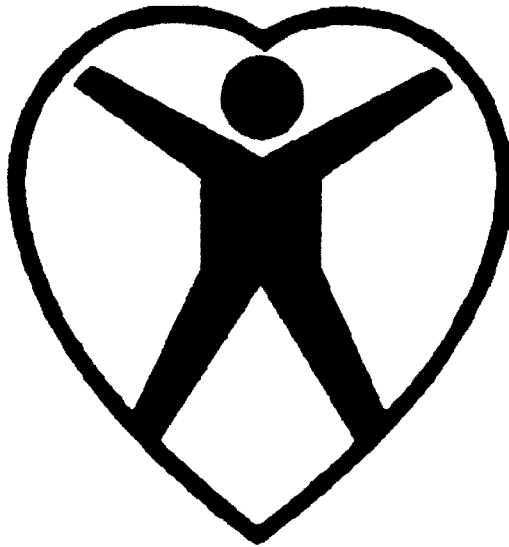


**CONFIDENTIAL**

# **HEALTH SURVEY**



## **STRESS AND HEALTH STUDY**

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

**PHASE 7 – 2002/4**

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 the Civil Service, or anyone else outside the research team.**

### Why repeat the same questions every time?

Some people ask us why the same questions keep appearing in questionnaires. There are several reasons for this.

- **Some questions are about events** – for example, your date of retirement or the menopause - that might happen to people at any time in the study.
- **Other questions are designed to track changes** in your health or personal circumstances since last time.
- **Some questions are only about the last 4 weeks.** The questions may look familiar but they are specific to the 4 weeks before filling in the questionnaire.

Repeating these questions means that the questionnaire looks very long. We apologise for this, but we do hope that you understand why it's so important.

Most of the questions can be answered by putting a tick in the box next to the answer that applies to you, like this

Yes

 1

No

 2

or sometimes you have to write a number in the box, for example

 2

Some questions don't apply to everybody. Where you should skip questions it tells you where to go next to the box you have ticked; otherwise please continue through each question in turn.

# UPDATE OF DETAILS FORM

## PHASE 7: STRESS AND HEALTH STUDY

### PLEASE USE BLOCK LETTERS

SURNAME \_\_\_\_\_

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

DATE OF BIRTH \_\_\_\_\_/\_\_\_\_\_/19\_\_\_\_

### HOME ADDRESS

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

HOME TELEPHONE NUMBER \_\_\_\_\_

MOBILE TELEPHONE NUMBER \_\_\_\_\_

HOME E-MAIL ADDRESS \_\_\_\_\_

### WORK ADDRESS (if applicable)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

POSTCODE \_\_\_\_\_

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

WORK E-MAIL ADDRESS \_\_\_\_\_

MINISTRY DEPARTMENT (if applicable) \_\_\_\_\_

ROOM NUMBER (if applicable) \_\_\_\_\_

BUILDING (if applicable) \_\_\_\_\_

TODAY'S DATE \_\_\_\_/\_\_\_\_/\_\_\_\_

**Now please turn over**

# 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.**

Please complete the following:

Consent given (please tick one)

Yes No

If Yes, please sign your name below.

Date

GP's NAME \_\_\_\_\_

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

POSTCODE \_\_\_\_\_

Would you be prepared to provide the names, addresses and telephone numbers of 2 members of your family or friends whom we could contact in the event of losing contact with you?

(please tick one)

Yes No

(a) Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

(b) Name \_\_\_\_\_

Address \_\_\_\_\_

Postcode \_\_\_\_\_ Telephone Number \_\_\_\_\_

Relationship \_\_\_\_\_

# SECTION 1 - This section is about your work history and personal details

**Q1a.** Are you still working as a Civil Servant?

MCSSTILL

Yes  1

No  2 — Go to question 2

**b.** Which of the following is closest to your current grade? *(Please tick one)*

MCSCLGD

Administrative Assistant (AA)	<input type="checkbox"/> 01	} — Go to question 14
Administrative Officer (AO)	<input type="checkbox"/> 02	
Executive Officer (EO)	<input type="checkbox"/> 03	
Higher Executive Officer (HEO)	<input type="checkbox"/> 04	
Senior Executive (SEO)	<input type="checkbox"/> 05	
Grade 7	<input type="checkbox"/> 06	
Grade 6	<input type="checkbox"/> 07	
Grade 5	<input type="checkbox"/> 08	
Grade 4	<input type="checkbox"/> 09	
Grade 3	<input type="checkbox"/> 10	
Grade 2	<input type="checkbox"/> 11	
Grade 1	<input type="checkbox"/> 12	

**Q2.** If you are NOT still working in the Civil Service, when did you leave?

(Month) (Year)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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MLRMONTH MLRYEAR

**Q3.** Which of the following is closest to your last grade in the Civil Service? *(Please tick one)*

**MLRCLGD**

- Administrative Assistant (AA)  01
- Administrative Officer (AO)  02
- Executive Officer (EO)  03
- Higher Executive Officer (HEO)  04
- Senior Executive (SEO)  05
- Grade 7  06
- Grade 6  07
- Grade 5  08
- Grade 4  09
- Grade 3  10
- Grade 2  11
- Grade 1  12

---

**Q4.** By which route did you leave the Civil Service? *(Please tick one)*

**MLRROUT**

- Retirement at 60  01
- Voluntary Early Retirement  02
- Retirement on health grounds  03
- Voluntary Compulsory Redundancy  04
- Redundancy  05
- Transfer to company through privatisation  06
- Left to take a post outside the Civil Service  07
- Left to become self-employed  08
- Other (please specify)  09

**MLRROUTO**

**Q5.** You have stated above the route by which you left the Civil Service.

Thinking back to the time when you left the Civil Service, was that something you wanted to do, or was it something that you felt you were made to do? (Please tick one box)

	Wanted to do	partly wanted	partly made	made to do
MLRMTVN	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q6.** Have you had any paid employment since leaving the Civil Service?

MLRPAID

Yes  1

No  2

**Q7.** Excluding your present situation, have you had any periods of unemployment since leaving the Civil Service?

MLRPUNEM

Yes  1

No  2 — Go to question 9

**Q8.** Do these periods of unemployment add up to... *(Please tick one)*

MLRPUTIM

3 months or less  1

3-6 months  2

6-12 months  3

12-24 months  4

more than 24 months  5

**Q9.** Are you in paid employment **NOW** (including self-employment and employment after retirement)?

MLREMPL

Yes  1 — Go to question 12

No  2

**Q10.** If you are not currently in paid employment, would you classify yourself as:

(Please tick one)

MLRNE

- Unemployed seeking work  1 — Go to question 11
- Retired  2 — Go to question 12
- Long term sick/disabled  3 — Go to question 12
- Looking after family or home  4 — Go to question 12
- Other (please specify)  5 — Go to question 12

**Q11.** How long have you been unemployed?

Enter number of months   MLRPUMTH

or

Enter number of weeks   MLRPUWK

**Q12.** This question applies only to those who have taken early retirement. If you have not taken early retirement please go to the next question.

What were your reasons for deciding to retire early? Please answer all the questions. In addition please indicate which **one** of these was your **MAIN** reason.

	Yes	No	Main reason	
a. Dissatisfaction with your job or job situation	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	MERDISAT
b. Your own poor health	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 2	MERPRHLT
c. Poor health of a dependent	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	MERDPHLT
d. Pursuit of outside interests or hobbies and/or seeing more of the family	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 4	MERHOB
e. Financial reasons – a retirement package or your own financial provision	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 5	MERFIN

MERMAIN



**Q13a.** What is the exact title of your main current job, or your last main job if you are not working at the moment, including those of you who are self-employed? (If you have more than one job, your main job is either the one in which you do most hours, or if you do equal hours it is the one that is/was highest paid.)  
*Please give the full title by which the job is/was known and give the rank or grade if you have/had one.*

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

**c.** Are/were you an employee or self-employed?

**MLREMPEE**

Employee	<input style="width: 50px; height: 30px;" type="text"/>	Go to f
Self-employed	<input style="width: 50px; height: 30px;" type="text"/>	Go to d

**d.** If you are/were self-employed, do/did you employ other people?

**MLREMPPL**

Yes	<input style="width: 50px; height: 30px;" type="text"/>	
No	<input style="width: 50px; height: 30px;" type="text"/>	Go to question 14

**e.** How many people do/did you employ?

**MLREPPPLN**

1-24	<input style="width: 50px; height: 30px;" type="text"/>	
25 or more	<input style="width: 50px; height: 30px;" type="text"/>	

**f.** If you are/were an employee, are/were you:

*(Please tick one)*

**MLRECHAR**

A manager	<input style="width: 50px; height: 30px;" type="text"/>	} Go to g
a foreman or supervisor	<input style="width: 50px; height: 30px;" type="text"/>	
none of the above	<input style="width: 50px; height: 30px;" type="text"/>	Go to question 14

**g.** How many people do/did you manage or supervise?

MLRECHNO

1-24

 1

25 or more

 2

**TO BE ANSWERED BY EVERYONE CURRENTLY IN EMPLOYMENT**

**Q14.** Thinking about your main job, how many hours do you work in a normal week, including work brought home?

MEMAINHR

hours

 1

**Q15.** Is this job...

MEFTPT

full-time

 1

part-time

 2

**Q16a.** Are you considering taking early retirement?

MERCNSDR

Yes

 1

Go to section b

No

 2

Go to section c

**b.** What are your reasons for deciding to retire early? Please answer all the sections. In addition, please indicate which **one** of these is your **MAIN** reason.

	Yes	No	Main reason	
i. Dissatisfaction with your job or job situation	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 1	MERCNDIS
ii. Your own poor health	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 2	MERCNHILT
iii. Poor health of a dependent	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 3	MERCNDEP
iv. Pursuit of outside interests or hobbies and/or seeing more of the family	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 4	MERCNHOB
v. Financial reasons – a retirement package or your own financial provision	<input type="text"/> 1	<input type="text"/> 2	<input type="text"/> 5	MERCNFIN

MERCNMN

c. What are your reasons for deciding to stay on at work? Please answer all the questions. In addition, please indicate which **one** of these is your **MAIN** reason.

	Yes	No	Main Reason	
i. Enjoyment of your job	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="1"/>	MNRENJOY
ii. You feel you ought to continue working until the usual retirement age for the place in which you work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="2"/>	MNRAGE
iii. Financially you cannot afford to take early retirement	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	MNRFIN
iv. There is no opportunity for early retirement where you work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="4"/>	MNRNOOPP
				MNRMAIN

**TO BE ANSWERED BY EVERYONE**

Q17a. Are you married/cohabiting?

MMARCOH

Yes  — Go to question 18

No

b. If NOT married/cohabiting, are you

MNOTMAR

Single, never married  — Go to Section 2

Widowed

Divorced

Separated

c. If widowed/divorced or separated - what year did this last happen?

Year  — Go to Section 2

MWDSYEAR

**Q18.** Is your spouse/partner currently in paid employment (including self-employment)?

**MWORKSP**

Yes	<input type="checkbox"/>	Go to Section 2
No	<input type="checkbox"/>	

**Q19.** If your spouse/partner is not currently in paid employment, would s/he classify herself/himself as:

*(Please tick one)*

**MSPNE**

Unemployed seeking work	<input type="checkbox"/>
Retired	<input type="checkbox"/>
Long term sick/disabled	<input type="checkbox"/>
Looking after family or home	<input type="checkbox"/>
Other <i>(please specify)</i>	<input type="checkbox"/>

## SECTION 2 - This section is about your health

**Q20.** In general would you say your health is:

*(Please tick one)*

**MGENHLTH**

Excellent

1

Very good

2

Good

3

Fair

4

Poor

5

**Q21.** COMPARED TO ONE YEAR AGO, how would you rate your health in general now?

*(Please tick one)*

**MHLTHNOW**

Much better now than one year ago

1

Somewhat better now than one year ago

2

About the same as one year ago

3

Somewhat worse than one year ago

4

Much worse than one year ago

5

**Q22.** The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

*(Please tick one box for each question)*

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
a. <b>Vigorous</b> activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV01
b. <b>Moderate</b> activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV02
c. Lifting or carrying groceries	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV03
d. Climbing <b>several</b> flights of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV04
e. Climbing <b>one</b> flight of stairs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV05
f. Bending, kneeling or stooping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV06
g. Walking <b>more than one mile</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV07
h. Walking <b>half a mile</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV08
i. Walking <b>one hundred yards</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV09
j. Bathing and dressing yourself	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	MACTIV10

**Q23.** During the **past four weeks** have you had any of the following problems with your work or other regular daily activities **as a result of your physical health?**

*(Please tick one per row)*

- |  | Yes                        | No                         |         |
|--|----------------------------|----------------------------|---------|
| a. Cut down the <b>amount of time</b> you spent on work or other activities                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKHL01 |
| b. <b>Accomplished less</b> than you would like  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKHL02 |
| c. Were limited in the <b>kind</b> of work or other activities you could do                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKHL03 |
| d. Had <b>difficulty</b> performing the work or other activities (for example, it took extra effort) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKHL04 |

**Q24.** During the **past four weeks** have you had any of the following problems with your work or other regular daily activities **as a result of any emotional problems** (such as feeling depressed or anxious)?

*(Please tick one per row)*

- |   | Yes                        | No                         |         |
|---|----------------------------|----------------------------|---------|
| a. Cut down the <b>amount of time</b> you spent on work or other activities | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKEM01 |
| b. <b>Accomplished less</b> than you would like                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKEM02 |
| c. Didn't do work or other activities as <b>carefully</b> as usual          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | MNKEM03 |

**Q25.** 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 tick one)*

MHLSOC

- |             |                            |
|-------------|----------------------------|
| Not at all  | <input type="checkbox"/> 1 |
| Slightly    | <input type="checkbox"/> 2 |
| Moderately  | <input type="checkbox"/> 3 |
| Quite a bit | <input type="checkbox"/> 4 |
| Extremely   | <input type="checkbox"/> 5 |

**Q26.** How much **bodily** pain have you had during the **past four weeks**?

**MBODPAIN**

*(Please tick one)*

- None  1
- Very mild  2
- Mild  3
- Moderate  4
- Severe  5
- Very severe  6

**Q27.** During the **past four weeks**, how much did **pain** interfere with your normal work (including both work outside the home and housework)?

**MPAININT**

*(Please tick one)*

- Not at all  1
- A little bit  2
- Moderately  3
- Quite a bit  4
- Extremely  5



**Q28.** How much of the time during the **past four weeks**:

*(Please tick 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 bit of the time	None of the time
a. Did you feel full of life? MTIME01	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
b. Have you been a very nervous person? MTIME02	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
c. Have you felt so down in the dumps that nothing could cheer you up? MTIME03	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
d. Have you felt calm and peaceful? MTIME04	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
e. Did you have a lot of energy? MTIME05	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
f. Have you felt downhearted and low? MTIME06	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
g. Did you feel worn out? MTIME07	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
h. Have you been a happy person? MTIME08	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6
i. Did you feel tired? MTIME09	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6

**Q29.** 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 tick one answer)*

MHLEMSOC

All of the time	Most of the time	Some of the time	A little bit of the time	None of the time
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q30.** Please choose the answer that best describes how **TRUE** or **FALSE** each of the following statements is for you:

*(Please tick 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 <b>MSICKEAS</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
b. I'm as healthy as anyone I know <b>MHLTHAN</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
c. I expect my health to get worse <b>MHLTHWRS</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
d. My health is excellent <b>MHLTHEXC</b>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q31.** How many times have you consulted your GP in the last **12 months?**

**MGPVISYR**

**ENTER NUMBER**

--	--

**Q32a.** Do you have any longstanding illness, diseases or medical conditions for which you have sought treatment in the last 12 months? (Longstanding means anything that has troubled you over a period of time or that is likely to affect you over a period of time).

**MLONGILL**

Yes

 1

No

 2

Go to question 33

**b.** If yes, please list below

i

<b>MLONGIL1</b>
-----------------

iv

<b>MLONGIL4</b>
-----------------

ii

<b>MLONGIL2</b>
-----------------

v

<b>MLONGIL5</b>
-----------------

iii

<b>MLONGIL3</b>
-----------------

vi

<b>MLONGIL6</b>
-----------------

**Q33a.** 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?

**MPRESDOC**

Yes  <sub>1</sub>

No  <sub>2</sub> — Go to question 34

**b.** If yes, please list any medicines below And the reasons for taking

i	MPRSDRG1	
ii	MPRSDRG2	
iii	MPRSDRG3	
iv	MPRSDRG4	
v	MPRSDRG5	
vi	MPRSDRG6	

---

**This section concerns chest pain and other aspects of heart disease**

**Q34a.** Since January 2001 have you had any pain or discomfort in your chest?

**MCHPAIN**

Yes  <sub>1</sub>

No  <sub>2</sub> — Go to question 36

**b.** If yes, Do you get this pain or discomfort when you walk uphill or hurry?

**MCHPUPH**

Yes  <sub>1</sub>

No  <sub>2</sub>

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

**MCHPLEV**

Yes	<input type="checkbox"/>
No	<input type="checkbox"/>

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

**MCHPACT**

*(Please tick one)*

Stop	<input type="checkbox"/>
Slow down	<input type="checkbox"/>
Continue at the same pace	<input type="checkbox"/>

e. Does it go away when you stand still?

**MCHPSTOP**

Yes	<input type="checkbox"/>	
No	<input type="checkbox"/>	Go to g

f. If yes, how soon?

**MCHPTIME**

In 10 minutes or less	<input type="checkbox"/>
More than 10 minutes	<input type="checkbox"/>

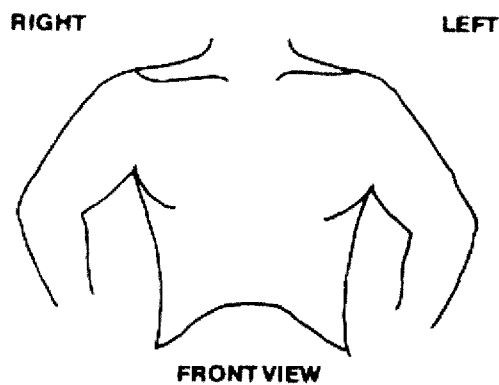
g. Where do you get this pain or discomfort? Mark the place(s) with an X on the diagram

**MCHPSIT1**

**MCHPSIT2**

**MCHPSIT9**

•  
•  
•  
•



**Q35a. Since January 2001** have you had a severe pain across the front of your chest lasting half an hour or more?

**MCHPEXT**

Yes

No

Go to question 36

If yes:

**b.** Did you talk to a doctor about it?

**MCHPDOC**

Yes

No

Go to d

If yes:

**c.** What did he/she say it was?

<b>MCHPDX1</b>	<b>MCHPDX2</b>
----------------	----------------

**d.** How many of these attacks have you had?

**MCHPNUM**

ENTER NUMBER

## Tests and Treatments

**Q36.** These questions concern any TEST(S) or TREATMENT(S) you may have had for CHEST PAIN or HEART DISEASE.  
**Since January 2001** have you 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.

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

**MEXECG**

	YEAR	HOSPITAL NAME/TOWN
Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
No	<input type="text"/> <b>MEXECGYR</b>	
		CONSULTANT

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

**MAGRAM**

	YEAR	HOSPITAL NAME/TOWN
Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
No	<input type="text"/> <b>MAGRAMYR</b>	
		CONSULTANT

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

**MAPLAS**

	YEAR	HOSPITAL NAME/TOWN
Yes	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
No	<input type="text"/> <b>MAPLASYR</b>	
		CONSULTANT

**d.** Coronary artery bypass graft (CABG) operation

**MCABG**

		YEAR		HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>MCABGYR</b>		

CONSULTANT

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

**MADMCH**

		YEAR		HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>MADMCHYR</b>		

CONSULTANT

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

**MOHTOA**

		YEAR		HOSPITAL NAME/TOWN
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
No	<input type="checkbox"/>	<b>MOHTOAYR</b>		

CONSULTANT

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

<b>MOHTOAT1</b>	<b>MOHTOAT2</b>	<b>MOHTOAT3</b>
<b>MOHTOAT4</b>	<b>MOHTOAT5</b>	<b>MOHTOAT6</b>

**Q37a. Since January 2001** has a doctor told you that you have had ANGINA?

MANG

Yes  1

No  2

**b. Since January 2001** has a doctor told you that you have had a HEART ATTACK (MYOCARDIAL INFARCT/ CORONARY THROMBOSIS)?

MMI

Yes  1

No  2

**c. Since January 2001** Have you had any OTHER HEART TROUBLE suspected or confirmed? (e.g. valve disease, congenital heart disease or irregular heart beat)

MOHT

Yes  1

No  2

If yes:  
Please specify

MOHTDX1	MOHTDX2	MOHTDX3
MOHTDX4		

**This question is about stroke.**

**38a.** Have you **ever** been told by a doctor that you have Had a STROKE OR TRANSIENT ISCHAEMIC ATTACK (MINI STROKE/TIA)?

MSTROKE

Yes  1 — Go to 38b

No  2 — Go to 39a

**b. MHTDRDGN**

*(Please tick one)*

Stroke  1

Transient Ischaemic Attack (mini stroke/TIA)  2

Other  3

*(Please specify)*



## Family History

**Q39a.** Is your biological father still alive?

**MLIVEF**

Yes

Go to question 40

No

Don't Know

Go to question 40

**b.** How old were you when he died? **MAAFD**

Years

**c.** How old was your father when he died? **MAODF**

Years

**d.** What did he die from? **MCODF**

*(Please indicate only one)*

Heart attack (coronary)

Stroke

Other heart condition (not a coronary)

Cancer

Other causes (please specify)

Don't Know

**Q40a.** Is your biological mother still alive?

**MLIVEM**

Yes

Go to question 41

No

Don't Know

Go to question 41

**b.** How old were you when she died? **MAAMD**

Years

**c.** How old was your mother when she died? **MAODM**

Years

d. What did she die from? **MCODM** (Please indicate only one)

Heart attack (coronary)

 1

Stroke

 2

Other heart condition (not a coronary)

 3

Cancer

 4

Other causes (please specify)

 5

Don't Know

 6

## For men and women - 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...

*(Tick one box for each question)*

	MGHQ01	Better Than usual	Same as usual	Rather less than usual	Much less than usual
<b>Q41.</b>	Been able to concentrate on whatever you're doing?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	MGHQ02	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q42.</b>	Lost much sleep over worry?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	MGHQ03	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q43.</b>	Been having restless, disturbed nights?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	MGHQ04	More so than usual	Same as usual	Rather less than usual	Much less than usual
<b>Q44.</b>	Been managing to keep yourself busy and occupied?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	MGHQ05	More so than usual	About the same as usual	Less than usual	Much less than usual
<b>Q45.</b>	Been getting out of the house as much as usual?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	MGHQ06	Better than most	About the same	Rather less well	Much less well
<b>Q46.</b>	Been managing as well as most people would in your shoes?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
	MGHQ07	Better than usual	About the same	Less well than usual	Much less well
<b>Q47.</b>	Felt on the whole you were doing things well?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**MGHQ08**

**Q48.** Been satisfied with the way you've carried out your task(s)?

More satisfied than usual	About the same as usual	Less satisfied than usual	Much less satisfied
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ09**

**Q49.** Been able to feel warmth and affection for those near to you?

Better than usual	About the same as usual	Less Well than usual	Much less well
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ10**

**Q50.** Been finding it easy to get on with other people?

Better than usual	About the same as usual	Less well than usual	Much less well
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ11**

**Q51.** Spent much time chatting with people?

More time than usual	About the same as usual	Less time than usual	Much less than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ12**

**Q52.** Felt that you are playing a useful part in things?

More so than usual	Same as usual	Less useful than usual	Much less useful
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ13**

**Q53.** Felt capable of making decisions about things?

More so than usual	Same as usual	Less so than usual	Much less capable
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ14**

**Q54.** Felt constantly under strain?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

**MGHQ15**

**Q55.** Felt you couldn't overcome your difficulties?

Not at all	No more than usual	Rather more than usual	Much more than usual
<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

### MGHQ16

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

**Q56.** Been finding life a struggle all the time?                       

---

### MGHQ17

More so Than usual      Same as usual      Less so than usual      Much less than usual

**Q57.** Been able to enjoy your normal day-to-day activities?                       

---

### MGHQ18

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

**Q58.** Been taking things hard?                       

---

### MGHQ19

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

**Q59.** Been getting scared or panicky for no good reason?                       

---

### MGHQ20

More so Than usual      Same as usual      Less able than Usual      Much less able

**Q60.** Been able to face up to your problems?                       

---

### MGHQ21

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

**Q61.** Found everything getting on top of you?                       

---

### MGHQ22

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

**Q62.** Been feeling unhappy and depressed?                       

---

### MGHQ16

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q56.</b> Been finding life a struggle all the time?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ17

	More so Than usual	Same as usual	Less so than usual	Much less than usual
<b>Q57.</b> Been able to enjoy your normal day-to-day activities?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ18

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q58.</b> Been taking things hard?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ19

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q59.</b> Been getting scared or panicky for no good reason?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ20

	More so Than usual	Same as usual	Less able than Usual	Much less able
<b>Q60.</b> Been able to face up to your problems?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ21

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q61.</b> Found everything getting on top of you?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ22

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q62.</b> Been feeling unhappy and depressed?	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

---

### MGHQ23

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q63.</b> Been losing confidence in yourself?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ24

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q64.</b> Been thinking of yourself as a worthless person?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ25

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q65.</b> Felt that life is entirely hopeless?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ26

	More so than usual	About the same as usual	Less so than usual	Much less hopeful
<b>Q66.</b> Been feeling hopeful about your own future?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ27

	More so than usual	About the same as usual	Less so than usual	Much less than usual
<b>Q67.</b> Been feeling reasonably happy, all things considered?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ28

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q68.</b> Been feeling nervous and strung-up all the time?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ29

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q69.</b> Felt that life isn't worth living?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

### MGHQ30

	Not at all	No more than usual	Rather more than usual	Much more than usual
<b>Q70.</b> Found at times you couldn't do anything because your nerves were too bad?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

---

**Q71.** Over the last 12 months would you say your health has been

**MHLTHYR**

Very good	<input type="text" value="1"/>
Good	<input type="text" value="2"/>
Average	<input type="text" value="3"/>
Poor	<input type="text" value="4"/>
Very poor	<input type="text" value="5"/>

**Q72.** How many hours of sleep do you have on an average week-night?

**MSLEEP**

5 hours or less	<input type="text" value="1"/>
6 hours	<input type="text" value="2"/>
7 hours	<input type="text" value="3"/>
8 hours	<input type="text" value="4"/>
9 hours or more	<input type="text" value="5"/>

**Q73.** How often in the past month did you:

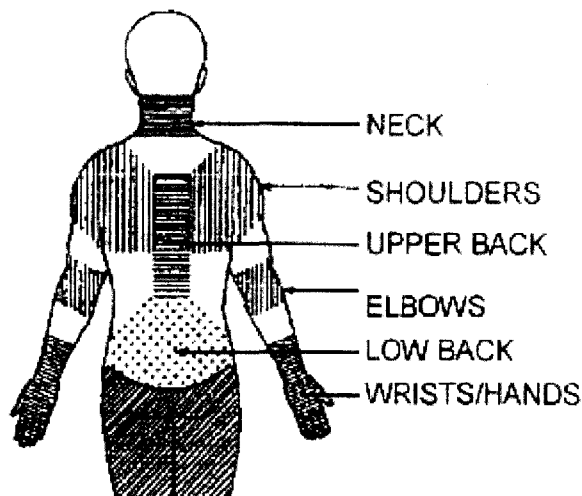
	not at all	1-3 days	4-7 days	8-14 days	15-20 days	21-31 days
<b>a.</b> Have trouble falling asleep? <b>MSLPFALL</b>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
<b>b.</b> Wake up several times per night? <b>MSLPWAKS</b>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
<b>c.</b> Have trouble staying asleep (including waking far too early)? <b>MSLPSTAY</b>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
<b>d.</b> Wake up after your usual amount of sleep feeling tired and worn out? <b>MSLPWAKT</b>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
<b>e.</b> Have disturbed or restless sleep? <b>MSLPDIST</b>	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>



**Q74.** Have you had any of the following symptoms in the last 14 days? Please answer all the questions.

	Yes	No	
a. A cough, catarrh or phlegm	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP01
b. Diarrhoea	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP02
c. Heartburn, wind or indigestion	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP03
d. Shortness of breath	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP04
e. Dizziness or giddiness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP05
f. Earache or discomfort in the ears	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP06
g. Swollen ankles	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP07
h. Nervy, tense or depressed	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP08
i. A cold or 'flu'	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP09
j. A sore throat	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP10
k. Difficulty in sleeping	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP11
l. Night sweats	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP24
m. A backache or pains in the back	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP13
n. Nausea or vomiting	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP14
o. Hot flushes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP25
p. Rashes, itches or other skin trouble	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP16
q. Toothache or trouble with the gums	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP21
r. Feeling tired for no apparent reason	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP15
s. Pains in the chest	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMP12
t. Any other complaint in the last 14 days <i>(please specify)</i>	<input type="checkbox"/> 1	<input type="checkbox"/> 2	MSYMPOTH

**Q75.** The diagram below shows the upper body divided into areas. Please answer the questions below for each body area. Body areas are not sharply defined and certain parts overlap. You should decide for yourself which area, if any, is or has been affected.



Have you had pain or a problem in any of the areas below

		During the last 12 months?		More than three times or lasting more than 1 week in the last 12 months?		During the last 14 days	
		Yes	No	MPNN_OD		MPNN14D	
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	Yes	No
		<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>a.</b>	Neck MPNN12M	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>b.</b>	Shoulders MPNS12M	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>c.</b>	Upper back MPNUB12M	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>d.</b>	Elbow/Forearm MPNA12M	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>e.</b>	Lower back MPNLB12M	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 1	<input type="checkbox"/> 2
<b>f. i.</b>	Have you had pain or a problem in your HAND/WRIST during the last 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			MPNHW12M	
<b>f. ii.</b>	Have you had PAIN, BURNING, NUMBNESS, TINGLING, SWELLING or LOSS OF COLOUR in your HAND/WRIST more than three times or lasting more than 1 week in the last 12 months?	<input type="checkbox"/> 1	<input type="checkbox"/> 2			MPNHW_OD	

**Q76.** In the last 12 months how many days were you off work for health reasons?

Number  MOFFWK

### SECTION 3 - This section is for women only (men please go to Section 4)

**Q77a** Are you still having periods or menstrual bleeding?

**MPERIODS**

Yes

No

Go to question 78

Don't know

**b.** Have you had a period or menstrual bleed in the last 3 months?

**MPER\_3M**

Yes

No

**c.** Which of the following descriptions apply to your periods during the last 12 months?

*Please tick one box per row*

Yes

No

**1.** Normal for you terms of regularity, flow and duration?

**MPERNORM**

**2.** Less regular than usual?

**MPERREG**

**3.** More frequent than usual?

**MPERFREQ**

**4.** Shorter in duration over the year?

**MPERSHT**

**5.** One or more skipped periods?

**MPERSKP**

**Please go to Q79**

**Q78**

**a** How old were you when your periods or menstrual bleeding stopped?

**MPERAGE**

ENTER AGE

Years

Don't know

Go to question 79

**b.** Were your periods or menstrual bleeding stopped by:

*(Please tick one)*

**MPERWHY**

Natural menopause

Hysterectomy (removal of womb only)

Hysterectomy (plus removal of ovaries)

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

**Q79a.** Do you experience menopausal symptoms?

**MSYMMEN**

Yes

No

Go to question 80

Don't know

*If Yes or Don't know, to what extent do you experience the following symptoms*

		Yes a lot	Yes somewhat	Yes a little	No, not at all
<b>b. MSYMHOTF</b>	Hot flushes	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>c. MSYMDEP</b>	Depression	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>d. MSYMSLP</b>	Sleep disturbance	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>e. MSYMNIG</b>	Night sweats	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>f. MMPSYOT</b>	Other ( <i>please specify</i> )	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
	<input type="text"/>				

**Q80a.** Have you ever had hormone replacement therapy (HRT)?

**MHORMEV**

Yes

No

Go to question 81

**b.** Before you first started HRT, had your periods or menstrual bleeding stopped?

**MHRSTOP**

Yes

No

**c.** Are you still taking HRT?

**MHORMNOW**

Yes

No

Go to question 81

**d.** What brand are you taking?

Patch/implant  
**MHORMCPA**

Yes

1

Name

**MHORMCP1**

No

2

Tablet  
**MHORMCTA**

Yes

1

Name

**MHORMCT1**

No

2

## SECTION 4 - This section is about your lifestyle

---

### Exercise

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

**Q81.** Thinking about the days of the **PAST WEEK**.

**a.** On average, for how many minutes did you **walk** outside your home/workplace?

on each weekday

**MWLKOUTA**

Minutes

on each weekend day

**MWLKOUTB**

Minutes

**b.** On average, for how many minutes did you **cycle**?

on each weekday

**MPEDCYCA**

Minutes

on each weekend day

**MPEDCYCB**

Minutes

**Q82. Other physical activities in the PAST FOUR WEEKS**

Please indicate the number of **occasions** and **total** time spent on each of the activities listed. Write in other types of activity not listed, as applicable.

**a. SPORTS AND GAMES**

Football (including coaching etc.)

**MSOCCERF**

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

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

**MSOCCERH**

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

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

Golf

**MGOLFF**

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

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

**MGOLFH**

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

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

Swimming

**MSWIMF**

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

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

**MSWIMH**

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

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

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

1. 

MSPORT11	MSPORT12	MSPORT13
----------	----------	----------

**MSPORT1F**

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

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

**MSPORT1H**

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

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

Other activity two (please specify)

2. 

MSPORT21	MSPORT22	MSPORT23
----------	----------	----------

**MSPORT2F**

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

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

**MSPORT2H**

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

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

**b. GARDENING**

Weeding, hoeing, pruning (not mowing)

**MWEEDF**

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

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

**MWEEDH**

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

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

Manual lawn mowing

**MMOWF**

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

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

**MMOWH**

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

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

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

MGARDN11	MGARDN12	MGARDN13
----------	----------	----------

**MGARDN1F**

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

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

**MGARDN1H**

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

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



c. HOUSEWORK

Carry heavy shopping

**MCARRYHF**

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

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

**MCARRYHH**

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

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

Cooking

**MCOOKF**

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

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

**MCOOKH**

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

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

Hanging out washing

**MHANGWF**

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

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

**MHANGWH**

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

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

Other housework e.g. dusting, ironing, hoovering

Other housework, activity one *(please specify)*

1. 

MHOUSW11	MHOUSW12	MHOUSW13
----------	----------	----------

**MHOUSW1F**

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

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

**MHOUSW1H**

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

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

Other housework, activity two (*please specify*)

1. 

MHOUSW21	MHOUSW22	MHOUSW23
----------	----------	----------

**MHOUSW2F**

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

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

**MHOUSW2H**

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

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

**d. DO-IT-YOURSELF**

Manual car washing

**MCARWASF**

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

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

**MCARWASH**

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

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

Painting/decorating

**MPAIDECF**

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

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

**MPAIDECH**

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

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

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

1. 

MDIY11	MDIY12	MDIY13
--------	--------	--------

**MDIY1F**

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

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

**MDIY1H**

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

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

e. ADDITIONAL/OTHER (please specify)

1. 

MPHYSA11	MPHYSA12	MPHYSA13
----------	----------	----------

**MPHYSA1F**

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

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

**MPHYSA1H**

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

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

2. 

MPHYSA21	MPHYSA22	MPHYSA23
----------	----------	----------

**MPHYSA2F**

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

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

**MPHYSA2H**

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

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

**Q83.** 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)

MVGIG_OB1	MVGIG_OB2	MVGIG_OB3	MVGIG_OB4	MVGIG_OB5
-----------	-----------	-----------	-----------	-----------

**MVGIG\_OBF**

**Occasions** per week (Please tick one)

None	1	2	3	4	5	6+
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**MVGIG\_OBH**

**Total hours** per week (Please tick one)

None	1/2	1	1 1/2	2	2 1/2	3+
<input type="checkbox"/> <sub>0</sub>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	<input type="checkbox"/> <sub>5</sub>	<input type="checkbox"/> <sub>6</sub>

**Q84.** How would you describe your usual walking pace? Please tick one box only.

**MWLKPACE**

Slow pace (i.e. less than 3 mph)		<input type="checkbox"/> <sub>1</sub>
Steady average pace		<input type="checkbox"/> <sub>2</sub>
Brisk pace		<input type="checkbox"/> <sub>3</sub>
Fast pace (i.e. over 4 mph)		<input type="checkbox"/> <sub>4</sub>

### Smoking Habits

**Q85a.** Do you smoke cigarettes now (that is, not cigars/pipe)?

**MSMOKE**

Yes

No

Go to question 86

Social/Occasional Smoker

*if Yes or Social/Occasional smoker,*

**b.** What kind of cigarettes do you smoke?

Manufactured **MCIGMANU** Yes

No

Hand rolled **MCIGHAND** Yes

No

**c.** How many manufactured cigarettes do you smoke **per day**?

Cigarettes  **MCIGNUM**

**and/or**

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

**MTOBOZ**

None	<input type="text" value="0"/>
1/4	<input type="text" value="1"/>
1/2	<input type="text" value="2"/>
1	<input type="text" value="3"/>
2	<input type="text" value="4"/>
3	<input type="text" value="5"/>
4	<input type="text" value="6"/>
5	<input type="text" value="7"/>
6	<input type="text" value="8"/>
7+	<input type="text" value="9"/>

**Q86a.** If not a current cigarette smoker, did you smoke in the past?

**MSMKPAST**

Yes  1

No  2 ————— Go to question 87

*If Yes,*

**b.** How old were you when you stopped smoking?

**MSMKSTOP**

Age

**Q87.** Do you currently smoke cigars or a pipe?

**MCGRPIPE**

Yes  1

No  2

**Q88.** Does your husband/wife/partner smoke (cigarettes, cigars or pipe)?

**MSMOKESP**

Yes  1

No  2

Social/Occasional smoker  3

Not applicable  4

**Q89.** How many people smoke in the household where you live? (please include yourself and your husband/wife/partner)

**MSMOKERS**

Number

### Drinking Habits

**Q90a.** In the past 12 months have you taken an alcoholic drink?

**MALCYR**

*(indicate one only)*

- 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?

**MNONDRNK**

- Yes  — Go to question 93
- No

**Q91a.** Have you had an alcoholic drink in the last seven days?

**MALCWK**

- Yes
- No  — Go to question 92

*If Yes,*

In the last seven days, how many drinks have you had of each of the following?  
*Please remember that a drink poured at home could be equivalent to 2 or 3 pub measures.*

*If none, please indicate 0.*

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

Measures

**MSPRTWK**

**c.** Wine (including sherry, port, vermouth)

Glasses

**MWINEWK**

**d.** Beer (including lager and cider)

Pints

**MBEERWK**

- Q92a.** Have you ever felt that you ought to cut down on your drinking? Yes  <sub>1</sub> No  <sub>2</sub> MDRNKCUT
- b.** Have people annoyed you by criticising your drinking? Yes  <sub>1</sub> No  <sub>2</sub> MDRNKANN
- c.** Have you ever felt bad or guilty about your drinking? Yes  <sub>1</sub> No  <sub>2</sub> MDRNKGLT
- d.** Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover? Yes  <sub>1</sub> No  <sub>2</sub> MDRNKHNG
- 

## Food Habits

**Q93a.** What type of bread do you eat most frequently? *(indicate one only)*

**MBREAD**

- White  <sub>1</sub>
- Wholemeal  <sub>2</sub>
- Granary or Wheatmeal  <sub>3</sub>
- Other brown  <sub>4</sub>
- Both Brown and White  <sub>5</sub>
- Do not eat bread  <sub>6</sub>

**b.** What type of milk do you usually use? *(indicate one only)*

**MMILKTYP**

- Do not use milk  <sub>1</sub>
- Channel Islands whole milk (gold top)  <sub>2</sub>
- Whole milk (silver/red top or sterilised)  <sub>3</sub>
- Semi-skimmed milk  <sub>4</sub>
- Skimmed milk  <sub>5</sub>
- Other *(please specify)*  <sub>6</sub>

**Q94.** How often do you eat fresh fruit or vegetables?

*(indicate one only)*

**MFRUITVG**

- 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

**Q95a.** Are you on a diet now?

**MDIETNOW**

- Yes
- No  — Go to question 97



**b.** Is your diet for? *(Please tick all that apply)*

- Losing weight  1 MDIET\_WT
- High blood pressure etc  2 MDIET\_BP
- Ulcers (gastric, peptic etc)  3 MDIET\_UL
- Gall stones  4 MDIET\_GS
- Kidney failure  5 MDIET\_KF
- Diabetes  6 MDIET\_DB
- Food allergy  7 MDIET\_FA
- Osteoporosis  8 MDIET\_OP
- Coeliac disease  9 MDIET\_CD
- High cholesterol  10 MDIET\_HC
- Other *(please specify)*  11 MDIET\_OT

**Q96.** If you are following a special diet at the moment, was it prescribed by your doctor or dietician?

**MDIETSPL**

Yes  1

No  2

## SECTION 5 - This section is about your life outside work

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### Your surroundings

**Q97.** In your neighbourhood, how worried are you about the following?

	Very Worried	Fairly worried	Not very worried	Not at all worried
a. Your home being broken into MWRY_HOM	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b. Being mugged/robbed MWRY_MUG	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c. Your car being stolen/things being stolen from your car MWRY_CAR	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d. Being raped MWRY_RAP	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**Q98.** How many cars are normally available for use by you or other members of your household?

MCAR

None	<input type="text" value="0"/>
1	<input type="text" value="1"/>
2	<input type="text" value="2"/>
More than 2	<input type="text" value="3"/>

**Q99.** Is the accommodation in which you live owned or rented?

MACCOM

*(please tick one)*

Own outright	<input type="text" value="1"/>
Have a mortgage	<input type="text" value="2"/>
Rent from local authority, housing association or HAT	<input type="text" value="3"/>
Rent privately	<input type="text" value="4"/>

**Q100.** To what extent do you have problems with your housing (e.g. too small, repairs, damp etc.)?

MFAMPRB7

Very great problems	<input type="checkbox"/>
Great	<input type="checkbox"/>
Some	<input type="checkbox"/>
Slight	<input type="checkbox"/>
Very little	<input type="checkbox"/>

**Q101.** Think of this ladder as representing where people stand in our society.

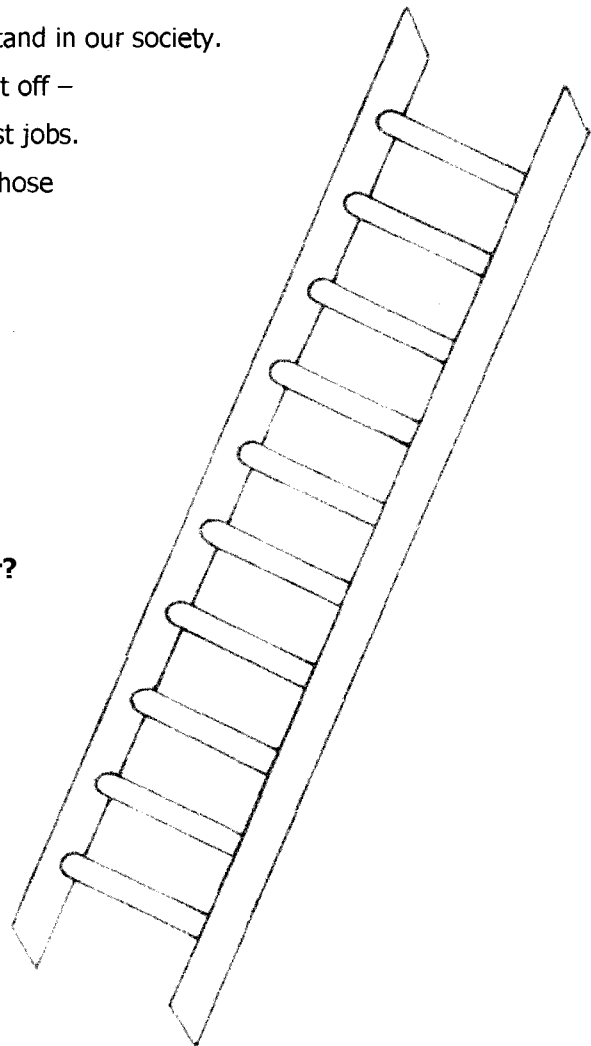
At the **top** of the ladder are the people who are best off – those with the most money, most education and best jobs.

At the **bottom** are the people who are worst off – those 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.

**Where would you place yourself on this ladder?**

**Please place a large "X" on the rung (not in between) where you think you stand.**

MLAD



## Income and finances

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 household income and wealth as before and there are many of you to whom it no longer applies. We would therefore very much appreciate your help in completing the following questions.

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

**Q102.** 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?

**MFAMPRB5**

- |           |                                |
|-----------|--------------------------------|
| Always    | <input type="text" value="1"/> |
| Often     | <input type="text" value="2"/> |
| Sometimes | <input type="text" value="3"/> |
| Seldom    | <input type="text" value="4"/> |
| Never     | <input type="text" value="5"/> |

**Q103.** How much difficulty do you have in meeting the payment of bills?

**MFAMPRB6**

- |             |                                |
|-------------|--------------------------------|
| Very great  | <input type="text" value="1"/> |
| Great       | <input type="text" value="2"/> |
| Some        | <input type="text" value="3"/> |
| Slight      | <input type="text" value="4"/> |
| Very little | <input type="text" value="5"/> |

**Q104.** Thinking of the next ten years, how financially secure do you feel?

**MFINSECV**

- |                 |                                |
|-----------------|--------------------------------|
| Secure          | <input type="text" value="1"/> |
| Fairly secure   | <input type="text" value="2"/> |
| Fairly insecure | <input type="text" value="3"/> |
| Insecure        | <input type="text" value="4"/> |

**Q105. Which of the following sources contribute to your own personal yearly income?**

Please answer Yes or No to all the questions.

MINCSRCA	Wages or salary from work	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>
MINCSRCB	Money from a second job or odd jobs	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>
MINCSRCC	Income from savings or investments, rent or property	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>
MINCSRCD	Pension	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>
MINCSRCE	Benefits	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>
MINCSRCF	Maintenance	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>
MINCSRCG	Other income (please specify)	Yes <input style="width: 40px; height: 20px;" type="text"/>	No <input style="width: 40px; height: 20px;" type="text"/>

**Q106.** What is the total current yearly amount you receive from the above sources added together (before tax is deducted)? Please indicate one category.

MINCOWN	Less than £9,999	<input style="width: 40px; height: 20px;" type="text"/>
	£10,000-£14,999	<input style="width: 40px; height: 20px;" type="text"/>
	£15,000-£19,999	<input style="width: 40px; height: 20px;" type="text"/>
	£20,000-£24,999	<input style="width: 40px; height: 20px;" type="text"/>
	£25,000-£34,999	<input style="width: 40px; height: 20px;" type="text"/>
	£35,000-£49,999	<input style="width: 40px; height: 20px;" type="text"/>
	£50,000-£69,999	<input style="width: 40px; height: 20px;" type="text"/>
	More than £70,000	<input style="width: 40px; height: 20px;" type="text"/>

**Q107a.** How many people (including yourself) contributed to your household finances with income from any source (any source includes wages or salary from work, money from a second job or odd jobs, income from savings or investments, rent or property, pensions, benefits and/or maintenance etc.) over the last 12 months?

MINCHHNO Number of people

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

MINCHH

- |                    |                          |
|--------------------|--------------------------|
| Less than £9,999   | <input type="checkbox"/> |
| £10,000-£14,999    | <input type="checkbox"/> |
| £15,000-£19,999    | <input type="checkbox"/> |
| £20,000-£24,999    | <input type="checkbox"/> |
| £25,000-£34,999    | <input type="checkbox"/> |
| £35,000-£49,999    | <input type="checkbox"/> |
| £50,000-£69,999    | <input type="checkbox"/> |
| £70,000-£99,999    | <input type="checkbox"/> |
| More than £100,000 | <input type="checkbox"/> |

**Q108.** If you sold all the assets your household owns, for example, your house, car, caravan, boat, house contents and jewellery, cashed in your savings and investments, and paid off all your debts (including your mortgage), how much money do you think you would have?

*Please indicate one category.*

MASSETHH

- |                      |                          |
|----------------------|--------------------------|
| Less than £49,999    | <input type="checkbox"/> |
| £50,000-£99,999      | <input type="checkbox"/> |
| £100,000-£199,999    | <input type="checkbox"/> |
| £200,000-£299,999    | <input type="checkbox"/> |
| £300,000-£399,999    | <input type="checkbox"/> |
| £400,000-£499,999    | <input type="checkbox"/> |
| £500,000-£999,999    | <input type="checkbox"/> |
| More than £1,000,000 | <input type="checkbox"/> |

**Q109.** If you sold all the assets your household owns (this is your car, caravan, boat, house contents and jewellery) **EXCEPT THE HOUSE IN WHICH YOU LIVE**, cashed in your savings and investments, and paid off all your debts (excluding your mortgage), how much money do you think you would have?  
*Please indicate one category.*

**MASSETXH**

- |                    |                          |
|--------------------|--------------------------|
| Less than £9,999   | <input type="checkbox"/> |
| £10,000-£19,999    | <input type="checkbox"/> |
| £20,000-£39,999    | <input type="checkbox"/> |
| £40,000-£59,999    | <input type="checkbox"/> |
| £60,000-£79,999    | <input type="checkbox"/> |
| £80,000-£99,999    | <input type="checkbox"/> |
| £100,000-£249,999  | <input type="checkbox"/> |
| £250,000-£499,000  | <input type="checkbox"/> |
| More than £500,000 | <input type="checkbox"/> |

**Q110.** All things considered how satisfied or dissatisfied are you with your standard of living?  
Please indicate on the scale below to show how satisfied or dissatisfied you feel:-

**MSTDLIV**

- |                         |                          |
|-------------------------|--------------------------|
| Very dissatisfied       | <input type="checkbox"/> |
| Moderately dissatisfied | <input type="checkbox"/> |
| A little dissatisfied   | <input type="checkbox"/> |
| No feelings either way  | <input type="checkbox"/> |
| A little satisfied      | <input type="checkbox"/> |
| Moderately satisfied    | <input type="checkbox"/> |
| Very satisfied          | <input type="checkbox"/> |

**Q111.** All things considered how satisfied or dissatisfied are you with your life as a whole?  
Please indicate on the scale below to show how satisfied or dissatisfied you feel:-

**MWHOLSAT**

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

**Your household**

**Q112a.** How many people live in your household *besides you*?

Number of people   **MACOTHER**

**b.** How many of these are children under the age of 18?

Number of children under 18   **MACCHD**

**Q113a.** Are you currently providing any personal care or help to an aged or disabled person(s)?

Yes  **MCARER**

No

*If Yes,*

**b.** How many hours in an average week do you spend looking after this person (these people)?

**Number of hours in an average week**  **MCAREHRS**



**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.**

**Q114.** How many people do you feel very close to? (It does not matter where they live or whether you have seen them recently).

Number of people

		MCPNO
--	--	-------

**Q115.** 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 Person**

MCP1

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**.

(Please tick **ONE** box on each line)

	Not at all	A little	Quite a lot	A great deal	
a. How much in the last 12 months did this person give you <b>information, suggestions and guidance that you found helpful?</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPSUPA1
b. How much in the last 12 months could you <b>rely</b> on this person (was this person there when you needed him/her?)	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPSUPB1
c. How much in the last 12 months did this person make you <b>feel good</b> about yourself?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPSUPC1
d. How much in the last 12 months did you <b>share</b> interests, hobbies and fun with this person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPSUPD1
e. How much in the last 12 months did this person give you <b>worries, problems and stress?</b>	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPSUPE1
f. How much in the last 12 months did you <b>want to confide in</b> (talk frankly, share feelings with) this person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPCONF1
g. How much in the last 12 months <b>did you confide in</b> this person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPCONG1
h. How much in the last 12 months did you trust this person with your most personal worries and problems?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPCONH1
i. How much in the last 12 months would you have <b>liked to have confided more</b> in this person?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPCONI1
j. How much in the last 12 months did talking to this person make things worse?	<input type="checkbox"/> <sub>1</sub>	<input type="checkbox"/> <sub>2</sub>	<input type="checkbox"/> <sub>3</sub>	<input type="checkbox"/> <sub>4</sub>	MCPSONJ1

- |    |   | Not at all                     | A little                       | Quite a lot                    | A great deal                   |          |
|----|---|--------------------------------|--------------------------------|--------------------------------|--------------------------------|----------|
| k. | How much in the last 12 months did he/she talk about his/her personal worries with you?   | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | MCPCONK1 |
| l. | How much in the last 12 months did you <b>need</b> practical help from this person with <b>major</b> things (e.g. look after you when ill, help with finances, children)? | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | MCPRACL1 |
| m. | How much in the last 12 months did this person give you <b>practical help</b> with <b>major things</b> ?  | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | MCPRACM1 |
| n. | How much in the last 12 months would you have <b>liked more practical</b> help with major things  | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | MCPRACN1 |
| o. | How much in the last 12 months did this person give you <b>practical</b> help with <b>small</b> things when you needed it? (e.g. chores, shopping, watering plants etc.)  | <input type="text" value="1"/> | <input type="text" value="2"/> | <input type="text" value="3"/> | <input type="text" value="4"/> | MCPRACO1 |

**Q116a.** Are there any relatives outside your household with whom you have regular contact (either by visit, telephone, e-mail or letters)? (Not necessarily the same person each time)

**MCONREL**

- |                                |                                |
|--------------------------------|--------------------------------|
| Almost daily                   | <input type="text" value="1"/> |
| About once a week              | <input type="text" value="2"/> |
| About once a month             | <input type="text" value="3"/> |
| Once every few months          | <input type="text" value="4"/> |
| Never/Almost never             | <input type="text" value="5"/> |
| No relatives outside household | <input type="text" value="6"/> |

**If you have no relatives outside your household, please go to Question 117**

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

**MVSTREL**

- |                       |                                |
|-----------------------|--------------------------------|
| Almost daily          | <input type="text" value="1"/> |
| About once a week     | <input type="text" value="2"/> |
| About once a month    | <input type="text" value="3"/> |
| Once every few months | <input type="text" value="4"/> |
| Never/Almost never    | <input type="text" value="5"/> |

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

MVSTRLM

None	<input type="text" value="1"/>
1-2	<input type="text" value="2"/>
3-5	<input type="text" value="3"/>
6-10	<input type="text" value="4"/>
More than 10	<input type="text" value="5"/>

Q117a. Are there any friends or acquaintances with whom you have regular contact (either by visit, telephone, e-mail or letters)? (Not necessarily the same person each time)

MCONFRND

Almost daily	<input type="text" value="1"/>
About once a week	<input type="text" value="2"/>
About once a month	<input type="text" value="3"/>
Once every few months	<input type="text" value="4"/>
Never/Almost never	<input type="text" value="5"/>

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

MVSTFRND

Almost daily	<input type="text" value="1"/>
About once a week	<input type="text" value="2"/>
About once a month	<input type="text" value="3"/>
Once every few months	<input type="text" value="4"/>
Never/Almost never	<input type="text" value="5"/>

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

MVSTFRM

None	<input type="text" value="1"/>
1-2	<input type="text" value="2"/>
3-5	<input type="text" value="3"/>
6-10	<input type="text" value="4"/>
More than 10	<input type="text" value="5"/>

**Q118** 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 answer to other questions. There are no correct or incorrect answers.

		Absolutely disagree	Somewhat disagree	Cannot say	Somewhat agree	Absolutely agree
<b>MHOPELS1</b>	a. I feel that it is impossible to reach the goals I would like to strive for	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>MHOPELS2</b>	b. The future seems to me to be hopeless and I can't believe that things are changing for the better	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>MHOPELS3</b>	c. I look forward to the future with hope and enthusiasm	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>MHOPELS4</b>	d. I might as well give up because I can't make things better for myself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>MHOPELS5</b>	e. All I can see ahead of me is unpleasantness rather than pleasantness	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>MHOPELS6</b>	f. Things just won't work out the way I want them to	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

**Q119** The following questions are related to your personal life situation, your children, your spouse or partner and other people you deal with. Please, give a response that fits best with your typical experiences.

(i). Have you ever had to put the relationship with your partner ahead of your own needs in order to maintain a good relationship?

MRECIP1A

Yes	<input type="text" value="1"/>
No	<input type="text" value="2"/>
Not applicable	<input type="text" value="3"/>

**If Yes:** How much does this bother you?

**MRECIP1B**

- Not at all
- A little
- Somewhat
- Greatly

(ii). Has the relationship with your partner always been characterised by mutual understanding?

**MRECIP2A**

- Yes
- No
- Not applicable

**If No:** How much does this bother you?

**MRECIP2B**

- Not at all
- A little
- Somewhat
- Greatly

(iii). Have you always been satisfied with the balance between what you have given your partner and what you have received in return?

**MRECIP3A**

- Yes
- No
- Not applicable

**If No:** How much does this bother you?

**MRECIP3B**

- Not at all
- A little
- Somewhat
- Greatly

(iv). Compared to your expectations, do you think that you are generally well respected by your children?

MRECIP4A

Yes

No

Not applicable

**If No:** How much does this bother you?

MRECIP4B

Not at all

A little

Somewhat

Greatly

(v). Have you always received sufficient support from your children in difficult situations?

MRECIP5A

Yes

No

Not applicable

**If No:** How much does this bother you?

MRECIP5B

Not at all

A little

Somewhat

Greatly

(vi). Has/Have your child/children been educated up to the level you had hoped for?

MRECIP6A

Yes

No

Not applicable

**If No:** How much does this bother you?

**MRECIP6B**

- Not at all
- A little
- Somewhat
- Greatly

(vii). Do you feel that you have always received adequate appreciation for providing help in your family (such as taking care of your grand-children)?

**MRECIP7A**

- Yes
- No
- Not applicable

**If No:** How much does this bother you?

**MRECIP7B**

- Not at all
- A little
- Somewhat
- Greatly

(viii). Has any person you gave your trust seriously disappointed or hurt you?

**MRECIP8A**

- Yes
- No
- Not applicable

**If Yes:** How much does this bother you?

**MRECIP8B**

- Not at all
- A little
- Somewhat
- Greatly

(ix). Has anyone ever committed an injustice against you or betrayed you without you being compensated for it?

MRECIP9A

Yes	<input type="text" value="1"/>
No	<input type="text" value="2"/>
Not applicable	<input type="text" value="3"/>

**If Yes:** How much does this bother you?

MRECIP9B

Not at all	<input type="text" value="1"/>
A little	<input type="text" value="2"/>
Somewhat	<input type="text" value="3"/>
Greatly	<input type="text" value="4"/>

**Q120.** How much do you agree or disagree with the following statement?

*(Please tick one)*

Strongly disagree	Moderately disagree	Slightly disagree	Slightly agree	Moderately agree	Strongly Agree
-------------------	---------------------	-------------------	----------------	------------------	----------------

**At home,** I feel I have control over what happens in most situations

<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>	<input type="text" value="6"/>
--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------	--------------------------------

MCONTHM



**Q121** Here is a list of statements that people use to describe their lives or how they feel. We would like to know how often, if at all, you think they apply to you.

*(Tick one box on each line)*

	Often	Some- times	Not Often	Never	
My age prevents me from doing the things I would like to	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP1
I feel that what happens to me is out of my control	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP2
I feel free to plan for the future	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP3
I feel left out of things	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP4
I can do the things that I want to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP5
Family responsibilities prevent me from doing what I want to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP6
I feel that I can please myself in what I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP7
My health stops me from doing what I want to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP8
Shortage of money stops me from doing things I want to do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP9
I look forward to each day	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP10
I feel that my life has no meaning	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP11
I enjoy the things I do	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP12
I enjoy being in the company of others	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP13
On balance, I look back on my life with a sense of happiness	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP14
I feel full of energy these days	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP15
I choose to do things that I have never done before	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP16
I feel satisfied with the way my life has turned out	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP17
I feel that life is full of opportunities	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP18
I feel that the future looks good for me	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	MCASP19

**Q122** In your spare time are you involved in any of the following activities? *How often have you taken part in these activities in the last 12 months?*

**Are you involved in any of the following?**

		Weekly	Monthly	Less Often	Never
MSPARLGF	Religious activities/observance	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAPOSF	Positions of office, school governor, councillor, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAVOLF	Voluntary work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAEDNF	Courses and education/evening classes	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPACULF	Cultural visits to stately homes, galleries, theatres, cinema or live music events	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAGAMF	Social indoor games, cards, bingo, chess etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAVSTF	Visiting friends and relatives	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAPUBF	Going to pubs and social clubs	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPASOLF	Individual occupations e.g. reading listening to music	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAHTF	Household tasks e.g. DIY, maintenance, decorating	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAHANF	Practical activities, making things with your hands e.g. pottery, drawing, etc	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPAGDNF	Gardening	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
MSPACOMH	Using a home computer for leisure	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

## SECTION 6 - This section is about your work

If you are no longer working please go to the end of the questionnaire

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

**Q123** Do you agree with the following statements?

If you do **agree**, please indicate to what extent you are distressed by it.

		No	Yes, but not at all distressed	Yes, somewhat distressed	Yes, rather distressed	Yes very distressed
<b>a.</b> MERCTP7	I have constant time pressure due to a heavy work load	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>b.</b> MERMID7	I have many interruptions and disturbances in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>c.</b> MERLRJ7	I have a lot of responsibility in my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>d.</b> MERPW07	I am often pressured to work overtime	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>e.</b> MERUCJ7	I have experienced or expect to experience an undesirable change in my work situation	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>f.</b> MERPPP7	My job promotion prospects are poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>g.</b> MERJSP7	My job security is poor	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5
<b>h.</b> MERTUW7	I am treated unfairly at work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5

**Q124** Do you agree or disagree with the following statements?

		Agree	Somewhat agree	Somewhat disagree	Disagree
<b>a.</b> MERSTWP	As soon as I get up in the morning, I start thinking about work problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>b.</b> MERERSO	When I come home, I can easily relax and 'switch off' work	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>c.</b> MERSMTM	People close to me say I sacrifice myself too much for my job	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>d.</b> MERWSOM	Work rarely lets me go, it's still on my mind at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4
<b>e.</b> MERTSPW	If I postpone something that I was supposed to do today, I will have trouble sleeping at night	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4

**Q125** Do you agree with the following statements? *(please note the order of 'Yes' and 'No' is changed)* If you do **disagree**, please indicate to what extent are you distressed by it.

	Yes	No, but not at all distressed	No, somewhat distressed	No, rather distressed	No very distressed	
<b>a.</b> MERWPA7	Considering all my efforts and achievements, my work prospects are adequate	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>b.</b> MERRID7	I receive the respect I deserve from my superiors and colleagues	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>c.</b> MERSDS7	I experience adequate support in difficult situations	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>
<b>d.</b> MERRPD7	Considering all my efforts and achievements, I receive the respect and prestige I deserve at work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	<input type="text" value="5"/>

**Q126** Concerning your particular work:

	Often	Sometimes	Seldom	Never/ Almost Never	
<b>a.</b> MWORK01	Do you have to work very fast?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>b.</b> MWORK02	Do you have to work very intensively?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>c.</b> MWORK03	Do you have enough time to do everything?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>d.</b> MWORK05	Do you have the possibility of learning new things through your work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>e.</b> MWORK06	Does your work demand a high level of skill or expertise?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>f.</b> MWORK07	Does your job require you to take the initiative?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>g.</b> MWORK08	Do you have to do the same thing over and over again?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>h.</b> MWORK09	Do you have a choice in deciding HOW you do your work?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>i.</b> MWORK10	Do you have a choice in deciding WHAT you do at work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**Q127** About your position at work - how often do the following statements apply?  
*Please answer all questions*

	Often	Some- times	Seldom	Never/ Almost Never
a. Others take decisions concerning my work MWKPOSN1	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b. I have a good deal of say in decisions about MWKPOSN2	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c. I have a say in my own work speed MWKPOSN3	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
d. My working time can be flexible MWKPOSN4	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
e. I can decide when to take a break MWKPOSN5	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
f. I have a say in choosing with whom I work MWKPOSN7	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
g. I have a great deal of say in planning my work environment MWKPOSN8	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**Q128** About consistency and clarity regarding your job. *Please answer all questions*

	Often	Some- times	Seldom	Never
a. Do different groups at work demand things from you that you think are hard to combine? MJBCLAR1	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b. Do you get sufficient information from line management (your superiors)? MJBCLAR2	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
c. Do you get consistent information from line management (your superiors)? MJBCLAR3	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**Q129** Regarding your job involvement. *Please answer all questions*

	Often	Some- times	Seldom	Never
a. Does your job provide you with a variety of interesting things? MJOBINV1	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
b. Is your job boring? MJOBINV3	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**Q130** When you are having difficulties at work. *Please answer all questions*

	Often	Some-times	Seldom	Never		
a.	How often do you get help and support from your colleagues?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MWKDIFF1
b.	How often are your colleagues willing to listen to your work related problems?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MWKDIFF2
c.	How often do you get help and support from your immediate superior?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MWKDIFF3
d.	How often is your immediate superior willing to listen to your problems?	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MWKDIFF4

**Q131** How satisfied are you with your job as a whole taking everything into consideration?

**MJOBSAT8**

Very satisfied	<input type="text" value="1"/>
Satisfied	<input type="text" value="2"/>
Dissatisfied	<input type="text" value="3"/>
Very Dissatisfied	<input type="text" value="4"/>

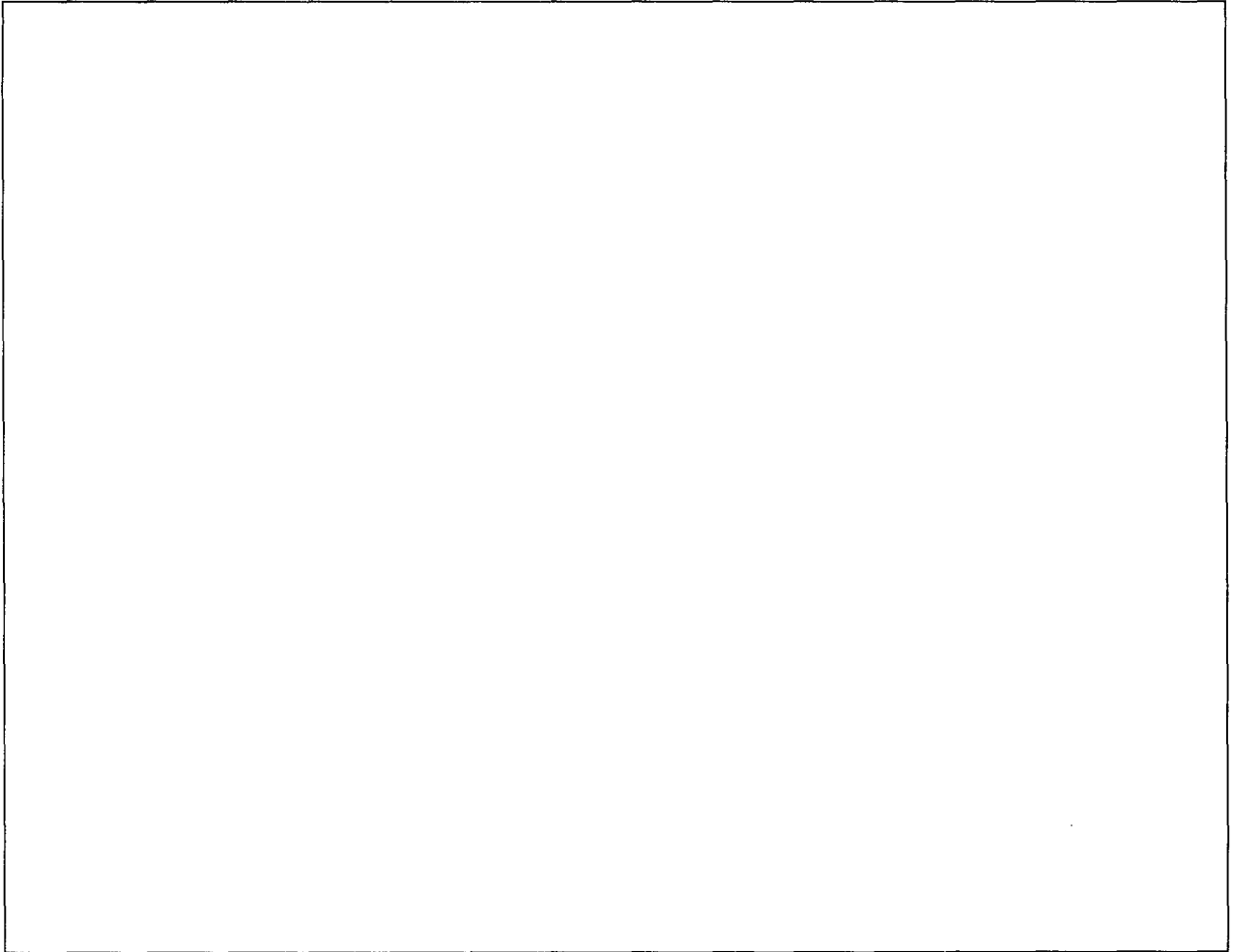
**Q132** To what extent do your family life and family responsibilities **interfere with** your job?

Would you say:-	Not at all	To some extent	A great deal	Not Applicable		
a.	Family matters reduce the time you can devote to your job	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MFAMINT1
b.	Family worries or problems distract you from your work	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MFAMINT2
c.	Family activities stop you getting the amount of sleep you need to do your job well	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MFAMINT3
d.	Family obligations reduce the time you need to relax or be by yourself	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>	MFAMINT4

**Q133** 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
<b>MJOBINT1</b>	a. Your job reduces the amount of time you can spend with the family	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>MJOBINT2</b>	b. Problems at work make you irritable at home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>MJOBINT3</b>	c. Your job involves a lot of travel away from home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>
<b>MJOBINT4</b>	d. Your job takes so much energy you don't feel up to doing things that need attention at home	<input type="text" value="1"/>	<input type="text" value="2"/>	<input type="text" value="3"/>	<input type="text" value="4"/>

**PLEASE ADD ANY COMMENTS BELOW**

A large, empty rectangular box with a thin black border, intended for the respondent to provide any additional comments or feedback.

**THANK YOU FOR COMPLETING THIS QUESTIONNAIRE.**