miles away)	ZCPMLS1	ZCPMLS2

ZPERSREL

v) 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 to show how satisfied or dissatisfied you feel:-

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

w) All things considered, how satisfied 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:-  
ZLEISURE

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

44. a) Are there any relatives outside your household whom you regularly visit or who visit you? (Not necessarily the same person each time)

ZVSTREL

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 45

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

ZVSTRM

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

45. How often do you see anyone from work, socially out of work hours? (Excludes casual lunchtime meeting) ZVSTWK

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

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

- 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? ZVSTFRM

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

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

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

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

- Yes 1
- No 2

If No, go to Question 49

If Yes,

ZCLUBFRQ

b) Taking all the above organisations together, how often do you attend?

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

49. 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:-

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

50. 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
ZMOODS01 a) Particularly excited or interested in something	1	2	3	4
ZMOODS02 b) So restless you could not sit long in a chair	1	2	3	4
ZMOODS03 c) Proud because someone complimented you on something you had done	1	2	3	4
ZMOODS04 d) Very lonely or remote from other people	1	2	3	4
ZMOODS05 e) Pleased about having accomplished something	1	2	3	4
ZMOODS06 f) Bored	1	2	3	4
ZMOODS07 g) On top of the world	1	2	3	4
ZMOODS08 h) Depressed or very unhappy	1	2	3	4
ZMOODS09 i) That things were going your way	1	2	3	4
ZMOODS10 j) Upset because someone criticised you	1	2	3	4

51. 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	
a) Personal serious illness, injury or operation	Yes	1					ZUPSET1
ZEVENT1	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
b) Death of close relative or friend	Yes	1					ZUPSET2
ZEVENT2	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
c) Serious illness, injury or operation of a close relative or friend	Yes	1					ZUPSET3
ZEVENT3	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
d) Major financial difficulty	Yes	1					ZUPSET4
ZEVENT4	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
e) Divorce, separation or break up of personal intimate relationship	Yes	1					ZUPSET5
ZEVENT5	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
f) Other marital or family problem	Yes	1					ZUPSET6
ZEVENT6	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
g) Any mugging, robbery, accident or similar event	Yes	1					ZUPSET7
ZEVENT7	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							
h) Change of job or residence	Yes	1					ZUPSET8
ZEVENT8	No	2					
If Yes,			1	2	3	4	
How much did it upset you?							

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

	Always	Often	Sometimes	Seldom	Never
ZFAMPRB3	1	2	3	4	5

b) 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?

	Always	Often	Sometimes	Seldom	Never
ZFAMPRB5	1	2	3	4	5

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

	Very great	Great	Some	Slight	Very little
ZFAMPRB6	1	2	3	4	5

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

	Very great problems	Great	Some	Slight	Very little
ZFAMPRB7	1	2	3	4	5

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

	Very great problems	Great	Some	Slight	Very little
ZFAMPRB8	1	2	3	4	5

**GENERAL HEALTH QUESTIONS**

**Please read this carefully**

We should like to know if you have had any medical complaints, and how your health has been in general **over the past few weeks**. Please answer **ALL** questions on the following pages simply by circling the answer which you think most nearly applies to you. Remember that we want to know about your 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:-**

53. - been able to concentrate on whatever you're doing? ZGHQ01	Better than usual 1	Same as usual 2	Less than usual 3	Much less than usual 4
54. - lost much sleep over worry? ZGHQ02	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
55. - been having restless, disturbed nights? ZGHQ03	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
56. - been managing to keep yourself busy and occupied? ZGHQ04	More so than usual 1	Same as usual 2	Rather less than usual 3	Much less than usual 4
57. - been getting out of the house as much as usual? ZGHQ05	More so than usual 1	Same as usual 2	Less than usual 3	Much less than usual 4
58. - been managing as well as most people would in your shoes? ZGHQ06	Better than most 1	About the same 2	Rather less well 3	Much less well 4
59. - felt on the whole you were doing things well? ZGHQ07	Better than usual 1	About the same 2	Less well than usual 3	Much less well 4
60. - been satisfied with the way you've carried out your task? ZGHQ08	More satisfied 1	About same as usual 2	Less satisfied than usual 3	Much less satisfied 4
61. - been able to feel warmth and affection for those near to you? ZGHQ09	Better than usual 1	About same as usual 2	Less well than usual 3	Much less well 4

**HAVE YOU RECENTLY:-**

62. - been finding it easy to get on with other people? ZGHQ10	Better than usual 1	About same as usual 2	Less well than usual 3	Much less well 4
63. - spent much time chatting with people? ZGHQ11	More time than usual 1	About same as usual 2	Less time than usual 3	Much less than usual 4
64. - felt that you are playing a useful part in things? ZGHQ12	More so than usual 1	Same as usual 2	Less useful than usual 3	Much less useful 4
65. - felt capable of making decisions about things? ZGHQ13	More so than usual 1	Same as usual 2	Less so than usual 3	Much less capable 4
66. - felt constantly under strain? ZGHQ14	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
67. - felt you couldn't overcome your difficulties? ZGHQ15	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
68. - been finding life a struggle all the time? ZGHQ16	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
69. - been able to enjoy your normal day-to-day activities? ZGHQ17	More so than usual 1	Same as usual 2	Less so than usual 3	Much less than usual 4
70. - been taking things hard? ZGHQ18	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
71. - been getting scared or panicky for no good reason? ZGHQ19	Not at all 1	No more than usual 2	Rather more than usual 3	Much more than usual 4
72. - been able to face up to your problems? ZGHQ20	More so than usual 1	Same as usual 2	Less able than usual 3	Much less able 4



**HAVE YOU RECENTLY:-**

	Not at all	No more than usual	Rather more than usual	Much more than usual
73. - found everything getting on top of you? ZGHQ21	1	2	3	4
74. - been feeling unhappy and depressed? ZGHQ22	1	2	3	4
75. - been losing confidence in yourself? ZGHQ23	1	2	3	4
76. - been thinking of yourself as a worthless person? ZGHQ24	1	2	3	4
77. - felt that life is entirely hopeless? ZGHQ25	1	2	3	4
78. - been feeling hopeful about your own future? ZGHQ26	1	2	3	4
79. - been feeling reasonably happy, all things considered? ZGHQ27	1	2	3	4
80. - been feeling nervous and strung-up all the time? ZGHQ28	1	2	3	4
81. - felt that life isn't worth living? ZGHQ29	1	2	3	4
82. - found at times you couldn't do anything because your nerves were too bad? ZGHQ30	1	2	3	4

Date when form completed

ZDOC	ZMOC	ZYOC
<input type="text"/>	<input type="text"/>	<input type="text"/>
Day	Month	Year

PLEASE ADD COMMENTS OPPOSITE IF YOU WISH:-  
THANK YOU VERY MUCH FOR YOUR COOPERATION

GRADE & SOCIAL CLASS

ZGRLEV ZCLASS  
ZGRLUMP ZWORKLEV

GENERAL HEALTH

ZGHQC ZGHQGP  
ZGHQ ZGHQCGP

SYMPTOMS

ZSYMPT

PRESCRIBED

MEDS  
ZNOPS

SOCIAL SUPPORTS

ZCONF1 ZGENSUP1  
ZCONF2 ZGENSUP2  
ZPRACT1 ZADEFQ1  
ZPRACT2 ZADEFQ2  
ZEMOT1 ZWORSE1  
ZEMOT2 ZWORSE2  
ZNEG1 ZCFDAL  
ZNEG2 ZCONFAL  
ZEMOTAL ZGNSUPAL  
ZADEQAL ZPRACTAL  
ZNEGAL ZWORSEAL

SMOKING

ZCIGFILT  
ZCIGHAND  
ZSMOKING  
ZGSMOKE  
ZESMOKE

ALCOHOL

ZSPWNRMO  
ZBERNRMO  
ZSPWIMX0  
ZBEERMXX0  
ZALCWK0  
ZSPRTWK0  
ZWINWK0  
ZBEERWK0  
ZBERUWK0  
ZUNITWK0

SOCIAL NETWORKS

ZRELMTHX  
ZFRMTHX  
ZRELIGX  
ZCLUBX

AFFECT  
BALANCE

ZPA  
ZNA  
ZABS

LIFE  
EVENTS

ZEVENTAL  
ZUPSETAL  
ZUPSTALT  
ZPOVPROB  
ZPOVPRBQ  
ZPOVPRBT

AGE

ZAGE

ANGINA

ZANG2

WORK INDICES

ZPACE  
ZCONFDM  
ZMONOSK  
ZDISC  
ZSS  
ZIMP  
ZDECAUT  
ZSKIDIS  
ZJOBDEM  
ZWKSS  
ZWKSSC  
ZWKSSS  
ZWKSSI  
ZDECLAT  
ZPACET  
ZCONFDMT  
ZMONOSKT  
ZDISCT  
ZSST  
ZIMPT  
ZDECAUTT  
ZSKIDIST  
ZJOBDEMT  
ZWKSSST  
ZWKSSCT  
ZWKSSST  
ZWKSSIT