

CONFIDENTIAL

# Health Survey



## Stress and Health Study

Phase 8: 2006

**KVERSION**

Department of Epidemiology and Public Health  
University College London

Thank you for your continuing participation in our study of stress and health. We would be very grateful if you 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 individual 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 changes to your marital status – that might happen to people at any time in the study.
- **Other questions are designed to track changes** in your health or personal circumstances over time.
- **Some questions are 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 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

No

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

for example 

|   |   |
|---|---|
| 2 | 0 |
|---|---|

Some questions don't apply to everybody. This questionnaire indicates where you need to skip questions, and guides you to the next applicable question.

# Section 1: About your work history and personal details

**1** Please enter today's date:

| Day                  |                      | Month                |                      | Year |   |   |
|----------------------|----------------------|----------------------|----------------------|------|---|---|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | 2    | 0 | 0 |

**KDOC**    **KMOC**    **KYOC**

**2** (a) Are you still working as a civil servant?

**KCSSTILL**

Yes

No

Go to **3 (a)**

(b) Which of the following is closest to your current grade?

**KCSCLGD**

Please tick one

- Administrative Assistant (AA)
- Administrative Officer (AO)
- Executive Officer (EO)
- Higher Executive Officer (HEO)
- Senior Executive Officer (SEO)
- Grade 7
- Grade 6
- Grade 5
- Grade 4
- Grade 3
- Grade 2
- Grade 1

Go to **11 (a)**

**3** (a) Have you left the Civil Service since **January 2000**?

**KLR2000**

Yes

No

Go to **6**

(b) When did you leave the Civil Service?

| Month                |                      | Year                 |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|
| <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**KLRMONTH**    **KLRYEAR**

**4 Which of the following is closest to your last grade in the Civil Service?**

**KLRCLGD**

Please tick one

- Administrative Assistant (AA)  1
- Administrative Officer (AO)  2
- Executive Officer (EO)  3
- Higher Executive Officer (HEO)  4
- Senior Executive Officer (SEO)  5
- Grade 7  6
- Grade 6  7
- Grade 5  8
- Grade 4  9
- Grade 3  10
- Grade 2  11
- Grade 1  12

**5 By which route did you leave the Civil Service?**

**KLRROUT**

Please tick one

- Retirement at 60  1
- Voluntary Early Retirement  2
- Retirement on health grounds  3
- Voluntary Compulsory Redundancy  4
- Redundancy  5
- Transfer to company through privatisation  6
- Left to take a post outside the Civil Service  7
- Left to become self-employed  8
- Other (please specify)  9

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

**KLRPAID**

Yes

No

Go to **8**

**7** (a) Are you in paid employment now (including self-employment and employment after retirement)?

**KLREMP**

Yes

No

(b) How many jobs have you had since you left the Civil Service?

Enter number of jobs **KLREJBNO**

**8** Have you had any periods of unemployment since leaving the Civil Service? (This will not apply to anyone who did not want another job after leaving the Civil Service.)

**KLRPUNEM**

Yes

No

Go to **10**

How many? **KLRPUENO**

**9** Do these periods of unemployment add up to...

**KLRPUTIM**

Please tick one

3 months or less

3-6 months

6-12 months

12-24 months

more than 24 months

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

**KLRNE**

Please tick one

Unemployed seeking work

Retired

Long term sick/disabled

Looking after family or home

Other (please specify)

**11 (a)** 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/was either the one in which you do/did most hours, or if you do/did 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.

K11A

**(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?

KLREMPPEE

Please tick one

Employee  1 → Go to **(f)**

Self-employed  2 → Go to **(d)**

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

KLREMPPL

Yes  1

No  2 → Go to **12 (a)**

**(e)** How many people do/did you employ?

KLREPPLN

Please tick one

1-24  1

25 or more  2

**(f)** If you are/were an employee, are/were you:

KLRECHAR

Please tick one

A manager  1 → Go to **(g)**

a foreman or supervisor  2

none of the above  3 → Go to **12 (a)**

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

KLRECHNO

Please tick one

1-24  1

25 or more  2

**12** (a) How old were you when you started your first main job after leaving school? **KFMEAGE** Years

(b) What was the job title of your first main job?

(c) What kind of work did you do in your first main job?

(d) Were you an employee or self-employed?  
**KFMEMPEE** Please tick one  
Employee   
Self-employed

(e) How many people worked at your place of work in your first main job?  
**KFMEMANY** Please tick one  
Less than 25 employees   
25 or more employees

(f) Were you in charge of other people in your first main job?  
**KFMECHAR** Yes   
No  → Go to **13**

(g) If yes: **KFMECHNO** How many

**To be answered by everyone currently in employment**

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

**14** (a) Is this job... **KEFTPT** Please tick one  
full-time   
part-time

(b) Is your job contract? **KESECONT** Please tick one  
permanent   
temporary   
fixed-term   
casual

**To be answered by everyone**

**15 (a) Are you married/cohabiting?**

**KMARCOH**

Yes  1 → Go to **16**

No  2

**(b) If not married/cohabiting, are you**

**KNOTMAR**

**Please tick one**

Single, never married  1 → Go to **18**

Widowed  2

Divorced  3

Separated  4

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

**KWDSYEAR**

Year     → Go to **18**

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

**KWORKSP**

Yes  1 → Go to **18**

No  2

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

**KSPNE**

**Please tick one**

Unemployed seeking work  1

Retired  2

Long term sick/disabled  3

Looking after family or home  4

Other (please specify)  5



## Section 2: About your health

**18** In general would you say your health is:

**KGENHLTH**

Please tick one

Excellent  1

Very good  2

Good  3

Fair  4

Poor  5

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

**KHLTHNOW**

Please tick one

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

**20** 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,<br>limited<br>a lot   | Yes,<br>limited<br>a little | No, not<br>limited<br>at all |                 |
|---|----------------------------|-----------------------------|------------------------------|-----------------|
| <b>(a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports</b> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV01</b> |
| <b>(b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf</b> | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV02</b> |
| <b>(c) Lifting or carrying groceries</b>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV03</b> |
| <b>(d) Climbing several flights of stairs</b>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV04</b> |
| <b>(e) Climbing one flight of stairs</b>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV05</b> |
| <b>(f) Bending, kneeling or stooping</b>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV06</b> |
| <b>(g) Walking more than one mile</b>   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV07</b> |
| <b>(h) Walking half a mile</b>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV08</b> |
| <b>(i) Walking one hundred yards</b>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV09</b> |
| <b>(j) Bathing and dressing yourself</b>  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2  | <input type="checkbox"/> 3   | <b>KACTIV10</b> |

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

Please tick one answer for each question

Yes No

(a) Cut down the amount of time you spent on work or other activities  1  2 **KNKHL01**

(b) Accomplished less than you would like  1  2 **KNKHL02**

(c) Were limited in the kind of work or other activities you could do  1  2 **KNKHL03**

(d) Had difficulty performing the work or other activities (for example, it took extra effort)  1  2 **KNKHL04**

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

Please tick one answer for each question

Yes No

(a) Cut down the amount of time you spent on work or other activities  1  2 **KNKEM01**

(b) Accomplished less than you would like  1  2 **KNKEM02**

(c) Didn't do work or other activities as carefully as usual  1  2 **KNKEM03**

**23** During the **past four weeks** to what extent have your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours or groups?

Please tick one

**KHLSOC**

Not at all  1

Slightly  2

Moderately  3

Quite a bit  4

Extremely  5

K  
K  
K  
K  
K  
K  
K  
K  
K

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

**KBODPAIN**

Please tick one

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

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

**KPAININT**

Please tick one

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

**26** How much of the time during the **past four weeks**:

Please tick one box for each question

|         |   | All of the time            | Most of the time           | A good bit of the time     | Some of the time           | A little bit of the time   | None of the time           |
|---------|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| KTIME01 | (a) Did you feel full of life?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME02 | (b) Have you been a very nervous person?                                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME03 | (c) Have you felt so down in the dumps that nothing could cheer you up? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME04 | (d) Have you felt calm and peaceful?                                    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME05 | (e) Did you have a lot of energy?                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME06 | (f) Have you felt downhearted and low?                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME07 | (g) Did you feel worn out?  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME08 | (h) Have you been a happy person?                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| KTIME09 | (i) Did you feel tired?   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**27** 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)?

**KHLEMSOC**

Please tick one answer

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

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

Please tick one box for each question

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

**Medical consultation**

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

**KGPVISYR**

Enter number

**30** (a) Have you been admitted to hospital (including as a day case) in the last 12 months?

**KHSADMYR**

Yes

No

→ Go to **31** (a)

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

**KHSADMNO**

Enter number

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

|         |                |                          |                      |                      |                       |                      |                      |                      |                      |
|---------|----------------|--------------------------|----------------------|----------------------|-----------------------|----------------------|----------------------|----------------------|----------------------|
| Cause 1 | <b>KHS1RSN</b> | <b>KHS1MNTH</b><br>Month | <input type="text"/> | <input type="text"/> | <b>KHS1YR</b><br>Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cause 2 | <b>KHS2RSN</b> | <b>KHS2MNTH</b><br>Month | <input type="text"/> | <input type="text"/> | <b>KHS2YR</b><br>Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cause 3 | <b>KHS3RSN</b> | <b>KHS3MNTH</b><br>Month | <input type="text"/> | <input type="text"/> | <b>KHS3YR</b><br>Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Cause 4 | <b>KHS4RSN</b> | <b>KHS4MNTH</b><br>Month | <input type="text"/> | <input type="text"/> | <b>KHS4YR</b><br>Year | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

**31** (a) 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).

**KLONGILL**

Yes  1

No  2 → Go to **32** (a)

**(b)** If yes, please list below

|       |          |        |           |
|-------|----------|--------|-----------|
| (i)   | KLONGIL1 | (vi)   | KLONGIL6  |
| (ii)  | KLONGIL2 | (vii)  | KLONGIL7  |
| (iii) | KLONGIL3 | (viii) | KLONGIL8  |
| (iv)  | KLONGIL4 | (ix)   | KLONGIL9  |
| (v)   | KLONGIL5 | (x)    | KLONGIL10 |

**32 (a)** This question concerns any medicines that you may have taken during the last fourteen days. Have you been taking any medicines, tablets, tonics or pills within the last fourteen days?

**KPRESDOC**

Yes

No

→ Go to **33 (a)**

**(b) If yes, please list any medicines below**

**And the reasons for taking them**

Was this prescribed by a doctor

(i) **KPRSDRG1**

**KPRESDC1**

Yes No

(ii) **KPRSDRG2**

**KPRESDC2**

Yes No

(iii) **KPRSDRG3**

**KPRESDC3**

Yes No

(iv) **KPRSDRG4**

**KPRESDC4**

Yes No

(v) **KPRSDRG5**

**KPRESDC5**

Yes No

(vi) **KPRSDRG6**

**KPRESDC6**

Yes No

(vii) **KPRSDRG7**

**KPRESDC7**

Yes No

(viii) **KPRSDRG8**

**KPRESDC8**

Yes No

**KPRSDRG9**

**KPRESDC9**

**KPRSDR10**

**KPRESD10**

**KPRSDR11**

**KPRESD11**

**KPRSDR12**

**KPRESD12**

**KPRSDR13**

**KPRESD13**

**KPRSDR14**

**KPRESD14**

**KPRSDR15**

**KPRESD15**

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

**33** (a) Since January 2002 have you had any pain or discomfort in your chest?

KCHPAIN

Yes

No  → Go to **35**

(b) If yes:

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

KCHPUPH

Yes

No

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

KCHPLEV

Yes

No

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

KCHPACT

Please tick one

Stop

Slow down

Continue at the same pace

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

KCHPSTOP

Yes

No  → Go to (g)

(f) If yes, how soon?

KCHPTIME

Please tick one

In 10 minutes or less

More than 10 minutes

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

KCHPSIT1

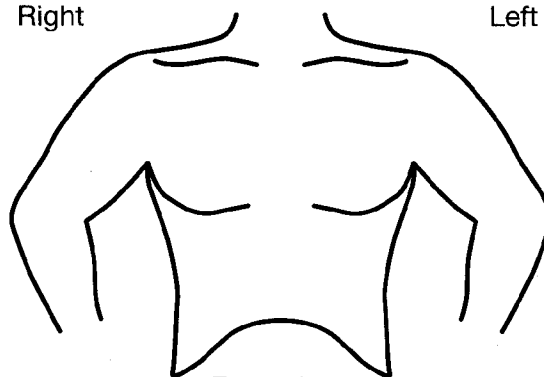
KCHPSIT2

KCHPSIT3

KCHPSIT4

KCHPSIT5

Right



Left

KCHPSIT6

KCHPSIT7

KCHPSIT8

KCHPSIT9

Front view

**34 (a) Since January 2002 have you had a severe pain across the front of your chest lasting half an hour or more?**

**KCHPEXT**

Yes

No  → Go to **35**

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

**KCHPDOC**

Yes

No  → Go to **(d)**

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

**KCHPDIAG**

**(d) How many of these attacks have you had?**

**KCHPNUM**

Enter number



## Tests and treatments

**35** These questions concern any **test(s)** or **treatment(s)** you may have had for chest pain or heart disease.  
**Since January 2002** 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)**

|               |     |                          |                 |  |   |            |
|---------------|-----|--------------------------|-----------------|--|---|------------|
| <b>EXECG1</b> | Yes | <input type="checkbox"/> | Year since 2002 | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> | Hospital name/Town                        | Consultant |
|               | No  | <input type="checkbox"/> | <b>KEXECGY1</b> | <input style="width: 100%;" type="text"/>  | <input style="width: 100%;" type="text"/> |            |

|               |     |                          |                 |  |   |            |
|---------------|-----|--------------------------|-----------------|--|---|------------|
| <b>EXECG2</b> | Yes | <input type="checkbox"/> | Year since 2002 | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> | Hospital name/Town                        | Consultant |
|               | No  | <input type="checkbox"/> | <b>KEXECGY2</b> | <input style="width: 100%;" type="text"/>  | <input style="width: 100%;" type="text"/> |            |

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

|               |     |                          |                 |  |   |            |
|---------------|-----|--------------------------|-----------------|--|---|------------|
| <b>AGRAM1</b> | Yes | <input type="checkbox"/> | Year since 2002 | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> | Hospital name/Town                        | Consultant |
|               | No  | <input type="checkbox"/> | <b>KAGRAMY1</b> | <input style="width: 100%;" type="text"/>  | <input style="width: 100%;" type="text"/> |            |

|               |     |                          |                 |  |   |            |
|---------------|-----|--------------------------|-----------------|--|---|------------|
| <b>AGRAM2</b> | Yes | <input type="checkbox"/> | Year since 2002 | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> | Hospital name/Town                        | Consultant |
|               | No  | <input type="checkbox"/> | <b>KAGRAMY2</b> | <input style="width: 100%;" type="text"/>  | <input style="width: 100%;" type="text"/> |            |

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

|               |     |                          |                 |  |   |            |
|---------------|-----|--------------------------|-----------------|--|---|------------|
| <b>APLAS1</b> | Yes | <input type="checkbox"/> | Year since 2002 | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> | Hospital name/Town                        | Consultant |
|               | No  | <input type="checkbox"/> | <b>KAPLASY1</b> | <input style="width: 100%;" type="text"/>  | <input style="width: 100%;" type="text"/> |            |

|               |     |                          |                  |  |   |            |
|---------------|-----|--------------------------|------------------|--|---|------------|
| <b>APLAS2</b> | Yes | <input type="checkbox"/> | Year since 2002  | <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="0"/> | Hospital name/Town                        | Consultant |
|               | No  | <input type="checkbox"/> | <b>KAPLASYR?</b> | <input style="width: 100%;" type="text"/>  | <input style="width: 100%;" type="text"/> |            |

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

|               |     | Year since 2002                      | Hospital name/Town | Consultant |
|---------------|-----|--------------------------------------|--------------------|------------|
| <b>KCABG1</b> | Yes | <input type="checkbox"/> 1           |                    |            |
|               | No  | <input type="checkbox"/> 2           |                    |            |
|               |     | 2   0   0   <input type="checkbox"/> |                    |            |
|               |     | <b>KCABGY1</b>                       |                    |            |

|               |     | Year since 2002                      | Hospital name/Town | Consultant |
|---------------|-----|--------------------------------------|--------------------|------------|
| <b>KCABG2</b> | Yes | <input type="checkbox"/> 1           |                    |            |
|               | No  | <input type="checkbox"/> 2           |                    |            |
|               |     | 2   0   0   <input type="checkbox"/> |                    |            |
|               |     | <b>KCABGY2</b>                       |                    |            |

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

|                |     | Year since 2002                      | Hospital name/Town | Consultant |
|----------------|-----|--------------------------------------|--------------------|------------|
| <b>KADMCH1</b> | Yes | <input type="checkbox"/> 1           |                    |            |
|                | No  | <input type="checkbox"/> 2           |                    |            |
|                |     | 2   0   0   <input type="checkbox"/> |                    |            |
|                |     | <b>KADMCHY1</b>                      |                    |            |

|                |     | Year since 2002                      | Hospital name/Town | Consultant |
|----------------|-----|--------------------------------------|--------------------|------------|
| <b>KADMCH2</b> | Yes | <input type="checkbox"/> 1           |                    |            |
|                | No  | <input type="checkbox"/> 2           |                    |            |
|                |     | 2   0   0   <input type="checkbox"/> |                    |            |
|                |     | <b>KADMCHY2</b>                      |                    |            |

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

|                |     | Year since 2002                      | Hospital name/Town | Consultant |
|----------------|-----|--------------------------------------|--------------------|------------|
| <b>KOHTOA1</b> | Yes | <input type="checkbox"/> 1           |                    |            |
|                | No  | <input type="checkbox"/> 2           |                    |            |
|                |     | 2   0   0   <input type="checkbox"/> |                    |            |
|                |     | <b>KOHTOAY1</b>                      |                    |            |

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

|                 |                 |                 |                 |                 |
|-----------------|-----------------|-----------------|-----------------|-----------------|
| <b>KOHTOAT1</b> | <b>KOHTOAT2</b> | <b>KOHTOAT3</b> | <b>KOHTOAT4</b> | <b>KOHTOAT5</b> |
| <b>KOHTOAT6</b> | <b>KOHTOAT7</b> | <b>KOHTOAT8</b> | <b>KOHTOAT9</b> |                 |

**36 (a) Since January 2002 has a doctor told you that you have had angina?**

Yes  1

**KANG**

No  2

**(b) Since January 2002 has a doctor told you that you have had a heart attack (myocardial infarct/ coronary thrombosis)?**

Yes  1

**KMI**

No  2

**(c) Since January 2002 have you had any other heart trouble suspected or confirmed? (For example, valve disease, congenital heart disease or irregular heart beat.)**

Yes  1

**KOHT**

If yes, please specify

KOHTDX1 KOHTDX2 KOHTDX3  
KOHTDX4

No  2

**This question is about stroke**

**37 (a) Since January 2002 have you been told by a doctor that you have had a stroke or transient ischaemic attack (mini stroke/TIA)?**

**KSTROKE**

Yes  1

No  2

Go to **38 (a)**

**(b) If yes:**

**KHTDRDGN**

Please tick one

Stroke  1

Transient Ischaemic Attack (mini stroke/TIA)  2

Other (please specify)  3

## These questions are about family history

**38 (a)** Was your father ever diagnosed with diabetes?

Yes  1

KDIABFH1

No  2

Don't know  3

Go to **39 (a)**

**(b)** Was he younger than 50 when diabetes was first diagnosed?

Yes  1

KDIABFH2

No  2

Don't know  3

**39 (a)** Was your mother ever diagnosed with diabetes?

Yes  1

KDIABFH3

No  2

Don't know  3

Go to **40 (a)**

**(b)** Was she younger than 50 when diabetes was first diagnosed?

Yes  1

KDIABFH4

No  2

Don't know  3

**40 (a)** Do/did you have brothers or sisters?

Yes  1

KDIABFH5

No  2

Go to **41**

**(b)** Have any of your brothers or sisters ever been diagnosed with diabetes?

Yes  1

KDIABFH6

No  2

Don't know  3

Go to **41**

**(c)** Were any of them younger than 50 when diabetes was first diagnosed?

Yes  1

KDIABFH7

No  2

Don't know  3

## 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...**

Please tick one box for each question

|           | <b>KGHQ01</b>  | Better than usual          | Same as usual              | Rather less than usual     | Much less than usual       |
|-----------|--|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>41</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 |
|           | <b>KGHQ02</b>  | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
| <b>42</b> | Lost much sleep over worry?                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
|           | <b>KGHQ03</b>  | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
| <b>43</b> | Been having restless, disturbed nights?                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
|           | <b>KGHQ04</b>  | More so than usual         | Same as usual              | Rather less than usual     | Much less than usual       |
| <b>44</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 |
|           | <b>KGHQ05</b>  | More so than usual         | About the same as usual    | Less than usual            | Much less than usual       |
| <b>45</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 |
|           | <b>KGHQ06</b>  | Better than most           | About the same             | Rather less well           | Much less well             |
| <b>46</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 |
|           | <b>KGHQ07</b>  | Better than usual          | About the same             | Less well than usual       | Much less well             |
| <b>47</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 |
|           | <b>KGHQ08</b>  | More satisfied than usual  | About the same as usual    | Less satisfied than usual  | Much less satisfied        |
| <b>48</b> | Been satisfied with the way you've carried out your task(s)? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

|   |                            |                            |                            |                            |
|---|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>KGHQ09</b>   | Better than usual          | About the same as usual    | Less well than usual       | Much less well             |
| <b>49</b> Been able to feel warmth and affection for those near to you? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ10</b>   | Better than usual          | About the same as usual    | Less well than usual       | Much less well             |
| <b>50</b> Been finding it easy to get on with other people?             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ11</b>   | More time than usual       | About the same as usual    | Less time than usual       | Much less than usual       |
| <b>51</b> Spent much time chatting with people?                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ12</b>   | More so than usual         | Same as usual              | Less useful than usual     | Much less useful           |
| <b>52</b> Felt that you are playing a useful part in things?            | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ13</b>   | More so than usual         | Same as usual              | Less so than usual         | Much less capable          |
| <b>53</b> Felt capable of making decisions about things?                | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ14</b>   | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
| <b>54</b> Felt constantly under strain?                                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ15</b>   | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
| <b>55</b> Felt you couldn't overcome your difficulties?                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KGHQ16</b>   | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
| <b>56</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 |
| <b>KGHQ17</b>   | More so than usual         | Same as usual              | Less so than usual         | Much less than usual       |
| <b>57</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 |
| <b>KGHQ18</b>   | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
| <b>58</b> Been taking things hard?                                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

|           |   |                            |                               |                              |                            |
|-----------|---|----------------------------|-------------------------------|------------------------------|----------------------------|
|           | <b>KGHQ19</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much<br>more than<br>usual |
| <b>59</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 |
|           | <b>KGHQ20</b>   | More so<br>than<br>usual   | Same<br>as<br>usual           | Less able<br>than<br>usual   | Much<br>less<br>able       |
| <b>60</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 |
|           | <b>KGHQ21</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much<br>more than<br>usual |
| <b>61</b> | Found everything getting on top of you?               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ22</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much<br>more than<br>usual |
| <b>62</b> | Been feeling unhappy and depressed?                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ23</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much<br>more than<br>usual |
| <b>63</b> | Been losing confidence in yourself?                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ24</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much more<br>than<br>usual |
| <b>64</b> | Been thinking of yourself as a worthless person?      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ25</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much<br>more than<br>usual |
| <b>65</b> | Felt that life is entirely hopeless?                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ26</b>   | More so<br>than<br>usual   | About the<br>same as<br>usual | Less so<br>than<br>usual     | Much<br>less<br>hopeful    |
| <b>66</b> | Been feeling hopeful about your own future?           | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ27</b>   | More so<br>than<br>usual   | About the<br>same as<br>usual | Less so<br>than<br>usual     | Much less<br>than<br>usual |
| <b>67</b> | Been feeling reasonably happy, all things considered? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |
|           | <b>KGHQ28</b>   | Not<br>at<br>all           | No more<br>than<br>usual      | Rather<br>more than<br>usual | Much<br>more than<br>usual |
| <b>68</b> | Been feeling nervous and strung-up all the time?      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2    | <input type="checkbox"/> 3   | <input type="checkbox"/> 4 |

| KGHQ29    |                                    | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
|-----------|------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>69</b> | Felt that life isn't worth living? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

| KGHQ30    |   | Not at all                 | No more than usual         | Rather more than usual     | Much more than usual       |
|-----------|---|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>70</b> | Found at times you couldn't do anything because your nerves were too bad? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

| KHLTHYR   |   | Please tick one |                            |      |                            |         |                            |      |                            |           |                            |
|-----------|---|-----------------|----------------------------|------|----------------------------|---------|----------------------------|------|----------------------------|-----------|----------------------------|
| <b>71</b> | Over the last 12 months would you say your health has been? | Very good       | <input type="checkbox"/> 1 | Good | <input type="checkbox"/> 2 | Average | <input type="checkbox"/> 3 | Poor | <input type="checkbox"/> 4 | Very poor | <input type="checkbox"/> 5 |

| KSLEEP    |   | Please tick one |                            |         |                            |         |                            |         |                            |                 |                            |
|-----------|---|-----------------|----------------------------|---------|----------------------------|---------|----------------------------|---------|----------------------------|-----------------|----------------------------|
| <b>72</b> | How many hours of sleep do you have on an average week-night? | 5 hours or less | <input type="checkbox"/> 1 | 6 hours | <input type="checkbox"/> 2 | 7 hours | <input type="checkbox"/> 3 | 8 hours | <input type="checkbox"/> 4 | 9 hours or more | <input type="checkbox"/> 5 |

| KSLPFALL  |   | Please tick one box for each question |                            |                            |                            |                            |                            |
|-----------|---|---------------------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
|           |   | Not at all                            | 1-3 days                   | 4-7 days                   | 8-14 days                  | 15-20 days                 | 21-31 days                 |
| <b>73</b> | How often in the past month did you:                                      |                                       |                            |                            |                            |                            |                            |
|           | (a) Have trouble falling asleep?  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|           | (b) Wake up several times per night?                                      | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|           | (c) Have trouble staying asleep (including waking far too early)?         | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|           | (d) Wake up after your usual amount of sleep, feeling tired and worn out? | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|           | (e) Have disturbed or restless sleep?                                     | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
|           | (f) Have difficulty concentrating?  | <input type="checkbox"/> 1            | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |



**74**

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

Yes No

|   | Yes                      | No                       |
|---|--------------------------|--------------------------|
| KADL1 (a) Dressing, including putting on shoes and socks                      | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL2 (b) Walking across a room   | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL3 (c) Bathing or showering  | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL4 (d) Eating, such as cutting up your food                                | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL5 (e) Getting in or out of bed  | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL6 (f) Using the toilet, including getting up or down                      | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL7 (g) Using a map to figure out how to get around in a strange place      | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL8 (h) Preparing a hot meal  | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL9 (i) Shopping for groceries  | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL10 (j) Making telephone calls   | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL11 (k) Taking medication  | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL12 (l) Doing work around the house or garden                              | <input type="checkbox"/> | <input type="checkbox"/> |
| KADL13 (m) Managing money, such as paying bills and keeping track of expenses | <input type="checkbox"/> | <input type="checkbox"/> |

**75** (a) Have you ever broken/fractured a bone?  
**KFRBEVER** Yes  1 No  2 → Go to **76**

**(b) Details of bones broken/ fractured**

(i) **First injury:** name of bone(s) broken/fractured

**KFRB1LOC**  
**KFRB2LOC**  
**KFRB3LOC**

What age were you when you broke/fractured your **first** bone(s)?

Enter approximate age  Years

**KFRB1AGE**

(ii) **Second injury:** name of bone(s) broken/fractured

**KFRB4LOC**  
**KFRB5LOC**  
**KFRB6LOC**

What age were you when you broke/fractured your **second** bone(s)?

Enter approximate age  Years

**KFRB2AGE**

(iii) **Third injury:** name of bone(s) broken/fractured

**KFRB7LOC**  
**KFRB8LOC**  
**KFRB9LOC**

What age were you when you broke/fractured your **third** bone(s)?

Enter approximate age  Years

**KFRB3AGE**

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

**KFRB1RSN KFRB2RSN KFRB3RSN**

Please tick one answer per column

|  | First injury               | Second injury              | Third injury               |
|--|----------------------------|----------------------------|----------------------------|
| (i) Fall from greater than standing height. (For example, from chair or stairs)  | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 | <input type="checkbox"/> 1 |
| (ii) Fall from standing height. (For example, walking)                           | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 | <input type="checkbox"/> 2 |
| (iii) Fall from less than standing height. (For example, getting out of a chair) | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 | <input type="checkbox"/> 3 |
| (iv) Road traffic accident   | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 | <input type="checkbox"/> 4 |
| (v) High energy trauma. (For example, sports injury)                             | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 | <input type="checkbox"/> 5 |
| (vi) Other (please specify)  | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 | <input type="checkbox"/> 6 |

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

Please tick one answer per column

|  |          | Yes                        | No                         |      | If yes, what was the year that the doctor first told you?                                    |
|--|----------|----------------------------|----------------------------|------|--|
| (a) Osteoarthritis ('wear and tear' arthritis) | KOST_ART | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KOST_AYR |
| (b) Rheumatoid arthritis                       | KRHE_ART | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KRHE_AYR |
| (c) Gout                                       | KGOUT    | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KGOUT_YR |
| (d) Osteoporosis                               | KOST_POR | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KOST_PYR |
| (e) Diabetes                                   | KDIABET  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | Year | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> KDIABYR  |

**77** Have you ever been told that you have an increased risk of heart disease?

Please tick all that apply

No  1 KRISKHD1

Yes, by my GP  2 KRISKHD2

Yes, by a consultant  3 KRISKHD3

Yes, by the Stress and Health study  4 KRISKHD4

Yes, at a general health screening (for example, at pharmacist or health insurer)  5 KRISKHD5

Yes, other (please specify)  6 KRISKHD6

## Section 3: About your lifestyle

### Exercise

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

**78** How often do you take part in sports or activities that are mildly energetic, moderately energetic or vigorous?

See details below.

Please tick one answer for each question

|                              |                            |                                     |                          |
|------------------------------|----------------------------|-------------------------------------|--------------------------|
| 3 times<br>a week<br>or more | Once or<br>twice<br>a week | About once<br>to 3 times<br>a month | Never/<br>hardly<br>ever |
|------------------------------|----------------------------|-------------------------------------|--------------------------|

**(a) Mildly energetic** (for example, walking, woodwork, weeding, hoeing, bicycle repair, playing darts, general housework)

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

**KMILD**

**(b) Moderately energetic** (for example, scrubbing, polishing car, dancing, golf, cycling, decorating, lawn mowing, leisurely swimming)

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

**KMOD**

**(c) Vigorous** (for example, running, hard swimming, tennis, squash, digging, cycle racing)

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

**KVIG**

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

**(d) Mildly energetic**      **KMILDHRS**      Hours  per week

**(e) Moderately energetic**      **KMODHRS**      Hours  per week

**(f) Vigorous**      **KVIGHRS**      Hours  per week

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

**(a) On average, for how long did you walk outside your home/workplace?**  
(If you did not walk, please enter zero ('00') in the boxes.)

For example 1 hour 30 minutes, **not** 90 minutes

**KWLKOUTA**

On each weekday

|   |   |
|---|---|
| Hours   | Minutes   |
| <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

**KWLKOUTB**

On each weekend day

|   |   |
|---|---|
| Hours   | Minutes   |
| <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

**(b) On average, for how long did you cycle?**  
(If you did not cycle, please enter zero ('00') in the boxes.)

**KPEDCYCA**

On each weekday

|   |   |
|---|---|
| Hours   | Minutes   |
| <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

**KPEDCYCB**

On each weekend day

|   |   |
|---|---|
| Hours   | Minutes   |
| <input style="width: 40px; height: 20px;" type="text"/> | <input style="width: 40px; height: 20px;" type="text"/> |

80

How would you describe your usual walking pace?

Please tick one box only

KWLKPACE

Slow pace (less than 3 mph)

Steady average pace

Brisk pace

Fast pace (over 4 mph)

Drinking habits

Yes No

KDRNKCUT

81

(a) Have you ever felt that you ought to cut down on your drinking?

(b) Have people annoyed you by criticising your drinking?

KDRNKANN

(c) Have you ever felt bad or guilty about your drinking?

KDRNKGLT

(d) Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

KDRNKHNG

Section 4: About your social and home life

Your household

82

(a) How many people live in your household besides you?

Number of people

KACOTHER

(b) How many of these are children under the age of 18?

Number of children under 18

KACCHD

83

(a) Are you currently providing any personal care or help to one or more aged or disabled person(s)?

Yes

KCARER

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

KCAREHRS

84

To what extent do you have problems with your housing (for example, too small, repairs, damp)?

Please tick one

Very great problems

Great

Some

Slight

Very little

KFAMPRB7

---

**85** 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?

**KFAMPRB5**

Please tick one

Always

Often

Sometimes

Seldom

Never

---

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

**KFAMPRB6**

Please tick one

Very great

Great

Some

Slight

Very little

---

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

**KFINSECU**

Please tick one

Secure

Fairly secure

Fairly insecure

Insecure

**88** (a) 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.)

Please tick one

**KCONF RND**

Almost daily  1

About once a week  2

About once a month  3

Once every few months  4

Never/Almost never  5

(b) How often do you regularly visit or are visited by these friends or acquaintances?

Please tick one

**KVSTFRND**

Almost daily  1

About once a week  2

About once a month  3

Once every few months  4

Never/Almost never  5

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

Please tick one

**KVSTFRM**

None  1

1-2  2

3-5  3

6-10  4

More than 10  5

89

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

Please tick one box on each line

|  | Often                      | Some-<br>times             | Not<br>often               | Never                      |
|--|----------------------------|----------------------------|----------------------------|----------------------------|
| KCASP1 (a) My age prevents me from doing the things I would like to do     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP2 (b) 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 |
| KCASP3 (c) I feel free to plan for the future                              | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP4 (d) I feel left out of things                                       | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP5 (e) 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 |
| KCASP6 (f) 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 |
| KCASP7 (g) 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 |
| KCASP8 (h) 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 |
| KCASP9 (i) 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 |
| KCASP10 (j) I look forward to each day                                     | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP11 (k) I feel that my life has no meaning                             | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP12 (l) I enjoy the things I do  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP13 (m) I enjoy being in the company of others                         | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP14 (n) 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 |
| KCASP15 (o) I feel full of energy these days                               | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP16 (p) 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 |
| KCASP17 (q) 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 |
| KCASP18 (r) I feel that life is full of opportunities                      | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| KCASP19 (s) 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 |



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

Please tick one box on each line

| Are you involved in any of the following? |  | Often                      | Some-<br>times             | Not<br>often               | Never                      |
|---|--|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>KSPARLGF</b>                           | (i) Religious activities/observance  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAPOSF</b>                           | (ii) Positions of office (for example, school governor, councillor, etc)                 | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAVOLF</b>                           | (iii) Voluntary work   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAEDNF</b>                           | (iv) Courses and education/evening classes   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPACULF</b>                           | (v) 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 |
| <b>KSPAGAMF</b>                           | (vi) Social indoor games, cards, bingo, chess  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAVSTF</b>                           | (vii) Visiting friends and relatives   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAPUBF</b>                           | (viii) Going to pubs and social clubs  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPASOLF</b>                           | (ix) Individual occupations (for example, reading, listening to music)                   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAHTF</b>                            | (x) Household tasks (for example, DIY, maintenance, decorating)                          | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAHANF</b>                           | (xi) Practical activities, making things with your hands (for example, pottery, drawing) | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPAGDNF</b>                           | (xii) Gardening  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |
| <b>KSPACOMH</b>                           | (xiii) Using a home computer for leisure   | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**(b) If you participate in voluntary work, as indicated in question 90 (a) (iii), to what extent does this provide you with fulfilment?**

**KSPAVOLX**

| Always                     | Usually                    | Sometimes                  | Rarely                     |
|----------------------------|----------------------------|----------------------------|----------------------------|
| <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 |

**91** How much do you agree or disagree with the following statements?

Please indicate one for each of the following questions if they apply to you

|  | Strongly disagree          | Moderately disagree        | Slightly disagree          | Slightly agree             | Moderately agree           | Strongly agree             |
|--|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| <b>KUNFAIR</b> a) I often have the feeling of being treated unfairly                                     | <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>KHAVESAY</b> b) I have a good deal of say in decisions about my life                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |
| <b>KNORSPCT</b> (c) People around me do not give me the respect I deserve                                | <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>KBEYCONT</b> (d) I feel that what happens in my life is often determined by factors beyond my control | <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>KRSPCT</b> (e) I receive the respect I deserve from those in authority                                | <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>KFAIR</b> (f) I feel that I am treated fairly by people in authority                                  | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 |

**Please add any comments below**

KCMT\_Q1

KCMT\_Q2

KCMT\_Q3

KCMT\_Q4

KCMT\_Q5

KCMT\_Q6

KCMT\_Q7

KCMT\_Q8

KCMT\_CAT

**Thank you for completing this questionnaire**