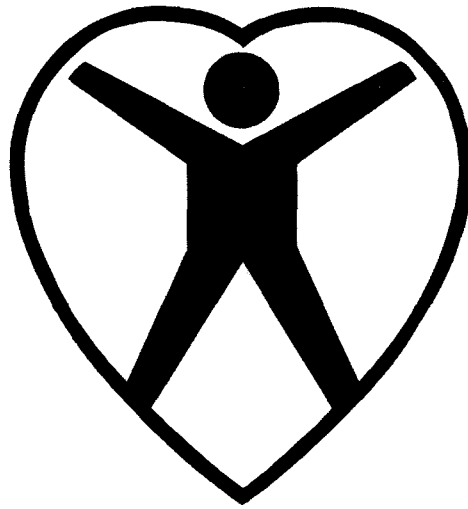


CONFIDENTIAL

HEALTH SURVEY



**STRESS AND HEALTH STUDY
DEPARTMENT OF EPIDEMIOLOGY AND PUBLIC HEALTH
UNIVERSITY COLLEGE LONDON**

OCCUPATIONAL HEALTH AND SAFETY AGENCY

PHASE 5 - 1997

This Questionnaire contains questions covering many aspects of your life and as you will see below we have divided these areas into separate sections for you to complete. You may find it helpful to complete the Questionnaire a section at a time.

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General instructions

Please read these instructions 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.

Where a question requires you to indicate a number, simply block in the rectangle next to the appropriate number. The examples opposite shows 1948 and 19.

Example 1: 1948

19 10 20 30 40 50 60 70 80 90

Example 2: 19

1 2 3 4 5 6 7 8 9 10

- 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

Once again thank you very much for your co-operation

Thank you very much for continuing to participate in our study of stress and health. The enclosed Questionnaire marks the beginning of the next phase of the study which will bring us up to date with any changes in your employment status, your state of health, and includes some new questions on various aspects of your lifestyle and social life which are relevant to health. The information you have provided so far is truly impressive and continues to give us important knowledge about the factors which can contribute to ill-health. Thank you again for your invaluable participation in this study.

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

HOME ADDRESS (in full)

HOME TELEPHONE NUMBER

WORK ADDRESS (in full)

WORK TELEPHONE NUMBER

ROOM NUMBER (if applicable) TROOM_NO

BUILDING (if applicable) TBUILD

TODAY'S DATE TDATECOMP

Consent

As before, a crucial aspect of this study is the accurate identification of illness through Questionnaire and Civil Service sickness absence records. We sometimes need to obtain additional details from your general practitioner and hospital records. In order to do this we need your permission again please.

We shall continue to treat all information in the strictest confidence.

If you agree, please complete the following:

Consent given **Yes** **No** TCONSHOS
(please mark one)

If **Yes**, please sign your name here

Date

GPs NAME

ADDRESS (in full)

SECTION 1 - WORK HISTORY & PERSONAL DETAILS

These questions are about your employment status

1.1 What was your grade title when you first joined the Civil Service? TFSTITLE TFSTGRAD TFSTLEVE

Please give full title

1.2 Were you a fast stream entrant? Yes No TFSTREAM

1.3 a. Are you still working in the Civil Service? Yes No *If No, please go to Question 1.4* TCSSTILL

If you are directly employed by a non-departmental public body (NDPB) (except HSE or AHA) or if you currently work in a unit of the Civil Service which has been privatised, please go to Question 1.4

b. In which Ministry/Department do you work? TMINDEP

c. Please give your present Civil Service grade/job title - IN FULL

Grade/Job Title TCSGRADE TCSLEVEL TCSSCLAS

d. Please give a description of your job, including level of seniority

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

f. Are you in charge of other people? Yes No TINCHAR

g. Have you been promoted in the last 5 years?

Yes No TPROM5Y

in which year were you last promoted?

19 TPROM5YR

h. Do you currently work in a 'Next Steps' agency or other organisation operating on 'Next Steps' lines?

Yes No TNSCURR

Please give the name of the 'Next Steps' agency/other organisation in full (and the acronym if you know it, eg. Security Facilities Executive (SAFE))

TNSCNAM

Is the section in which you work likely to become a 'Next Steps' agency or organisation operating on Next Steps' lines in the future?

Yes No TNSLIKLY

i. Do you think the work you are doing is likely to be privatised? Yes No Don't know TPRIVLIK*

j. There have been many changes in the Civil Service over the past 8 years. TCSCHABA
Overall, have these changes affected you? Beneficially Adversely Not at all

Please go to Question 1.6

Questions 1.4 - 1.5 are for those who have left the Civil Service

TLRROUT

1.4 a. By which route did you leave the Civil Service? (Please mark one box only)

- | | | | |
|---|--------------------------|--|--------------------------|
| Transfer to company through privatisation | <input type="checkbox"/> | Voluntary Compulsory Redundancy | <input type="checkbox"/> |
| Transfer to an NDPB | <input type="checkbox"/> | Redundancy | <input type="checkbox"/> |
| Retirement at 60 | <input type="checkbox"/> | Left to take up a post outside the Civil Service | <input type="checkbox"/> |
| Voluntary Early Retirement | <input type="checkbox"/> | Left to become self-employed | <input type="checkbox"/> |
| Retirement on health grounds | <input type="checkbox"/> | Other (please specify) * | <input type="checkbox"/> |

TLRROUTO

b. When did you leave Civil Service employment?

Month J F M A M J J A S O N D TLRMONTH*

Year 19 9 0 1 2 3 4 5 6 7 8 9 TLRYEAR*

c. What was your last grade in the Civil Service? (Please write out in full)

Civil Service grade	TLRGRADE	TLRGRLEV	TLRSCLAS
<hr/>			
Description of job including level of seniority			

d. If you left before retirement age, how much was your decision affected by changes in the Civil Service over the last 5-8 years? (Please mark one box only) TLF TCHNG

Exclusively Very much Quite A little Not at all

e. Have you had any paid jobs since leaving the Civil Service? TLRPAID

Yes No If No, please go to part g.

If Yes,

f. How many paid jobs have you had since leaving the Civil Service, including your present job if you have one? TLRPAIDN

g. Excluding your present situation, have you had any periods of unemployment since leaving the Civil Service?

Yes No If No, please go to part i. TLRPUNEM

h. Do your previous periods of unemployment add up to

less than 3 months 3 - 6 months 6 - 12 months more than 12 months TLRPUTIM

i. Are you in paid employment at present? Yes No TLREMP

If you are in paid employment please go to Question 1.5

If you are NOT in paid employment at present:

j. How would you classify yourself? (Please mark one box only) TLRNE

Unemployed	<input type="checkbox"/>	Housewife/husband	<input type="checkbox"/>
Retired	<input type="checkbox"/>	Student	<input type="checkbox"/>
Long-term sick	<input type="checkbox"/>	Other (please specify) *	<input type="checkbox"/>

TLRNEOTH

k. How long is it since you were last in paid employment?

Years 1 2 3 4 5 6 7 8 9 10 11 12 TNETIMYR

Months 1 2 3 4 5 6 7 8 9 10 11 12 TNETIMMT

l. Would you like to find another job? Yes No TNELIKEJ

m. Are you **currently** looking for paid employment? Yes No TNELOOKJ

n. How would you rate your chances of finding another job? (Please mark one box only)

Very good Good Fair Poor No chance at all TNECHANC

TLRESC TLRESEG

b. What kind of work do you do in it? (List the main things you do in the job)

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

d. How many people are employed at your place of work?
less than 25 employees 25 or more employees TLREMAN

e. Are you in charge of other people? Yes No TLRECHAR

f. Are you: an employee or self-employed? TLREMPEE
Employee Self-employed if self-employed please go to Question 1.6

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

h. Is your present job? (please indicate one only)
a permanent post a temporary post a fixed term contract other TLREPOST

These questions are for those who are currently in paid employment (Civil Service or other).

1.6 a. Is your present job full time part time (less than 30 hours per week) TEFTPT

b. How secure do you feel your present job is? (Please mark one box only)
Very secure Secure Not very secure Very insecure TESECURE

c. Are you looking for another job? Yes No TELOOKJ

d. How many hours do you work per average week in your main job, including work brought home?
hours TEMAINHR

e. Do you have any other paid employment in addition to your main job?
Yes No if No, please go to Question 1.7 TEOTEMPL

f. How many hours do you work in an average week in your additional employment?
hours TEOTEMHR

We would like to ask some brief questions about your spouse (partner).

1.7 Is your spouse (partner) currently doing any paid work? Please indicate one only. Not applicable
Yes: full time (over 30 hours/week) Yes: part-time (less than 30 hours/week) TWORKSP
No: unemployed - seeking work No: retired
No: Looking after the house/family No: Not working - other reasons

1.8 How old was your spouse (partner) when he/she finished full time education? TAGEEDSP

Not applicable

We would like to check that our records concerning your personal / home circumstances are accurate and that we have not missed any information. We would be grateful if you would answer the following questions.

1.9 Which of the following ethnic groups do you consider that you belong to? TETHSR

- | | | |
|-----------------|---------------|---------------------------------|
| Black-Caribbean | Black-African | Black-Other |
| Indian | Pakistani | Bangladeshi |
| Chinese | White | Other (please specify) TETHSROT |

1.10 a. Are you married or cohabiting? Yes No *If No, please go to part c.* TMARCOH

If Yes:

b. Is this your first marriage/cohabitation? Yes No TFSTMAR

c. If NOT married/cohabiting, which are you? Single (never married) Widowed Divorced Separated TNOTMAR

1.11 Does anyone live in your household besides you? Yes No *If No, please go to Question 1.13* TACSHARE

1.12 Please specify who is living in your household:

- a. Spouse or partner Yes No TACSP
- b. Any other adults Yes No TACADULT
- c. Adult children (18+) Yes No TACADCHD
- d. Children Yes No TACCHD

For to d, please specify number of:

- i. Children under 5 Male TACU5M
Female TACU5F
- ii. Children aged 5-12 Male TAC512M
Female TAC512F
- iii. Children aged 13-18 Male TAC1318M
Female TAC1318F

e. During the last 12 months how many people have lived in your household on a permanent basis?

Number TACTOTAL

Could you help us check that our records about your education are complete.

1.13 a. Have you, at any time, been in full-time or part-time education since leaving school? Yes No TEDFEHE[^]

b. How many years of education have you had, including primary, secondary school, college, technical college, polytechnic and university? TEDTOTYR[^]

c. What is the highest level of examination or qualification that you obtained when you **first** left full-time education? (Please exclude any short gaps, eg, between school and university) TQUALA

- | | |
|-------------------------------|---|
| i. No academic qualifications | vii. BA/BSc |
| ii. School Certificate | viii. University or CNA A Higher degree (e.g. MA/MSc, PhD) |
| iii. Matriculation | ix. City and Guilds |
| iv. 'O' Level | x. National Diplomas and Certificates (e.g. ONC, HND, etc.) |
| v. 'A' Level, SCE Higher | xi. Other: (please specify) ▼ |
| vi. 'S' Level | TQUALAOT |

1.14 Have you obtained any higher qualification **since** first leaving full-time education? Yes No TQUALSIN^x

1.15 What is the highest level of examination or qualification that you have attained? TQUALB

- | | |
|--------------------------|--|
| i. School Certificate | vii. BA/BSc |
| ii. Matriculation | viii. University or CNA A Higher degree (e.g. MA/MSc, PhD) |
| iii. 'O' Level | ix. City and Guilds |
| iv. GCSE (and CSE) | x. National Diplomas and Certificates (e.g. ONC, HND, etc.) |
| v. 'A' Level, SCE Higher | xi. Professional Qualification (degree equivalent/higher etc.) |
| vi. 'S' Level | xii. Other: (please specify) ▼ |

TQUALBOT

SECTION 2 - HEALTH & ILLNESS

This Section covers your general health, as well as specific diseases. We are interested in psychological, physical and social aspects of your health, as well as any diagnoses which your doctor(s) may have made.

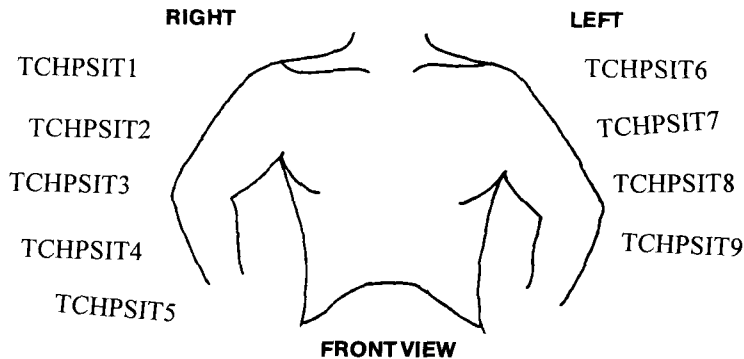
- 2.1 a. Do you have any longstanding illnesses, diseases or medical conditions for which you have sought treatment in the last 12 months. (Longstanding illness means anything that has troubled you over a period of time or that is likely to affect you over a period of time.) Yes No TLONGST

If Yes, please list below

- | | |
|----------------|--------------|
| b. i. TLONGST1 | iv. TLONGST4 |
| _____ | _____ |
| ii. TLONGST2 | v. TLONGST5 |
| _____ | _____ |
| iii. TLONGST3 | vi. TLONGST6 |
| _____ | _____ |

We would be very grateful if you would give us details of all past episodes of health problems - even if you have told us about them before. This will help us to make sure that we do not miss any information.
(Please answer Yes or No to each Question)

- 2.2 a. Have you ever had any pain or discomfort in your chest? TCHPAIN
Yes No if No, go to Question 2.3
- b. Do you get this pain or discomfort when you walk uphill or hurry? TCHPUPH
Yes No
- c. Do you get it when you walk at an ordinary pace on the level? TCHPLEV
Yes No
- d. When you get any pain or discomfort in your chest, what do you do? TCHPACT
Stop Slow down Continue at the same pace
- e. Does it go away when you stand still? TCHPSTOP
Yes No
- f. How soon? In 10 minutes or less More than 10 minutes TCHPTIME
- g. Where do you get this pain or discomfort? Mark the place(s) with an X on the diagram. TCHPLOC



- 2.3 a. Have you ever had a severe pain across the front of your chest lasting half an hour or more? TCHPEXT
Yes No if No, go to Question 2.4

- b. Did you talk to a doctor about it? TCHPDOC
Yes No if No, go to Question 2.4

- c. What did he/she say it was? TCHPDIAG

- d. How many of these attacks have you had? TCHPNUM
1 2 3 4 5 6+

2.4 a. Has a doctor ever told you that you have had ANGINA? TANG

Yes No *If No, please go to part b.*

When was the first time? 19 _____ TANGFST
(Please indicate year)

Are you still suffering from angina? Yes No TANGSTIL

When was the last time you had angina? 19 _____ TANGLST
(Please indicate year)

b. Have you ever taken any 'NITRATE' medicines (including tablets under the tongue, sprays, patches)?

Nitrate medicines include: Glyceryl Trinitrate (*contained in drugs such as Nitrolingual Spray, Suscard, Sustac, Percutol*)

TNIT Isosorbide Dinitrate (*contained in drugs such as Cedocard, Isordil, Sorbichew, Isoket*)

Isosorbide Mononitrate (*contained in drugs such as Ismo, Elantan, Monit, Imdur*)

Yes No *If No, please give the name(s)* TNITNAME

When did you first take these nitrate medicines: 19 _____ TNITFST

Are you still taking these nitrate medicines?

Yes No TNITSTIL

c. Has a doctor ever told you that you have had a HEART ATTACK (MYOCARDIAL INFARCT/CORONARY THROMBOSIS)?

Yes No *If No, please give the year(s)* TMI

How many heart attacks have you had? 1 2 3+ TMINUM

When were these attacks? 1st 2nd 3rd

(Please indicate year) 19__ 19__ 19__

TMIFST TMI2ND TMI3RD

d. Has a doctor ever told you that you have HIGH BLOOD PRESSURE (HYPERTENSION)?

Yes No *If No, please give the year(s)* THBP

When was the first time? THBPFST 19 _____

(Please indicate year)

Have you ever had drug treatment for high blood pressure? TBPUPTRT

Yes No

Are you still receiving drug treatment now? TBPUPDRG

Yes No

e. Has a doctor ever told you that you have an ENLARGED HEART, FLUID ON THE LUNGS or HEART FAILURE?

Enlarged heart Yes No TENHT

Fluid on the lungs Yes No TFLULUNG

Heart failure Yes No THF

f. Have you ever had any OTHER HEART TROUBLE (e.g. valve disease, congenital heart disease or irregular heart beat) suspected or confirmed? TOHT

Yes No

TOHTDIAG

5 These questions concern any TEST(S) or TREATMENT(S) 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.

TEXECGYR

- a. An exercise/stress ECG (heart tracing whilst walking or running on a treadmill)

Yes

No

YEAR _____

HOSPITAL NAME/TOWN _____

TEXECGHO _____

CONSULTANT _____

TEXECGCO _____

TEXECG

TAGRAMYR

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

Yes

No

YEAR _____

HOSPITAL NAME/TOWN _____

TAGRAMHO _____

CONSULTANT _____

TAGRAMCO _____

TAGRAM

TAPLASYR

- c. Angioplasty of coronary arteries (balloon treatment for angina)

Yes

No

YEAR _____

HOSPITAL NAME/TOWN _____

TAPLASHO _____

CONSULTANT _____

TAPLASCO _____

TAPLAS

TCABGYR

- d. Coronary artery bypass graft (CABG) operation

Yes

No

YEAR _____

HOSPITAL NAME/TOWN _____

TCABGHO _____

CONSULTANT _____

TCABGCO _____

TCABG

TADMCHYR

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

Yes

No

YEAR _____

HOSPITAL NAME/TOWN _____

TADMCHHO _____

CONSULTANT _____

TADMCHCO _____

TADMCH

TOHTOAYR

- f. Other heart tests or operations, or admissions to hospital for other heart trouble

Yes

No

YEAR _____

HOSPITAL NAME/TOWN _____

TOHTOAHO _____

CONSULTANT _____

TOHTOACO _____

TOHTOA

Please specify

(e.g. 24 hours ECG, pacemaker, thallium scan, echocardiogram, or resting ECG *not* done as part of the Stress & Health study).

TOHTOAT1 TOHTOAT2 TOHTOAT3 TOHTOAT4 TOHTOAT5 TOHTOAT6

2.6 Do you have a FAMILY HISTORY of heart disease or high blood pressure in a parent, brother or sister?

	Yes	No	<i>If Yes, please give details</i> TFHH	
Relation	Age of onset	Type of disease	Is this relative alive? <i>Please indicate Yes or No</i>	
i TFHHREL1	TFHHAGE1	TFHHHTYP1	Yes	No TFHHALI1
ii TFHHREL2	TFHHAGE2	TFHHHTYP2	Yes	No TFHHALI2
iii TFHHREL3	TFHHAGE3	TFHHHTYP3	Yes	No TFHHALI3
iv TFHHREL4	TFHHAGE4	TFHHHTYP4	Yes	No TFHHALI4

We would like to know about your birth and birthweight.

2.7 Where were you born? TBWTLOC

In hospital (please specify) HOSPITAL/NAME/TOWN
 At home TBWTHOSP
 Elsewhere

If you do not know your birthweight, please ask a member of your family. If no-one knows your birthweight, please indicate in the box.

2.8 a. How much did you weigh at birth? lbs TBWTLBS
 No-one knows ozs TBWTOZS
 TBWTUNKN

b. Where, or from whom, did you obtain the information about your birthweight? TBWTSRC

2.9 a. Has a doctor ever told you that you have diabetes? TDIABET
 Family Memory Written record Other
 Yes No *If No, please refer to Question 2.10*

b. What treatments or diets are you currently using for your diabetes?

Please answer Yes or No to each Question.

Special or Diabetic diet Yes No TDIABDT
 Tablets Yes No TDIABTAB
 Insulin Yes No TDIABINS

2.10 Have you ever been diagnosed as having cancer? Yes No TCANCER

YEAR HOSPITAL NAME/TOWN
 TCANCYR TCANCHO
 CONSULTANT
 TCANCCO

2.11 a. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill? TBRTHHUR

Yes No

b. Are you short of breath when walking with other people of your own age on level ground? TBRTHWOT

Yes No

c. Do you have to stop for breath when walking at your own pace on level ground? TBRTHWOW

Yes No

d. Are you short of breath when washing or dressing? TBRTHWAS

Yes No

e. Are you troubled by breathlessness when lying down at night? TBRTHLIE

Yes No

f. Do you suffer from swollen ankles?

TSWOLANK Yes No

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

Yes No

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

Yes No

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

None One period Two or more periods

2.13 a. Have you ever had a sudden attack of weakness or numbness on one side of the body? TSTRWEAK

Yes No

b. Have you ever had a sudden attack of slurred speech or difficulty in finding words? TSTRSLUR

Yes No

c. Have you ever had a sudden attack of vision loss or blurred vision in one or both eyes? TSTRVISI

Yes No

d. Have you seen a doctor about these attacks? TSTRDOC

Yes No

e. What did the doctor say these attacks were? TSTRDIAG

Stroke Transient Ischaemic Attack Other ("TIA" or mini stroke)

YEAR HOSPITAL NAME/TOWN
TSTTIAYR TSTTIAHO

If you indicated any of the above, please give details here:

CONSULTANT
TSTTIACO

2.14 a. Do you get any pains in either leg on walking? TLEGPAIN

Yes No

b. Does this pain ever begin when you are standing still or sitting? Yes No TLPSTILL

c. Do you get this pain in your calf or calves? Yes No TLPCALF

d. Do you get it when you walk uphill or hurry? Yes No TLPUPH

e. Do you get it when you walk at an ordinary pace on the level? Yes No TLPLEV

f. Does this pain ever disappear while you are still walking? Yes No TLPSTPGO

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

Stop Slow down Continue at same pace TLPACT

h. What happens to it if you stand still?

Usually continues more than 10 minutes Usually disappears in 10 minutes or less TLPTIME

2.15 a. Has a doctor ever told you that you have bad circulation in the arteries of your legs ("INTERMITTENT CLAUDICATION")? TICLAUYR

Yes No YEAR HOSPITAL NAME/TOWN
TICLAUHO

CONSULTANT
TICLAUCO

TICLAU

<p>b. Has a doctor ever told you that you have had a blood clot in the veins of your leg (DEEP VEIN THROMBOSIS)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>TDVT</p>	<p>TDVTYR</p> <p>YEAR</p> <hr/> <p>YEAR</p> <hr/> <p>TPLEMBYR</p> <hr/>	<p>HOSPITAL NAME/TOWN</p> <hr/> <p>TDVTHO</p> <hr/> <p>CONSULTANT</p> <hr/> <p>TDVTCO</p> <hr/> <p>HOSPITAL NAME/TOWN</p> <hr/> <p>TPLEMBHO</p> <hr/> <p>CONSULTANT</p> <hr/> <p>TPLEMBCO</p> <hr/>
<p>c. Has a doctor ever told you that you have had a blood clot on your lungs (PULMONARY EMBOLUS)?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p> <p>TPLEMB</p>		

Health and Daily Activities

2.16 In general, would you say your health is:- TGENHLTH

Please indicate **one** only.

Excellent Very good Good Fair Poor

2.17 Compared to one year ago, how would you rate your health in general now? THLTHNOW

Please indicate **one** only.

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

2.18 The following items are about activities you might do during a typical day.

Does **your health now limit you** in these activities? If so, please indicate how much?

Yes limited a lot Yes limited a little No, not limited at all

TACTIV01	a. Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV02	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"/>
TACTIV03	c. Lifting or carrying groceries	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV04	d. Climbing several flights of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV05	e. Climbing one flight of stairs	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV06	f. Bending, kneeling or stooping	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV07	g. Walking more than one mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV08	h. Walking half a mile	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV09	i. Walking one hundred yards	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
TACTIV10	j. Bathing or dressing yourself	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

2.19 During the **past 4 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 indicate one answer for each question.

TNKHL01	a. Cut down the amount of time you spent on work or other activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TNKHL02	b. Accomplished less than you would like	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TNKHL03	c. Were limited in the kind of work or other activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TNKHL04	d. Had difficulty performing the work or other activities (for example, it took extra effort)	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2.20 During the **past 4 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 indicate one answer for each question.

TNKEM01	a. Cut down the amount of time you spent on work or other activities	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TNKEM02	b. Accomplished less than you would like	Yes <input type="checkbox"/>	No <input type="checkbox"/>
TNKEM03	c. Didn't do work or other activities as carefully as usual	Yes <input type="checkbox"/>	No <input type="checkbox"/>

2.21 During the **past 4 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** only.

THLSOC

Not at all Slightly Moderately Quite a bit Extremely

2.22 How much bodily pain have you had during the **past 4 weeks**? Please indicate **one only**. TBODPAIN

None Very mild Mild Moderate Severe Very severe

2.23 During the **past 4 weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)? Please indicate **one only**. TPAININT

Not at all A little bit Moderately Quite a bit Extremely

2.24 How much of the time, during the **past 4 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

- a. Did you feel full of life? TTIME01'
- b. Have you been a very nervous person? TTIME02'
- c. Have you felt so down in the dumps that nothing could cheer you up? TTIME03'
- d. Have you felt calm and peaceful? TTIME04'
- e. Did you have a lot of energy? TTIME05'
- f. Have you felt downhearted and low? TTIME06'
- g. Did you feel worn out? TTIME07'
- h. Have you been a happy person? TTIME08'
- i. Did you feel tired? TTIME09'

2.25 During the **past 4 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 only**. THLEMSOC

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

2.26 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

- a. I seem to get sick a little easier than other people TSICKEAS'
- b. I am as healthy as anybody I know THLTHAN'
- c. I expect my health to get worse THLTHWRS'
- d. My health is excellent THLTHEXC'

2.27 a. Are you, or have you ever been, registered disabled with a Job Centre under the Disabled Persons Employment Act (the green card scheme)?

TREGDIS

Yes No If No, please go to Question 2.28

TDISABIL

b. What is the disability for which you are registered?

2.28 Do you wear a hearing aid at all? THIMPHA

Yes No

2.29 Do you have difficulty hearing someone talking to you in a quiet room (with hearing aid if normally worn)?

THIMPQT

Yes No

2.30 Do you have great difficulty following a conversation if there is background noise, for example, a TV, radio or children playing (with hearing aid if normally worn)? THIMPBG

Yes No

2.31 Do you have difficulty recognising a friend across the road, even if glasses or contact lenses are worn?

THIMPRF

Yes No

2.32 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** within the last fourteen days?

Yes

No

TPRESDOC

b. Please list any medicines below

And the reasons for taking them

(i) TPRSDRG1

(ii) TPRSDRG2

(iii) TPRSDRG3

(iv) TPRSDRG4

(v) TPRSDRG5

(vi) TPRSDRG6

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 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:-

2.33 Been able to concentrate on whatever you're doing?

TGHQ01 Better than usual Same as usual Less than usual Much less than usual

2.34 Lost much sleep over worry?

TGHQ02 Not at all No more than usual Rather more than usual Much more than usual

2.35 Been having restless, disturbed nights?

TGHQ03 Not at all No more than usual Rather more than usual Much more than usual

2.36 Been managing to keep yourself busy and occupied?

TGHQ04 More so than usual Same as usual Rather less than usual Much less than usual

2.37 Been getting out of the house as much as usual?

TGHQ05 More so than usual About same as usual Less than usual Much less than usual

2.38 Been managing as well as most people would in your shoes?

TGHQ06 Better than most About the same Rather less well Much less well

2.39 Felt on the whole you were doing things well?

TGHQ07 Better than usual About the same Less well than usual Much less well

2.40 Been satisfied with the way you've carried out your task?

TGHQ08 More satisfied About same as usual Less satisfied than usual Much less satisfied

2.41 Been able to feel warmth and affection for those near to you?

TGHQ09 Better than usual About same as usual Less well than usual Much less well

HAVE YOU RECENTLY:-

- 2.42 Finding it easy to get on with other people?
 Better than usual About same as usual Less well than usual Much less well TGHQ10
- 2.43 Spent much time chatting with people?
 More time than usual About same as usual Less time than usual Much less than usual TGHQ11
- 2.44 Felt that you are playing a useful part in things?
 More so than usual Same as usual Less useful than usual Much less useful TGHQ12
- 2.45 Felt capable of making decisions about things?
 More so than usual Same as usual Less so than usual Much less capable TGHQ13
- 2.46 Felt constantly under strain?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ14
- 2.47 Felt you couldn't overcome your difficulties?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ15
- 2.48 Been finding life a struggle all the time?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ16
- 2.49 Been able to enjoy your normal day-to-day activities?
 More so than usual Same as usual Less so than usual Much less than usual TGHQ17
- 2.50 Been taking things hard?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ18
- 2.51 Been getting scared or panicky for no good reason?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ19
- 2.52 Been able to face up to your problems?
 More so than usual Same as usual Less able than usual Much less able TGHQ20
- 2.53 Found everything getting on top of you?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ21
- 2.54 Been feeling unhappy and depressed?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ22
- 2.55 Been losing confidence in yourself?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ23
- 2.56 Been thinking of yourself as a worthless person?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ24
- 2.57 Felt that life is entirely hopeless?
 Not at all No more than usual Rather more than usual Much more than usual TGHQ25
- 2.58 Been feeling hopeful about your own future?
 More so than usual About same as usual Less so than usual Much less hopeful TGHQ26
- 2.59 Been feeling reasonably happy, all things considered?
 More so than usual About same as usual Less so than usual Much less than usual TGHQ27

HAVE YOU RECENTLY:-

2.60 Been feeling nervous and strung-up all the time?

TGHQ28 Not at all No more than usual Rather more than usual Much more than usual

2.61 Felt that life isn't worth living?

TGHQ29 Not at all No more than usual Rather more than usual Much more than usual

2.62 Found at times you couldn't do anything because your nerves were too bad?

TGHQ30 Not at all No more than usual Rather more than usual Much more than usual

2.63 How many hours of sleep do you have on an average week night?

TSLP 5 hours or less 6 hours 7 hours 8 hours 9 hours or more

2.64 How often in the past month did you: Not at all 1-3 days 4-7 days 8-14 days 15-21 days 22-31 days

TSLPFALL a. Have trouble falling asleep?

TSLPWAKS b. Wake up several times per night?

TSLPSTAY c. Have trouble staying asleep
(including waking far too early)?

TSLPWAKT, d. Wake up after your usual amount of
sleep feeling tired and worn out?

SECTION 3 - WOMEN'S HEALTH

3.1 Have you **ever** had any of the following operations? *Please answer Yes or No to each question*

Yes, please give your age at the time of the operation

TUT2 a. Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy) Yes age TUT2AGE

TUT b. Removal of uterus (womb) only (hysterectomy) Yes age TUTAGE

TUT1 c. Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy) Yes age TUT1AGE

TOV2 d. Removal of both ovaries only (bilateral oophorectomy) Yes age TOV2AGE

TOV1 e. Removal of one ovary only (oophorectomy) Yes age TOV1AGE

3.2 a. Are you still having periods or menstrual bleeding? Yes No

TPERIODS

TPERAGE

b. How old were you when your periods, or menstrual bleeding stopped? Age

c. Were your periods or menstrual bleeding stopped by TPERWHY

Natural menopause

Surgery (as described in Question 3.1)

Chemotherapy/radiation therapy

Other (Please specify, e.g. endometrial ablation, TRCE?) TPWHYOTH

3.3 a. Have you ever had hormone replacement therapy (HRT)? THORMEV

Yes No *If No, please give the date*

b. Are you still taking HRT? Yes No

c. What medicine(s) are you taking? *If yes, please give the name(s)* THORMNOW

Patch/ No Yes Name THORMCP1
Implant THORMCPA

Tablet No Yes Name THORMCT1

THORMCTA

d. Before you first started HRT, had your periods or menstrual bleeding stopped? THRPSTOP

Yes No

e. How old were you when your periods stopped? Age THRPAGE

f. Were your periods stopped by

Natural menopause THRPWHY

Surgery (as described in Question 3. 1)

Chemotherapy/radiation therapy

Other (Please specify, e.g. endometrial ablation, TCRE) THRPWHYO

3.4 a. Are you taking any contraceptive pills? TORALCON Yes No If No, please give the name of

b. Which pill are you currently taking? Please give the name

Name TOCTYPE

3.5 Which of the following descriptions apply to your periods during the last 12 months? Please answer Yes or No to each question.

a. Normal for you in terms of regularity, flow and duration Yes No TPERNORM

b. Less regular than usual Yes No TPERREG

c. Shorter in duration over the year Yes No TPERSHY

d. One or more skipped periods Yes No TPERSKP

3.6 a. When was the first day of your last period or menstrual bleed? TPERLSTD

Date

TPERLSTM

b. What is the usual length of your cycle (the number of days between the first day of one period and the first day of the next period)?

Days TCYCLNG

3.7 Are your periods or menstrual bleeding regular?

Always Usually Sometimes Never TPERREGU

3.8 a. Do you experience menopausal symptoms? Yes No TSYM MEN

to what extent do you experience the following symptoms? Please answer all questions

Yes Yes Yes No, a lot somewhat a little Not at all

b. Hot flushes TSYMHOTF

c. Depression TSYMDEP

d. Sleep disturbance TSYMSLP

e. Bone pains TSYMBON

f. Night sweats TSYMNIG

g. Other, please specify

TMPSYMOT

3.9 a. Have you ever had any children? TWCHLD Yes No

b. How many children have you had? TWCHLDNO

c. How old were you when your first child was born? TWCHLDAG

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

4.1 Getting about in the PAST WEEK

- a. On average, for how many minutes did you **walk** outside your home/workplace?
- on each weekday **TWLKOUTA** on each weekend day **TWLKOUTB**
- b. On average, for how many minutes did you **pedal cycle**?
- on each weekday **TPEDCYCA** on each weekend day **TPEDCYCB**
- c. On average, how many **flights of stairs** did you climb?
- on each weekday **TSTAIRSA** on each weekend day **TSTAIRSB**

4.2 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 Occasions in the past 4 weeks Total hours in past 4 weeks
- | None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1 1/2 | 2-3 | 4-5 | 6-10 | 11+ |
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|

TSOCCERF Football (including coaching etc.) **TSOCCERH**

TGOLFF Golf **TGOLFH**

TSWIMF Swimming **TSWIMH**

Other activities e.g. aerobics, ballroom dancing, keep fit, jogging, tennis (please specify)

TSPORT1 **TSPORT1F** **TSPORT1H**

TSPORT2 **TSPORT2F** **TSPORT2H**

- b. GARDENING Occasions in the past 4 weeks Total hours in past 4 weeks
- | None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1 1/2 | 2-3 | 4-5 | 6-10 | 11+ |
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|

TWEEDF Weeding, hoeing, pruning etc.) **TWEEDH**

TMOWF Manual lawn mowing **TMOWH**

Other gardening e.g. digging, planting, clearing ground etc. (please specify)

TGARDN1 **TGARDN1F** **TGARDN1H**

- c. HOUSEWORK Occasions in the past 4 weeks Total hours in past 4 weeks
- | None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1 1/2 | 2-3 | 4-5 | 6-10 | 11+ |
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|

TCARRYHF Carrying heavy shopping **TCARRYHH**

TCOOKF Cooking **TCOOKH**

THANGWF Hanging out washing **THANGWH**

Other housework e.g. dusting, ironing, hoovering (please specify)

THOUSW1F **THOUSW1H**

THOUSW2F **THOUSW2H**

- d. DO-IT-YOURSELF Occasions in the past 4 weeks Total hours in past 4 weeks
- | None | 1-2 | 3-4 | 5-10 | 11-15 | 16-20 | 21+ | None | 1/2 | 1-1 1/2 | 2-3 | 4-5 | 6-10 | 11+ |
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|
|------|-----|-----|------|-------|-------|-----|------|-----|---------|-----|-----|------|-----|

TCARWASHF Manual car washing **TCARWASHH**

TPAIDECF Painting/decorating **TPAIDECH**

Other DIY e.g. household repairs, woodwork, bricklaying (please specify)

TDIY1F **TDIY1H**

e. ADDITIONAL/OTHER
(please specify)

Occasions in the past 4 weeks

Total hours in past 4 weeks

None 1-2 3-4 5-10 11-15 16-20 21+ None 1/2 1-1 1/2 2-3 4-5 6-10 11+

TPHYSA1

TPHYSA1F

TPHYSA1H

TPHYSA2

TPHYSA2F

TPHYSA2H

4.3 How many times a week do you engage in vigorous physical activity enough to make you out of breath, and for how long in total?
Please specify the activity.

Occasions per week

Total hours per week

None 1 2 3 4 5 6+ None 1/2 1 1 1/2 2 2 1/2 3+

4.4 On average, how many HOURS A WEEK do you spend:

Total hours per week

None 1 2-5 6-10 11-20 21-30 31-40 40+

Standing or walking around at work/home TWALKWHH

Sitting at work, driving, commuting or other TSITWKH

Sitting at home e.g. watching TV, sewing, at desk (please specify)

TSITH01

TSITH01H

TSITH02

TSITH02H

4.5 a. Do you smoke cigarettes now (that is, not cigars/pipe)? TSMOKE

Yes No If No, please go to Question 4.9

b. What kind of cigarettes do you smoke?

Manufactured Yes No TCIGMANU

Hand rolled Yes No TCIGHAND

c. How many manufactured cigarettes do you smoke per day? and/or

cigarettes TCIGNUM

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

ounces TTOBOZ

4.6 How soon after waking do you smoke your first cigarette of the day? TCIGWAKE

Less than 5 minutes Between 30 minutes and 1 hour

Between 5 and 15 minutes Between 1 and 2 hours

Between 15 and 30 minutes More than 2 hours

4.7 How easy or difficult would you find it to go without smoking for a whole day? TNOCIGDY

Very easy Fairly easy Fairly difficult Very difficult

4.8 How much do you want to give up smoking altogether? TCIGQUIT

Not at all Slightly Moderately Quite strongly Very strongly

4.9 a. If not a current cigarette smoker did you smoke in the past ? Yes No If No, please go to Question 4.11 TSMKPAST

TCIGNOP

b. How many manufactured cigarettes did you smoke per day? and/or

cigarettes

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

ounces TTOBP

d. How old were you when you stopped smoking? TSMKSTOP

age

4.10 How old were you when you started smoking? TSMKSTRT

age

4.11 a. Do you smoke cigars? Yes No TCIGARS

b. How many cigars per week? TCIGARNO
cigars

c. Do you smoke a pipe? Yes No TPIPE

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

4.12 Does your husband/wife/partner smoke? TSMOKESP
Yes No Not applicable

4.13 How many people smoke in the household where you live? (please include yourself and your husband/wife/partner)
number TSMOKERS

4.14 If at work, are you exposed to other people's smoke? TEXSMWK
Not at all A little Quite a bit A lot Not at work

4.15 a. In the past 12 months have you taken an alcoholic drink? Indicate one only TALCYR
Twice a day or more Daily or almost daily Once or twice a week
Once or twice a month Special occasions only No

b. If No, have you always been a non-drinker? Yes No TNONDRNK

4.16 a. Have you had an alcoholic drink in the last seven days? Yes No TALCWK
If No please go to Question 4.17

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, please indicate 0.

b. Spirits (Whisky, gin, rum, brandy, vodka etc.) or liqueurs TSPRTWK
measures

c. Wine (including sherry, port, vermouth) TWINEWK
glasses

d. Beer (including lager and cider) TBEERWK
pints

4.17 a. Have you ever felt that you ought to cut down on your drinking? Yes No TDRNK CUT
b. Have people annoyed you by criticising your drinking? Yes No TDRNK ANN
c. Have you ever felt bad or guilty about your drinking? Yes No TDRNK GLT
d. Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? Yes No TDRNK HNG

4.18 a. What type of bread do you eat most frequently? Indicate one only TBREAD
White Wholemeal Granary or wheatmeal Other brown Both brown and white

b. What type of milk do you usually use? Indicate one only TMILKTYP
Do not use milk Channel Islands Whole milk (gold top) Whole milk (silver/red top or sterilised)
Semi-skimmed milk Skimmed milk Other (please specify) TMILKOTH

4.19 How often do you eat fresh fruit or vegetables? Indicate one only TFRUITVG
Seldom or never Less than once a month 1-3 times a month 1-2 times a week
3-4 times a week 5-6 times a week Daily 2 or more times daily

SECTION 5 - SOCIAL LIFE

Activities and Hobbies

5.1 In your spare time are you involved in any of the following activities? Please indicate which responses apply to you.

How often have you taken part in these activities in the last 12 months?

		No	Yes	if Yes ▶	Weekly	Monthly	Less often	
TSPARLG	a. Religious activities/observance	No	Yes	if Yes ▶				TSPARLGF
TSPAPOS	b. Positions of office, school governor, councillor etc	No	Yes	if Yes ▶				TSPAPOSF
TSPACLB	c. Involvement in clubs and organisations, voluntary or official	No	Yes	if Yes ▶				TSPACLBF
TSPAEDN	d. Courses and education/evening classes	No	Yes	if Yes ▶				TSPAEDNF
TSPACUL	e. Cultural visits to stately homes, galleries, theatres, cinema or live music events	No	Yes	if Yes ▶				TSPACULF
TSPAGAM	f. Social indoor games, cards, bingo, chess etc.	No	Yes	if Yes ▶				TSPAGAMF
TSPAVST	g. Visiting friends and relatives	No	Yes	if Yes ▶				TSPAVSTF
TSPAPUB	h. Going to pubs and social clubs	No	Yes	if Yes ▶				TSPAPUBF
TSPASOL	i. Individual occupations, e.g. reading, listening to music	No	Yes	if Yes ▶				TSPASOLF
TSPAHHT	j. Household tasks e.g. DIY, maintenance, decorating.	No	Yes	if Yes ▶				TSPAHHTF
TSPAHAN	k. Practical activities, making things with your hands e.g. pottery, drawing etc.	No	Yes	if Yes ▶				TSPAHANF
TSPAGDN	l. Gardening	No	Yes	if Yes ▶				TSPAGDNF
TSPACOM	m. Using a home computer for leisure	No	Yes	if Yes ▶	hours per week			TSPACOMH

5.2 Here is a list of some things a person (a household) might be able to have or do.

a. Could you indicate which ones you believe are necessities for modern daily life?

Answers in column A please.

b. Looking again at the list, could you indicate which things you do not have or do not have regular access to?

Answers in column B please.

c. Of the things you don't have, which ones would you like to have but must do without because of lack of money?

Answers in column C please.

A		B		C
		necessity	don't have	would like/lack of money
TBNMLFRZ	i. Freezer	TDNHVFRZ		TDWBMFRZ
TBNMLDRY	ii. Tumble Dryer	TDNHVDRY		TDWBMDRY
TBNMLDWS	iii. Dishwasher			TDWBM DWS
TBNMLCDP	iv. CD Player	TDNHVCDP		TDWBMCDP
TBNMLRFG	v. Spare room for guests	TDNHV RFG		TDWBM RFG
TBNMLGDN	vi. Garden	TDNHV GDN		TDWBM GDN
TBNMLCOM	vii. Home Computer	TDNHV COM		TDWBM COM
TBNMLOUT	viii. Going out to a restaurant, cinema, theatre etc. once a week	TDNHV OUT		TDWBM OUT
TBNML2HO	ix. Two annual holidays away from home	TDNHV2HO		TDWBM2HO
TBNMLSAV	x. Enough money to save	TDNHV SAV		TDWBM SAV

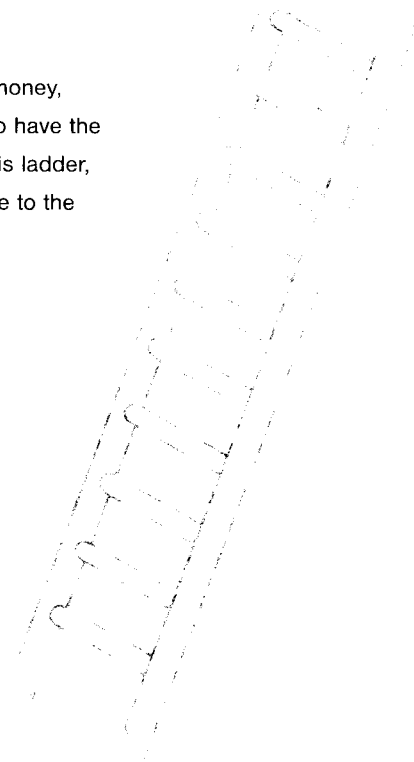
5.3 Think of this ladder as representing where people stand in our society.

At the **top** of the ladder are the people who are the best off - those who have the most money, most education and best jobs. At the **bottom** are the people who are the worst off - who have the least money, least education, and the worst jobs or no job. The higher up you are on this ladder, the closer you are to the people at the very top and the lower you are, the closer you are to the people at the very bottom.

TLAD

Where would you place yourself on this ladder?

Please place a large "X" on the rung where you think you stand.



5.4 Please read each of the following statements below and indicate the extent to which you agree with each statement. Try to be as accurate and honest as you can as you answer the questions. Try not to let your answer to one question influence your answers to other questions. There are no correct or incorrect answers.

Strongly Agree Agree Neutral Disagree Strongly Disagree

- a. It's important to me to take time to plan out where I'm going in life TTORTSE1
- b. I let my emotions cool before I act TTORTSE2
- c. I don't think much about my long-term goals TTORTSE3
- d. I often respond quickly and emotionally when something happens TTORTSE4
- e. I have many long-term goals that I will work to achieve TTORTSE5
- f. I'm always on guard for things that might come at me TTORTSE6
- g. I keep a cool head when I am angry or frightened TTORTSE7
- h. I'm not someone who worries about who's coming up behind me TTORTSE8
- i. I'm on my guard in most situations TTORTSE9

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.

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

number

TCPNO

5.6 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.

WRITE IN THE PERSON YOU ARE CLOSEST TO HERE:- Closest

TCPI

Thinking about the person you are closest to, please tell us how you would rate the practical and emotional support they have provided for you **IN THE LAST 12 MONTHS**.

Not at all A little Quite a lot A great deal

- a. How much in the last 12 months did this person give you **information, suggestions and guidance** that you found helpful? TCPSUPAI
- b. How much in the last 12 months could you **rely** on this person (was this person there when you needed him/her)? TCPSUPBI
- c. How much in the last 12 months did this person make you **feel good** about yourself? TCPSUPCI
- d. How much in the last 12 months did you **share** interests, hobbies and fun with this person? TCPSUPDI
- e. How much in the last 12 months did this person give you **worries, problems** and **stress**? TCPSUPEI
- f. How much in the last 12 months did you **want to confide in** (talk frankly, share feelings with) this person? TCPCONF1
- g. How much in the last 12 months **did you confide** in this person? TCPCONG1
- h. How much in the last 12 months did you trust this person with your most personal worries and problems? TCPCONHI
- i. How much in the last 12 months would you have **liked to have confided more** in this person? TCPCONII
- j. How much in the last 12 months did talking to this person make things worse? TCPCONJI
- k. How much in the last 12 months did he/she talk about his/her personal worries with you? TCPCONKI
- l. How much in the last 12 months did you **need** practical help from this person with **major** things (e.g. look after you when ill, help with finances, children)? TCPRACLI
- m. How much in the last 12 months did this person give you **practical help with major things**? TCPRACMI
- n. How much in the last 12 months would you have **liked more practical help with major things** from this person? TCPRACNI
- o. How much in the last 12 months did this person give you **practical help with small things** when you needed it? (e.g. chores, shopping, watering plants etc.) TCPRACOI

5.7 a. Are there any relatives outside your household with whom you have regular contact (either by visit, telephone or letters)? (Not necessarily the same person each time) TCONREL

How often do you see relatives outside your household, unless you are interviewed by

Almost daily About once a week About once a month
 Once every few months Never/almost never No relatives outside household

b. How often do you regularly **visit** or are **visited** by these relatives?

Almost daily About once a week About once a month
 Once every few months Never/almost never No relatives outside household

TVSTREL

c. How many relatives do you see once a month or more? TVSTRLM

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

5.8 a. Are there any friends or acquaintances with whom you have regular contact (either by visit, telephone or letters)?

(Not necessarily the same person each time) TCONFRND

Almost daily	About once a week	About once a month
Once every few months	Never/almost never	

b. How often do you regularly **visit** or are **visited** by these friends or acquaintances? TVSTFRND

Almost daily	About once a week	About once a month
Once every few months	Never/almost never	

c. How many friends and acquaintances do you see once a month or more? TVSTFRM

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

5.9 How much do you agree or disagree with the following statements? Please indicate one for each of the following questions.

DISAGREE			AGREE		
Strongly	Moderately	Slightly	Slightly	Moderately	Strongly

TCONTHM a. **At Home**, I feel I have control over what happens in most situations

TCONTWK b. **At Work**, I feel I have control over what happens in most situations

TBEYCONT c. I feel that what happens in my life is often determined by factors beyond my control

d. Over the next 5-10 years I expect to have many more positive than negative experiences

5.10 All things considered how satisfied or dissatisfied are you with your standard of living? TSTD LIV

Please indicate on the scale below how satisfied or dissatisfied you feel:-

Very dissatisfied	Moderately dissatisfied	A little dissatisfied	No feelings either way	A little satisfied	Moderately satisfied	Very satisfied
-------------------	-------------------------	-----------------------	------------------------	--------------------	----------------------	----------------

5.11 a. How often do you have any worries or problems with other relatives (e.g. parents or in-laws)? TFAMPRB3

Always	Often	Sometimes	Seldom	Never	Not applicable
--------	-------	-----------	--------	-------	----------------

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? TFAMPRB5

Always	Often	Sometimes	Seldom	Never
--------	-------	-----------	--------	-------

c. How much difficulty do you have in meeting the payment of bills? TFAMPRB6

Very great	Great	Some	Slight	Very little
------------	-------	------	--------	-------------

d. To what extent do you have problems with your housing (e.g. too small, repairs, damp, etc.)? TFAMPRB7

Very great problems	Great	Some	Slight	Very little
---------------------	-------	------	--------	-------------

e. To what extent do you have problems with the neighbourhood in which you live (e.g. noise, unsafe street, few local facilities)? TFAMPRB8

Very great problems	Great	Some	Slight	Very little
---------------------	-------	------	--------	-------------

5.12 All things considered how satisfied or dissatisfied are you with your life as a whole?

Please indicate on the scale below how satisfied or dissatisfied you feel:-

TWHOLSAT

Very dissatisfied	Moderately dissatisfied	A little dissatisfied	No feelings either way	A little satisfied	Moderately satisfied	Very satisfied
-------------------	-------------------------	-----------------------	------------------------	--------------------	----------------------	----------------

5.13 Here is a list of some of the things households need to do. In your household, who would you say took the main responsibility for these tasks under normal circumstances? Please answer all questions.

		Self	Male partner, relative or friend	Female partner, relative or friend	Shared equally	Outside help	Not applicable
a. Washing and ironing	TRESWASH						
b. Preparing main daily meal	TRESMEAL						
c. Household cleaning	TRESCLEA						
d. Household shopping	TRESSHOP						
e. Paying regular bills	TRESBILL						
f. Repairing household equipment	TRESREQP						
g. Repairing car	TRESRCAR						

As you know the Civil Service is going through major changes. Also 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 income 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.

5.14 What is the total current yearly amount you receive from your wage, pension, benefit allowance or annual salary (before tax is deducted)? Please indicate one category.

Less than £9,999	£10,000 - £14,999	£15,000 - £19,999	TINCOWN
£20,000 - £24,999	£25,000 - £34,999	£35,000 - £49,999	
£50,000 - £69,999	More than £70,000		

5.15 a. 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, pension, benefits and/or maintenance etc.) over the last 12 months? TINCHHNO

Number of people

b. What total income (including your own) has your household received in the last 12 months from the sources in Question 5.15 a.?

Less than £999	£1,000 - £2,999	£3,000 - £4,999	£5,000 - £7,999
£8,000 - £9,999	£10,000 - £19,999	£20,000 - £39,999	£40,000 - £59,999
£60,000 - £99,999	£100,000 - £199,999	More than £200,000	TINCHH

5.16 a. If you sold all the assets you own in your household, for example, your house, car, caravan, boat, and jewellery, cashed in your savings and investments, and paid off any debts you have (including your mortgage), how much money do you think you would have? Please indicate one category.

Less than £4,999	£5,000 - £9,999	£10,000 - £39,999	TASSETHH
£40,000 - £99,999	£100,000 - £499,999	More than £500,000	

b. Thinking of the next 10 years, how financially secure do you feel?

Secure	Fairly secure	Fairly insecure	Insecure	TFINSECU
--------	---------------	-----------------	----------	----------

This section is about influences in your early life and the whole of your childhood up to when you were aged 16.

5.17 a. Were you ever separated from your mother for a year or more as a child (that is, up until you were 16)? TMATSEPR
 Yes No

b. What age were you when you were first separated from your mother for at least a year? TMATSEPA
 years old

c. Why did the separation happen? TMATSEPR

Parents separated/ divorced	Mother died	Mother ill	Adoption	Evacuation	Other reason
--------------------------------	-------------	------------	----------	------------	--------------

d. Did any of the following things happen during your childhood (that is, up until you were 16)?

TCHHOS4W ¹	You spent 4 or more weeks in hospital	Yes	No
TCHDIVOR ²	Your parents were divorced	Yes	No
TCHUNEMP ³	Your father/mother were unemployed when they wanted to be working	Yes	No
TCHMIALC ⁴	Your parent(s) were mentally ill or drank so often that it caused family problems	Yes	No
TCHABUSE ⁵	You were physically abused by someone close to you	Yes	No
TCHARGUE ⁶	Your parents very often argued or fought	Yes	No
TCHORPHG ⁷	You were in an orphanage/childrens' home	Yes	No

e. Did you experience any of the following circumstances during your childhood (that is, up until you were 16)?

TCHFINPR ⁸	Your family had continuing financial problems	Yes	No
TCHOSLOO ⁹	Your family/household did not have an inside toilet	Yes	No
TCHCAR ¹⁰	Your family/household owned a car	Yes	No

The next few questions are about your mother, or the woman who cared for you most of your life whilst you were growing up (that is up until you were 16).

If you were cared for by your father, or in a home with a male care giver, but without a female care giver, please go to Question 5.19. If you were brought up without care givers please go to Question 5.20.

5.18 Please show how you remember your mother (or the woman who cared for you) during the years you were growing up.

(Please mark one answer on each line)

	A great deal	Quite a lot	A little	Not at all
a. How much did she understand your problems and worries? TMOTUNDE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How much could you confide in her about things that were bothering you? TMOTCONF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How much love and affection did she give you? TMOTLOVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How much time and attention did she give you when you needed it? TMOTTIME	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How strict was she with her rules for you? TMOTSTRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How harsh was she when she punished you? TMOTHARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. How much did she expect you to do your best in everything you did? TMOTEXBE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

5.19 Please show how you remember your father (or the man who cared for you), during the years you were growing up,

if you were brought up in a home without a male parent please go to Question 5.20.

(Please mark one answer on each line.)

	A great deal	Quite a lot	A little	Not at all
a. How much did he understand your problems and worries? TFATUNDE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. How much could you confide in him about things that were bothering you? TFATCONF	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. How much love and affection did he give you? TFATLOVE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. How much time and attention did he give you when you needed it? TFATTIME	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. How strict was he with his rules for you? TFATSTRI	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. How harsh was he when he punished you? TFATHARS	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. How much did he expect you to do your best in everything you did? TFATEXBE	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

This section is about your relationships with your partner and other adults.

5.20 Please read the following statements. If a statement describes you exactly, give it a score of 100. If a statement describes a complete opposite to you, give it a score of 0. You can give any number between 0 and 100 but please do not give the same number twice.

	Rating
EXTROV1 a. It is easy for me to become emotionally close to others. I am comfortable depending on them and having them depend on me. I don't worry about being alone or having others not accept me.	<input type="text"/>
NTROV1 b. I am uncomfortable getting close to others. I want emotionally close relationships, but I find it difficult to trust others completely, or to depend on them. I worry that I will be hurt if I allow myself to become too close to others.	<input type="text"/>
EXTROV2 c. I want to be completely emotionally intimate with others, but I often find others are reluctant to get as close as I would like. I am uncomfortable being without close relationships, but I sometimes worry that others don't value me as much as I value them.	<input type="text"/>
NTROV2 d. I am comfortable with self-sufficient close emotional relationships. It is very important to me to feel independent and self-sufficient, and I prefer not to depend on others or have others depend on me.	<input type="text"/>

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

	TRUE	FALSE
5.21 I think a great many people exaggerate their misfortunes in order to gain the sympathy and help of others TBELIF04	<input type="checkbox"/>	<input type="checkbox"/>
5.22 I think most people would lie to get ahead TBELIF06	<input type="checkbox"/>	<input type="checkbox"/>
5.23 When someone does me a wrong I feel I should pay him back if I can, just for the principle of the thing TBELIF01	<input type="checkbox"/>	<input type="checkbox"/>
5.24 Most people are honest chiefly through fear of being caught TBELIF08	<input type="checkbox"/>	<input type="checkbox"/>
5.25 Most people will use somewhat unfair means to gain profit or an advantage rather than to lose it TBELIF09	<input type="checkbox"/>	<input type="checkbox"/>
5.26 It takes a lot of argument to convince most people of the truth TBELIF05	<input type="checkbox"/>	<input type="checkbox"/>
5.27 I feel that I have often been punished without cause TBELIF12	<input type="checkbox"/>	<input type="checkbox"/>
5.28 My way of doing things is apt to be misunderstood by others TBELIF14	<input type="checkbox"/>	<input type="checkbox"/>
5.29 I don't blame anyone for trying to grab everything he/she can get in this world TBELIF15	<input type="checkbox"/>	<input type="checkbox"/>
5.30 No one cares much what happens to you TBELIF16	<input type="checkbox"/>	<input type="checkbox"/>
5.31 It is safer to trust nobody TBELIF17	<input type="checkbox"/>	<input type="checkbox"/>
5.32 Most people make friends because friends are likely to be useful to them TBELIF20	<input type="checkbox"/>	<input type="checkbox"/>
5.33 I am sure I am being talked about TBELIF21	<input type="checkbox"/>	<input type="checkbox"/>
5.34 Most people inwardly dislike putting themselves out to help other people TBELIF23	<input type="checkbox"/>	<input type="checkbox"/>
5.35 People often disappoint me TBELIF26	<input type="checkbox"/>	<input type="checkbox"/>
5.36 I commonly wonder what hidden reason another person may have for doing something nice for me TBELIF10	<input type="checkbox"/>	<input type="checkbox"/>
5.37 There are certain people whom I dislike so much that I am inwardly pleased when they are catching it for something they have done TBELIF30	<input type="checkbox"/>	<input type="checkbox"/>
5.38 Some of my family have habits that bother and annoy me very much TBELIF13	<input type="checkbox"/>	<input type="checkbox"/>
5.39 I am often inclined to go out of my way to win a point with someone who has opposed me TBELIF33	<input type="checkbox"/>	<input type="checkbox"/>
5.40 I have frequently worked under people who seem to have things arranged so that they get credit for good work but are able to pass off mistakes on to those under them TBELIF35	<input type="checkbox"/>	<input type="checkbox"/>
5.41 I do not blame a person for taking advantage of someone who lays himself open to it TBELIF18	<input type="checkbox"/>	<input type="checkbox"/>
5.42 People generally demand more respect for their own rights than they are willing to allow for others TBELIF29	<input type="checkbox"/>	<input type="checkbox"/>
5.43 I have often found people jealous of my good ideas just because they had not thought of them first TBELIF34	<input type="checkbox"/>	<input type="checkbox"/>

5.44 Please read each of the following statements below and indicate the extent to which you agree with each statement. Try to be as accurate and honest as you can as you answer the questions. Try not to let your answer to one question influence your answers to other questions. There are no correct or incorrect answers.

		Absolutely agree	Somewhat agree	Absolutely disagree	Somewhat disagree	Cannot say
THOPELS1	a. I feel that it is impossible to reach the goals I would like to strive for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THOPELS2	b. The future to me seems to be hopeless, and I can't believe that things are changing for the better	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THOPELS3	c. I look forward to the future with hope and enthusiasm	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THOPELS4	d. I might as well give up because I can't make things better for myself	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THOPELS5	e. All I can see ahead of me is unpleasantness rather than pleasantness	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
THOPELS6	f. Things just won't work out the way I want them to	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

After 50, please go to Section 7

SECTION 6 - PRE-RETIREMENT & RETIREMENT

We would like this Section to be completed by people aged 50 years and above.

As many of you are now approaching retirement age and some of you have already retired, the study has been extended to cover your experiences of retirement. We would be very grateful if you could complete the following questions.

After 50, please go to Question 6.4

6.1 a. Have you given any consideration to, and/or made preparations for your future retirement? Yes No

TPRCNSID

b. Please indicate which areas you have given consideration to and/or made preparations for.

		Not considered	Considered	Made preparations
TPRINCOM	Income	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPRACTIV	Activities/ Interests	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPRACCOM	Accommodation	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPRHOLID	Holidays	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
TPROTHER	Others (please specify)	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
	TPROTH1		TPROTH2	TPROTH3

6.2 Do you think you are given enough choice about the age at which you can retire? TPRCHCE
Yes No

6.3 Below are statements about attitudes or feelings towards retirement. Please indicate **any** statement(s) which apply to you.

TPRFL	I am looking forward to retirement	TPRNF	I have no feelings either way		I look forward to the freedom to organise my own time	TPRFOT
TPRAU	I feel apprehensive/unsure about retirement	TPRMF	I have mixed feelings about retirement		I have a fear of loneliness	TPRFL
TPRFU	I have a fear of the unknown	TPRDC	I dislike change in daily routines		I shall be relieved to leave my job	TPRRLJ

After 50, please go to Section 7

to be completed by people who have already retired.

6.4 a. Do you feel your transition from work into retirement could have been improved? **TRTTRANS**

Yes No *If No, please go to Question 6.5*

If No:

b. Would any of the following have been helpful? Please indicate **any** statement(s) which apply to you.

TRTTLEAD A lead-in period of part-time working **TRTTINFO** Being given more information about retirement **TRTTPLAN** More planning for retirement

TRTTINTE Having more interests outside work **TRTTOTHE** Other (please specify) _____

TRTTOTH1

6.5 How are five statements about attitudes and feelings towards your health in retirement.

Which statements apply to you? *Please answer Yes or No for each.*

- a. I worry about getting a physical disability Yes No **TRTDISAB**
- b. I look after myself more as I have more time Yes No **TRTLA**
- c. I feel more relaxed and less stressed Yes No **TRTRELAX**
- d. I worry about not being able to get the health care I might need Yes No **TRTWHC**
- e. I worry about my health Yes No **TRTWH**

6.6 Do any of the following statements describe your feelings about retirement?

Please answer Yes or No for each.

- a. I enjoy the freedom to organise my own time Yes No **TRTFOT**
- b. I feel guilty about not working Yes No **TRTG NW**
- c. I was relieved to have left my last job Yes No **TRTRLJ**
- d. I feel less pressured for time Yes No **TRTLPFT**
- e. I can do things spontaneously Yes No **TRTSPONT**

6.7 a. With retirement, do you feel your life has gone through a major change? Yes No **TRTMAJOR**

b. What has affected you most? *Please indicate one statement.* **TRTMFCTR**

- Not working A change in financial position
- A change in daily routines A change in roles/relationships at home
- Adjusting to a new identity as a retired person
- Other (please specify) _____

TRTMOTH1

SECTION 7 - WORK

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

- 7.1 Concerning your particular work:
- | | Often | Sometimes | Seldom | Never/Almost
Never |
|--|-------|-----------|--------|-----------------------|
| a. Do you have to work very fast? | | | | TWORK01 |
| b. Do you have to work very intensively? | | | | TWORK02 |
| c. Do you have enough time to do everything? | | | | TWORK03 |
| d. Do you have the possibility of learning new things through your work? | | | | TWORK05 |
| e. Does your work demand a high level of skill or expertise? | | | | TWORK06 |
| f. Does your job require you to take the initiative? | | | | TWORK07 |
| g. Do you have to do the same thing over and over again? | | | | TWORK08 |
| h. Do you have a choice in deciding HOW you do your work? | | | | TWORK09 |
| i. Do you have a choice in deciding WHAT you do at work? | | | | TWORK10 |

- 7.2 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 | | | | TWKPOSN1 |
| b. I have a good deal of say in decisions about work | | | | TWKPOSN2 |
| c. I have a say in my own work speed | | | | TWKPOSN3 |
| d. My working time can be flexible | | | | TWKPOSN4 |
| e. I can decide when to take a break | | | | TWKPOSN5 |
| f. I have a say in choosing with whom I work | | | | TWKPOSN7 |
| g. I have a great deal of say in planning my work environment | | | | TWKPOSN8 |

- 7.3 About consistency and clarity regarding 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? | | | | TJBCLAR1 |
| b. Do you get sufficient information from line management (your superiors)? | | | | TJBCLAR2 |
| c. Do you get consistent information from line management (your superiors)? | | | | TJBCLAR3 |

- 7.4 Regarding your job involvement. Please answer all questions.
- | | Often | Sometimes | Seldom | Never |
|--|-------|-----------|--------|----------|
| a. Does your job provide you with a variety of interesting things? | | | | TJOBINV1 |
| b. Is your job boring? | | | | TJOBINV3 |

- 7.5 When you are having difficulties at work: Please answer all questions.
- | | Often | Sometimes | Seldom | Never |
|---|-------|-----------|--------|----------|
| a. How often do you get help and support from your colleagues? | | | | TWKDIFF1 |
| b. How often are your colleagues willing to listen to your work related problems? | | | | TWKDIFF2 |
| c. How often do you get help and support from your immediate superior? | | | | TWKDIFF3 |
| d. How often is your immediate superior willing to listen to your problems? | | | | TWKDIFF4 |

- 7.6 About your job in general. How satisfied have you been with the following? Please answer all questions.
- | | Very
Satisfied | Satisfied | Dissatisfied | Very
Dissatisfied |
|---|-------------------|-----------|--------------|----------------------|
| a. Your usual take home pay | | | | TJOBSAT1 |
| b. Your work prospects | | | | TJOBSAT2 |
| c. The people you work with | | | | TJOBSAT3 |
| d. Physical working conditions | | | | TJOBSAT4 |
| e. The way your section is run | | | | TJOBSAT5 |
| f. The way your abilities are used | | | | TJOBSAT6 |
| g. The interest and skill involved in your job | | | | TJOBSAT7 |
| h. Your job as a whole taking everything into consideration | | | | TJOBSAT8 |

7.7 Do you agree with the following statements?

				Not at all	Somewhat	Rather	Very distressed	
TERCTP	a. I have constant time pressure due to a heavy work load	No	Yes					TERCTPD
TERMID	b. I have many interruptions and disturbances in my job	No	Yes					TERMIDD
TERLRJ	c. I have a lot of responsibility in my job	No	Yes					TERLRJD
TERPWO	d. I am often pressured to work overtime	No	Yes					TERPWOD
TERUCJ	e. I have experienced or expect to experience an undesirable change in my work situation	No	Yes					TERUCJD
TERPPP	f. My job promotion prospects are poor	No	Yes					TERPPPD
TERJSP	g. My job security is poor	No	Yes					TERJSPD
TERTUW	h. I am treated unfairly at work	No	Yes					TERTUWD

7.8 Do you agree or disagree with the following statements?

Agree Somewhat Somewhat Disagree
agree disagree

- a. If a task has to be done well I'd better take care of it myself **TERBTCM**
- b. I can get very upset when someone hinders me in my duties **TERVUWH**
- c. As soon as I get up in the morning, I start thinking about work problems **TERSTWP**
- d. When I come home, I can easily relax and 'switch off' work **TERERSO**
- e. People close to me say I sacrifice myself too much for my job **TERSMTM**
- f. For me, family or private life comes first, then work **TERPLCF**
- g. Work rarely lets me go, it is still on my mind when I go to bed **TERWSOM**
- h. Every once in a while I like it when others hold me back from working **TERLOHM**
- i. If I postpone something that I was supposed to do today, I will have trouble sleeping at night **TERTSPW**

7.9 Do you agree with the following statements?
(please note the order of 'Yes', 'No' is changed)

If you disagree, to what extent are you distressed by it?

Not at all Somewhat Rather Very distressed

TERWPA	a. Considering all my efforts and achievements, my work prospects are adequate	Yes	No					TERWPA ^D
TERRID	b. I receive the respect I deserve from my superiors and colleagues	Yes	No					TERRID ^D
TERSDS	c. I experience adequate support in difficult situations	Yes	No					TERSDS ^D
TERRPD	d. Considering all my efforts and achievements, I receive the respect and prestige I deserve at work	Yes	No					TERRPD ^D

7.10 To what extent does your family life and family responsibilities interfere with your performance on your job in any of the following ways?

Would you say:-

Not at all To some extent A great deal Not Applicable

- AMINT1 a. Family matters reduce the time you can devote to your job
- AMINT2 b. Family worries or problems distract you from your work
- AMINT3 c. Family activities stop you getting the amount of sleep you need to do your job well
- AMINT4 d. Family obligations reduce the time you need to relax or be by yourself

7.11 To what extent do your job responsibilities interfere with your family life? Would you say:-

Not at all To some extent A great deal Not Applicable

- a. Your job reduces the amount of time you can spend with the family **TJOBINT1**
- b. Problems at work make you irritable at home **TJOBINT2**
- c. Your job involves a lot of travel away from home **TJOBINT3**
- d. Your job takes so much energy you don't feel up to doing things that need attention at home **TJOBINT4**

PLEASE ADD ANY COMMENTS BELOW

TEXTRA1	TEXTRA2	TEXTRA3	
TEXTRAR	<u>SOCIAL SUPPORTS</u> TCONFID1	<u>RELATIVE RESPONDING</u>	<u>WORK INDICES</u> TPACE
TEXTRAS	TCONF1	TGOALOR	TMONOSK
TEXTRAT	TPRACT1	TGOALOR3	TDISC
	TEMOT1	TEMOTACT	TDECAUT
TEXTRAU	TADEQ1	TEMOTAC3	TSKIDIS
	TWORSE1	TVIGIL	TJOBDEM
	TNEG1	TVIGIL3	TWKSS
TEXTRAV	<u>STANDARD LIVING</u>	<u>INCOME</u>	TWKSSC
		TINCOWN7	TWKSSS
TEXTRAW	TDISSAT	TINCHH6	TWKSSI
		TINCHH4	TDECLAT
TEXTRAX	<u>ATTITUDE / RETIREMENT</u>	<u>LABOUR MARKET STATUS</u>	TPACET
	TPRPOS2B	TLABSTAT	TMONOSKT
TEXTRAY	TPRNEG2B	<u>JOB IN/SECURITY</u>	TDISCT
	TPRNEU2B		TSST
TEXTRAZ	<u>ASSETS</u>	TINSECUR	TDECAUTT
TCMNT	TASSTHH4		TSKIDIST
		<u>NECESSITIES</u>	TJOBDEMT
TCMNTQ1	TCMNTQ2	TCMNTQ3	TWKSSCT
		TCMNTQ4	TWKSSST
		TOTQ5P2A	TWKSSST
		TOTQ5P2B	TWKSSIT
TCMLIL1	TCMLIL2	TCMLIL3	TDECLATT
		TCMLIL4	
		<u>AGE</u>	

GRADE & SOCIAL CLASS

TGRLEV TLRGRLMP
TLEVGRP
TWORKLEV
TGRRLUMP

GENERAL HEALTH

TGHQ TGENHLT2
TGHQC TGENHLT3
TGHQGP
TGHQCGP

DEPRESSION/ANXIETY

TGHQANX
TGHQDEP
TGHQDEPG

ETHNIC

TNETHSR
TETHGP

RESPIRATORY

TRESP
ANGINA
TANG1
TANG2

MARITAL STATUS

TSTATUSX
TSINGLE
TWIDOW
TDEVSEP

ALCOHOL

TUNITWKO

EDUCATION

TEDUCFT
TQUALHI

DEPRIVATION

TPDEPVTN

TAGE
TAGEGP

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A B C

STUDY NUMBER

DO NOT WRITE PAST HERE