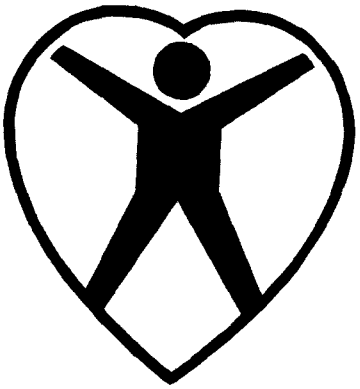
CONFIDENTIAL

HEALTH SURVEY



Stress and Health Study
Department of Epidemiology and Public Health
University College London

Civil Service Occupational Health Service

S4/1995

Thank you for your continuing participation in our study of stress and health. We would be very grateful if you could complete this further questionnaire which will bring us up to date with any changes in your employment status, any new illnesses you may have had and your use of health services.

The answers to these questions will, of course, be kept strictly confidential. All information on individuals will go into statistics for all men and women in the study, and it will not be possible to identify your responses from any reports or publications.

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

PLEASE USE BLOCK LETTERS.

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

SURNAME

FORENAMES (in full)

DATE OF BIRTH VDATB

HOME ADDRESS

HOME TELEPHONE NUMBER

WORK ADDRESS (in full)

WORK TELEPHONE NUMBER

MINISTRY/DEPARTMENT (if applicable) VMINDEP

ROOM NUMBER (if applicable) VROOM_NO

BUILDING (if applicable) VBUILD

TODAY'S DATE VDATCOMP

In the last questionnaire we asked you to give us permission to monitor your health via your departmental sickness records. We would like to continue collecting this information and in cases of serious illness to obtain details from your general practitioner. We shall continue to treat all information with the strictest confidence.

If you agree, please complete the following:

Consent given *Yes* *No* *(please circle one)*

If *yes*, please sign your name here Date

Please could you provide your General Practitioner's name and address.

GP's NAME

ADDRESS (in full)

Please read these before filling in the rest of the questionnaire.

- Please answer all the questions.

- The answers to most questions can be indicated by blocking in the appropriate rectangle - you don't need to be too precise; a single bold stroke over the length of the rectangle will do.

  Example: What is your sex? Male ▬ Female ▭

- **Please use the HB pencil enclosed.** Do NOT use a ball-point pen.

- Please DO NOT mark answers with a tick, cross or circle.

- Where a question requires you to indicate a number, simply block in the rectangle next to the appropriate number. The example opposite shows '48'.

  Example: What is your age?

10	20	30	40	50	60	70	80	90	100
1	2	3	4	5	6	7	8	9	

- Where the answer is likely to be a phrase or sentence please write in the space indicated.

  Example:
  What was the main reason for being in hospital? ***Acute Bronchitis***

This section is about your employment status

1. **Are you still working as a civil servant?** Yes ☐ No ☐ ▶ *If not still working as a civil servant, please go to question 7.*

VCSSTILL

---

2. **A. What is your exact civil service grade title?** *(Please write out in full)* VCSGRADE

B. Please give a description of your job, including level of seniority. VLEVEL VSCLASS

---

3. **Major changes in the organisation and location of civil service departments have been made and/or are planned. How much do you anticipate these changes will affect your own working conditions/job tasks?** VCSCHANG

A lot ☐ Somewhat ☐ A little ☐ Not at all ☐

---

4. **How secure do you feel in your present job?** *(Please indicate **one**)* VCSSECUR

Very secure ☐ Secure ☐ Insecure ☐ Very insecure ☐

---

5. **Over the past three years has your job:** *(Please indicate **one**)* VCSSEC3Y

Become more secure? ☐ Remained unchanged? ☐ Become less secure? ☐

---

6. **A. Over the next two years do you expect still to be working in the civil service?** VCSEXP

No ☐ Yes ☐ ▶ *If yes, please go to question 13.*

B. *If no*, which of the following is most likely to be the reason? *(Please indicate **one**)* VCSNORSN

Retirement at 60 ☐
Voluntary Early Retirement ☐
Voluntary Compulsory Redundancy ☐
Redundancy ☐
Other *(Please specify)* ☐ ▶ VCSNOROT

Now please go to question 13

QUESTIONS 7 - 12 ARE FOR THOSE NO LONGER WORKING IN THE CIVIL SERVICE

7. **If you are NOT still working in the civil service, when did you leave?**

Month: J ☐ F ☐ M ☐ A ☐ M ☐ J ☐ J ☐ A ☐ S ☐ O ☐ N ☐ D ☐ VLRMONTH

Year: 19.. 80 ☐ 90 ☐ 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐ 7 ☐ 8 ☐ 9 ☐ VLRYEAR

---

8. **What was your last grade in the civil service?** *(Please write out in full)*

VLRGRADE VLRLEVEL VLRSCLAS

9. By which route did you leave the civil service? *(Please mark **one** box only)* VLRROUTE

- Retirement at 60 ☐
- Voluntary Early Retirement ☐
- Retirement on health grounds ☐
- Voluntary Compulsory Redundancy ☐
- Redundancy ☐
- Transfer to company through privatisation ☐
- Left to take a post outside the civil service ☐
- Left to become self-employed ☐
- Other *(please specify)* ☐ ▶ VLRROUTO

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10. Are you currently in paid employment? Yes ☐ ▶ *If yes, please go to question 12.* VLREMPL

No ☐

---

11. If you are not currently in paid employment, would you classify yourself as? *(Please mark **one** box only)* VLRNE

Now please go to question 13

- Unemployed ☐
- Retired ☐
- Long term sick ☐
- Other *(please specify)* ☐ ▶ VLRNEOTH

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12. A. What is the exact title of your main current job? What kind of work do you do in it?

VLRESC VLRESEG

B. What qualifications or training, if any, are necessary for that job?

C. How many people work at your place of work? less than 25 employees ☐ 25 or more employees ☐

VLRECHAR VLREMANY

D. Are you in charge of other people? Yes ☐ ▶ *If yes,* **how many?** No ☐

100 200+

10 20 30 40 50 60 70 80 90

1 2 3 4 5 6 7 8 9

VLRECHNO

E. Are you an: employee ☐ *or* self-employed ☐ ▶ *If self-employed, please go to question 13.*

VLREMPEE

F. If you are an employee, what does your employer make or do?

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13. A. Are you married or cohabiting? VMARCOH Yes ☐ No ☐ ▶ *If no, go to part C.*

If yes:

B. Is this your first marriage/cohabitation? Yes ☐ No ☐

Now please go to question 14 VFSTMAR

C. If NOT now married/cohabiting, which are you? VNOTMAR

Single (never married) ☐ Widowed ☐ Divorced ☐ Separated ☐

---

14. A. Are you currently providing any personal care to an aged or disabled relative or friend? VAGEDREL Yes ☐ No ☐ ▶ *If no, please go to question 15*

If yes:

B. How many hours in an average week do you spend looking after this person(s)? VHRREL

100

10 20 30 40 50 60 70 80 90

1 2 3 4 5 6 7 8 9

This section concerns your health

15. In general would you say your health is:- VGENHLTH

*(Please indicate **one**)*

Excellent ☐ Very good ☐ Good ☐ Fair ☐ Poor ☐

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16. COMPARED TO ONE YEAR AGO, how would you rate your health in general now? *(Please indicate **one**)*

Much better now than one year ago ☐
Somewhat better now than one year ago ☐
About the same as one year ago ☐
Somewhat worse now than one year ago ☐
Much worse now than one year ago ☐ VHLTHNOW

---

17. The following items are about activities you might do during a typical day. Does YOUR HEALTH NOW LIMIT YOU in these activites? If so, how much?

*(Please indicate **one** answer for each question)*

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
A. Vigorous activites, such as running, lifting heavy objects, participating in strenuous sports	☐	☐	☐	VACTIV(
B. Moderate activites, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	☐	☐	☐	VACTIV0
C. Lifting or carrying groceries	☐	☐	☐	VACTIV0
D. Climbing **several** flights of stairs	☐	☐	☐	VACTIV0
E. Climbing **one** flight of stairs	☐	☐	☐	VACTIV0
F. Bending, kneeling or stooping	☐	☐	☐	VACTIV0(
G. Walking **more than one mile**	☐	☐	☐	VACTIV07
H. Walking **half a mile**	☐	☐	☐	VACTIV08
I. Walking **one hundred yards**	☐	☐	☐	VACTIV09
J. Bathing and dressing yourself	☐	☐	☐	VACTIV1(

---

18. During the PAST FOUR WEEKS have you had any of the following problems with your work or other regular daily activites AS A RESULT OF YOUR PHYSICAL HEALTH? *(Please indicate **one** answer for each question)*

	Yes	No	
A. Cut down the **amount of time** you spent on work or other activities	☐	☐	VNKHL01
B. Accomplished less than you would like	☐	☐	VNKHL02
C. Were limited in the **kind** of work or other activities	☐	☐	VNKHL03
D. Had **difficulty** performing the work or other activities (for example, it took extra effort)	☐	☐	VNKHL04

---

19. During the PAST FOUR WEEKS have you had any of the following problems with your work or other regular daily activites AS A RESULT OF ANY EMOTIONAL PROBLEMS (Such as feeling depressed or anxious)?

*(Please indicate **one** answer for each question)*

	Yes	No	
A. Cut down the **amount of time** you spent on work or other activities	☐	☐	VNKEM01
B. Accomplished less than you would like	☐	☐	VNKEM02
C. Didn't do work or other activities as **carefully** as usual	☐	☐	VNKEM03

---

20. During the PAST FOUR WEEKS, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups? *(Please indicate **one**)*

Not at all ☐ Slightly ☐ Moderately ☐ Quite a bit ☐ Extremely ☐ VHLSOC

---

21. How much BODILY pain have you had during the PAST FOUR WEEKS? *(Please indicate **one**)* VBODPAIN

None ☐ Very mild ☐ Mild ☐ Moderate ☐ Severe ☐ Very severe ☐

---

22. During the PAST FOUR WEEKS, how much did PAIN interfere with your normal work (including both work outside the home and housework) *(Please indicate **one**)*

Not at all ☐ A little bit ☐ Moderately ☐ Quite a bit ☐ Extremely ☐ VPAININT

23. How much of the time during the PAST FOUR WEEKS:
*(Please indicate **one** answer for each question)*

		All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
VTIME01	**A.** Did you feel full of life?	☐	☐	☐	☐	☐	☐
VTIME02	**B.** Have you been a very nervous person?	☐	☐	☐	☐	☐	☐
VTIME03	**C.** Have you felt so down in the dumps that nothing could cheer you up?	☐	☐	☐	☐	☐	☐
VTIME04	**D.** Have you felt calm and peaceful?	☐	☐	☐	☐	☐	☐
VTIME05	**E.** Did you have a lot of energy?	☐	☐	☐	☐	☐	☐
VTIME06	**F.** Have you felt downhearted and blue?	☐	☐	☐	☐	☐	☐
VTIME07	**G.** Did you feel worn out?	☐	☐	☐	☐	☐	☐
VTIME08	**H.** Have you been a happy person?	☐	☐	☐	☐	☐	☐
VTIME09	**I.** Did you feel tired?	☐	☐	☐	☐	☐	☐

24. During the PAST FOUR WEEKS, how much of the time has your PHYSICAL HEALTH OR EMOTIONAL PROBLEMS interfered with your social activities (like visiting friends, relatives, etc.)? *(Please indicate **one**)*

	All of the time	Most of the time	Some of the time	A little of the time	None of the time
VHLEMSOC	☐	☐	☐	☐	☐

25. Please choose the answer that best describes how TRUE or FALSE each of the following statements is for you: *(Please indicate **one** answer for each question)*

		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
VSICKEAS	**A.** I seem to get sick a little easier than other people	☐	☐	☐	☐	☐
VHLTHAN	**B.** I am as healthy as anybody I know	☐	☐	☐	☐	☐
VHLTHWRS	**C.** I expect my health to get worse	☐	☐	☐	☐	☐
VHLTHEXC	**D.** My health is excellent	☐	☐	☐	☐	☐

26. A. Do you experience menopausal symptoms Yes ☐ No ☐ ▶ *If no, go to question 27.* VSYMMEN

If yes, to what extent do you experience the following symptoms?

		Yes, a lot	Yes, somewhat	Yes, a little	No, not at all	
VSYMHOTF	**B.** Hot flushes	☐	☐	☐	☐	
VSYMDEP	**C.** Depression	☐	☐	☐	☐	
VSYMSLP	**D.** Sleep disturbance	☐	☐	☐	☐	
VSYMBON	**E.** Bone pains	☐	☐	☐	☐	
VSYMNIG	**F.** Night sweats	☐	☐	☐	☐	
VMPSYMOT	**G.** Other *(please specify)*	☐	☐	☐	☐	▶ VMSOTH

27. A. Have you ceased having your periods? Yes ☐ No ☐ ▶ *If no, go to part D.*

VPERSTOP *If yes:*

B. At what age did you stop?

VPERAGE

10	20	30	40	50	60	70	80	90
☐	☐	☐	☐	☐	☐	☐	☐	☐
1	2	3	4	5	6	7	8	9

C. What was the cause of menopause?

VPERWHY

- Natural menopause ☐
- Hysterectomy (removal of womb only) ☐
- Hysterectomy plus removal of ovaries ☐
- Other *(please specify)* ☐ ▶ VPWHYOTH

D. Have you ever had hormone replacement therapy? Yes ☐ No ☐ ▶ *If no, go to question 28.*

VHORMEV

If yes:

E. For how long? Years 10 20 30 / 1 2 3 4 5 6 7 8 9

VHORMMT

Months 1 2 3 4 5 6 7 8 9 10 11

VHORMYR

F. Please specify name of the medicine(s) taken.

VHORMTA1

VHORMTA2

VHORMTA3

G. Are you still taking hormone replacement therapy? Yes ☐ No ☐

VHORMNOW

28. A. Do you have any longstanding illness, disability or infirmity? Yes ☐ VLONGILL
(Longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time.) No ☐ ▶ *If no, go to question 29.*

If yes:

B. What is the matter with you?

VLONGIL1 VLONGIL2 VLONGIL3 VLONGIL4 VLONGIL5 VLONGIL6

29. A. Have you ever had any pain or discomfort in your chest? Yes ☐ No ☐ ▶ *If no, go to question 30.*

VCHPAIN

If yes:

B. Do you get this pain or discomfort when you walk uphill or hurry? Yes ☐ No ☐ VCHPLEV

C. Do you get it when you walk at an ordinary pace on the level? Yes ☐ No ☐ VCHPACT

D. When you get any pain or discomfort in your chest, what do you do? Stop ☐ Continue at the same pace ☐ Slow down ☐ VCHPSTOP

E. Does it go away when you stand still? Yes ☐ No ☐ VCHPTIME

F. How soon? In 10 minutes or less ☐ More than 10 minutes ☐ VCHPLOC

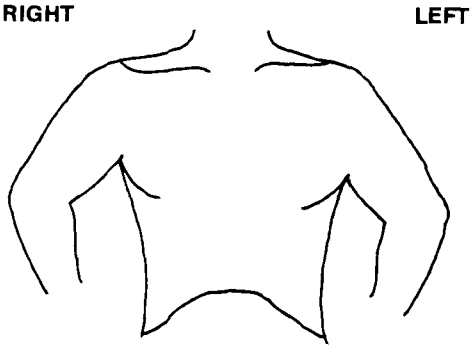
G. Where do you get this pain or discomfort? *Mark the place(s) with an X on the diagram.*

VCHPSIT1

VCHPSIT2

VCHPSIT3

VCHPSIT4



VCHPSIT5

VCHPSIT6

VCHPSIT7

VCHPSIT8

VCHPSIT9

30. A. Have you ever had a severe pain across the front of your chest lasting half an hour or more? Yes ☐ No ☐ VCHPEXT ▶ *If no, go to question 31.*

If yes:

B. Did you talk to a doctor about it? Yes ☐ No ☐ VCHPDOC ▶ *If no, go to question 31.*

If yes:

C. What did he/she say it was? VCHPDIAG

D. How many of these attacks have you had? 1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6+ ☐ VCHPNUM

31. These questions concern any **HEART PROBLEMS** you may have had. *(Please answer yes or no to each question)*

A. Has a doctor ever told you that you have had **ANGINA**? Yes ☐ No ☐ ▶ *If no, go to part B.* VANG

If yes: When was the first time? 19..... VANGFST

Are you still suffering from angina? Yes ☐ No ☐ VANGSTIL

When was the last time you had angina? 19..... VANGLST

B. Has a doctor ever told you that you have had a **HEART ATTACK (MYOCARDIAL INFARCT/CORONARY THROMBOSIS)**? Yes ☐ No ☐ ▶ *If no, go to part C.* VMI

If yes: How many heart attacks have you had? 1 ☐ 2 ☐ 3+ ☐ VMINUM

When were these attacks? 1st 19..... VMIFST; 2nd 19..... VMI2ND; 3rd 19..... VMI3RD

C. Has a doctor ever told you that you have **HIGH BLOOD PRESSURE (HYPERTENSION)**? Yes ☐ No ☐ ▶ *If no, go to part D.* VHBP

If yes: When was the first time? 19..... VHBPFST

Have you ever had drug treatment for high blood pressure? Yes ☐ No ☐ VBPUPTRT

Are you still receiving drug treatment now? Yes ☐ No ☐ VBPUPDRG

D. Has a doctor ever told you that you have had a **STROKE**? Yes ☐ No ☐ ▶ *If no, go to part E.* VSTR

E. Have you ever had any **OTHER HEART TROUBLE** suspected or confirmed? Yes ☐ No ☐ VOHT

If yes: Please specify (eg. heart failure, irregular heart beat) VOHTDIAG

32. These questions concern any TESTS or TREATMENT you may have had for CHEST PAIN or HEART DISEASE.

Have you ever had any of the following? *(Please answer yes or no to each question)*

If yes: **Please give year, hospital, town and the name of the consultant for each occasion. If you need more space please use the back page.**

A. An exercise ECG (treadmill) test

VEXECG

Yes ☐ No ☐ ▶ **YEAR** VEXECGYR **HOSPITAL NAME/TOWN**

CONSULTANT

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

VAGRAM

Yes ☐ No ☐ ▶ **YEAR** VAGRAMYR **HOSPITAL NAME/TOWN**

CONSULTANT

C. Angioplasty of coronary arteries (balloon treatment for angina)

VAPLAS

Yes ☐ No ☐ ▶ **YEAR** VAPLASYR **HOSPITAL NAME/TOWN**

CONSULTANT

D. Coronary artery bypass graft (CABG) operation

VCABG

Yes ☐ No ☐ ▶ **YEAR** VCABGYR **HOSPITAL NAME/TOWN**

CONSULTANT

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

VADMCH

Yes ☐ No ☐ ▶ **YEAR** VADMCHYR **HOSPITAL NAME/TOWN**

CONSULTANT

F. An admission to hospital with other heart trouble

VADMOT

Yes ☐ No ☐ ▶ **YEAR** VADMOTYR **HOSPITAL NAME/TOWN**

CONSULTANT

If yes, please specify ▶ VADMOTTY

G. Other heart tests or operations

VHTOPS

Yes ☐ No ☐ ▶ **YEAR** VHTOPSYR **HOSPITAL NAME/TOWN**

CONSULTANT

If yes, please specify
(eg 24 hour ECG, pacemaker or echocardiogram ▶ VHTOPST1 VHTOPST2 VHTOPST3

This section concerns your health in general

33. 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 PRESCRIBED BY A DOCTOR (excluding contraceptive pills) within the last fourteen days? VPRESDOC

Yes ☐ No ☐ ▶ *If no, please go to question 34.*

If yes:

B. Please list any medicines below. **And the reasons for taking**

(i) VPRSMED1
VPRSMED2

(ii) VPRSMED3
VPRSMED4

(iii) VPRSMED5
VPRSMED6

(iv) VPRSMED7
VPRSMED8

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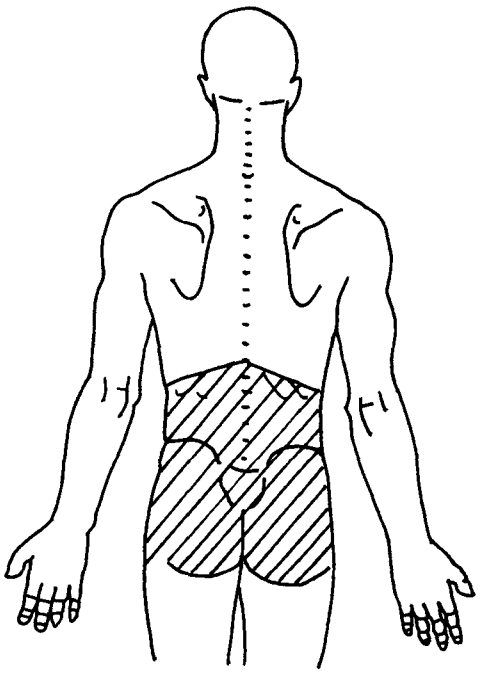
34. Have you ever been told by a doctor that you have, or have had, any of the following?

(Please answer *yes* or *no* for each question)

		No	Yes		▶ *If yes, what was the year that the doctor first told you?*
Hiatus hernia, heart burn or reflux disease	VHIATUS	☐	☐	19	VHIATUSF
Gastric, peptic or duodenal ulcer	VGASULC	☐	☐	19	
Gall bladder disease (gall stones)	VGALLST	☐	☐	19	
Osteoarthritis ('wear and tear' arthritis)	VOSARTH	☐	☐	19	
Rheumatoid arthritis	VRHARTH	☐	☐	19	
Gout	VGOUT	☐	☐	19	
Osteoporosis	VOSTPOR	☐	☐	19	
Bronchitis	VBRONCH	☐	☐	19	
Asthma	VASTHMA	☐	☐	19	
Tuberculosis	VTUBERC	☐	☐	19	
Thyroid disease (including goitre)	VTHYROI	☐	☐	19	
Depression or depressive illness	VDEPRES	☐	☐	19	
Anxiety state or chronic anxiety	VANXIET	☐	☐	19	
Agoraphobia (fear of open spaces)		☐	☐	19	
Diabetes	VDIABET	☐	☐	19	
Kidney stones	VKIDSTO	☐	☐	19	
Bladder infection (cystitis or urinary tract infection)	VCYSUTI	☐	☐	19	
Epilepsy (fits or convulsions)	VEPILEP	☐	☐	19	
Cancer (If yes, please specify)	VCANCER	☐	☐	19	

35. The following question concerns any back pain which you may have had during the last 12 months, excluding back pain due to feverish illness such as flu or (in women) due to the menstrual period. Back pain is any pain located on the shaded areas of the diagram.

VBAKPAIN



During the last year have you had any back pain which lasted for more than one day?

Yes ☐
No ☐

---

36. During the two weeks ending yesterday, have you visited your GENERAL PRACTITIONER (family doctor)?

Yes ☐
No ☐ ▶ *If no, please go to question 37.*

If yes, what were the reasons.

VGP2WKR1 VGP2WKR2 VGP2WKR3 VGP2WKR4

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37. In cases of serious illness which have involved attendance at hospital, we would like permission to obtain details from the hospital records. (Please note this is different from the consent requested on the first page). This information will be treated with the strictest confidence. VCONSHOS

CONSENT GIVEN Yes ☐ No ☐ *(please mark **one**)*

If yes, please sign your name here

SIGNATURE

GP's NAME (unless given on the first page)

GP's ADDRESS (in full)

DATE

PLEASE ADD ANY COMMENTS BELOW, IF YOU WISH

VCMNT

VCMNTQ1

VCMNTQ2

VCMNTQ3

VCMNTQ4

FOR OFFICE USE ONLY

A B C

STUDY NUMBER

0	0	0	0	0	0	A	N
1	1	1	1	1	1	B	O
2	2	2	2	2	2	C	P
3	3	3	3	3	3	D	Q
4	4	4	4	4	4	E	R
5	5	5	5	5	5	F	S
6	6	6	6	6	6	G	T
7	7	7	7	7	7	H	U
8	8	8	8	8	8	I	V
9	9	9	9	9	9	J	W
						K	X
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						M	Z

DO NOT WRITE PAST HERE

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