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CURRENT HEALTH

I am going to give you a copy of a measure which we call the ‘faces scale’, you may remember it from last time. I would like you to keep it beside you as we will use it a number of times.

As you can see, there are seven different faces. They go from face A which is a face showing someone who is very happy and has no stress or worries to face G which shows someone who is very unhappy or has a lot of stress or worries.

- 1 I would like you to think overall about your health now. Which face shows best how you feel about your health now.
code A=1 B=2 C=3 D=4 E=5 F=6 G=7
- 29
FHLTH-B
- 2 Comparing yourself with most people your age, would you say that you had....
- | | | |
|--------------------------------------|---|---------|
| | 1 | |
| much more energy..... | 1 | |
| a little more energy..... | 2 | |
| about the same amount of energy..... | 3 | SANNG-B |
| a little less energy..... | 4 | 30 |
| much less energy..... | 5 | |
| <don't know>..... | 9 | |
- 3 Comparing yourself with most people your age, how often would you say that you felt really healthy and well? Would you say....
- | | | |
|--------------------------------------|---|----------|
| | 1 | |
| much more often than others..... | 1 | |
| a little more often than others..... | 2 | |
| about as often as others..... | 3 | SAWELL-B |
| a little less often than others..... | 4 | 31 |
| much less often than others..... | 5 | |
| <don't know>..... | 9 | |
- 4 Comparing yourself with most people your age, would you rate your level of fitness as.....
- | | | |
|-------------------|---|---------|
| | 1 | |
| very good..... | 1 | |
| good..... | 2 | |
| moderate..... | 3 | SAFIT-B |
| poor..... | 4 | 32 |
| very poor..... | 5 | |
| <don't know>..... | 9 | |
- 5(a) Over the last 12 months on how many separate occasions have you stayed in bed because you were feeling unwell?
(none code 00, don't know 99) O→6
- NYRBED-B
- | | |
|----|----|
| 33 | 34 |
|----|----|
- (b) How many days would that be in all over the last 12 months?
- NDYBED-B
- | | | |
|----|----|----|
| 35 | 36 | 37 |
|----|----|----|
- 6(a) Can I just check, do you work at the moment?
- | | | |
|----------|---|------------|
| | 1 | |
| yes..... | 1 | 38 CHKWK-B |
| no..... | 2 | O→7 |

b) Over the last 12 months on how many separate occasions have you stayed off work because you were feeling unwell?
(none code 00, don't know 99) O → 7I

NYROFW-B

39	40
----	----

c) How many days would that be in all over the last 12 months?

NDYOFW-B

41	42	43
----	----	----

7 a) Over the last 12 months how many times have you attended an out-patient clinic in a hospital?
(none code 00, don't know 99)

NOPYR-B

44	45
----	----

b) Over the last twelve months, how many times have you been in hospital for at least one night?
(none code 00, don't know 99) O → 8

NIPYR-B

46	47
----	----

c) How many nights would that be in all?

NIPNYR-B

48	49	50
----	----	----

Now I'd like to ask about your GP or family doctor.

8 a) Over the last 12 months have you consulted a GP or family doctor on your own behalf?

GPYR-B

yes.....1 51
 no..... 2
 <don't know>..... 9] O → 9

b) First, how many times have you consulted the GP at his or her surgery on your own behalf?
(none code 00, don't know 99)

52	53
----	----

NGPYRS-B

c) Secondly, how many times has the doctor visited you at home on your own behalf?
(none code 00, don't know 99)

54	55
----	----

NGPYRH-B

9 a) Who is your GP or family doctor?
(Record name of doctor. If they attend a group practice and don't view a particular doctor as their doctor, record the name of the group practice only.)

(If not currently registered write none) O → 10

DOC
 Doctor _____

--	--	--	--

PRAC
 Practice _____

--	--	--	--

b) What is the address of the surgery or health centre?

PRACAD1 PRACAD2

Address *(with postcode if known)* _____

10 a) Some people have private health insurance which covers the cost of private treatment. Do you have insurance of this sort?

yes.....	1	PRIVHI-B
no.....	2	56
<don't know>.....	9	] O→ 11

b) Who pays the subscription?

self (or spouse).....	1	PRIVSB-B
own employer.....	2	57
spouse's employer.....	3	
trade union scheme.....	4	
other (specify).....	5	

I'd like to ask you one or two more questions about your health in general.

11 Over the last 12 months would you say that your health on the whole has been....

excellent.....	1	SAHLYR-B
good.....	2	58
fair.....	3	
poor.....	4	
<don't know>.....	9	

12 Would you say that for someone of your age your own health in general is....

excellent.....	1	SAHAGE-B
good.....	2	59
fair.....	3	
poor.....	4	
<don't know>.....	9	

13 Comparing yourself with most people your age, would you say that you were ill or unwell....

much more often than others.....	1	SAILL-B
a little more often than others.....	2	60
about as often as others.....	3	
a little less often than others.....	4	
much less often than others.....	5	
<don't know>.....	9	

I'd like to ask about your height and weight.

14 a) .

b) How tall are you, that is with your shoes off?

SAHTFT-B	SAHTIN-B	SAHTCM-B
Ft.	In.	cm.
61	62 63	64 65 66
	St.	Lbs.
	67 68	69 70
	SAWTST-B	SAWTLB-B

How much do you weigh in light indoor clothes?

55S ONLY 35S O→ e

c) Thinking back twenty years or so to when you were 40, did you weigh....

more than now.....	1	SAWT40-B
less than now.....	2	71
just about the same then as now.....	3 O→ e	

d) How much did you weigh then?

	St.		Lbs.
	72 | 73		74 | 75
	WT40ST-B		WT40LB-B

ASK ALL

e) Thinking back to when you were in your early twenties, did you weigh....

more than now.....	1	76
less than now.....	2	SAWT20-B
just about the same then as now.....	3 O→ 15	

f) How much did you weigh then?

	St.		Lbs.
	77 | 78		79 | 80
	WT20ST.B		WT20LB-B

REC2-----

Sometimes people have times when they feel sad or depressed.

15 During the past 12 months have you ever been bothered by feeling sad or depressed?
If yes: Was that...

very often.....	1	
fairly often.....	2	SADYR-B
sometimes.....	3	1
almost never.....	4	
<never>.....	5	
<don't know>.....	9	

16 During the past 12 months have you ever been bothered by feelings of anxiety?
If yes: Was that...

very often.....	1	
fairly often.....	2	ANXYR-B
sometimes.....	3	2
almost never.....	4	
<never>.....	5	
<don't know>.....	9	

17 Have you ever, at any time in your life, felt that life was not worth living?

yes.....	1	SVICEV-B
no.....	2	3

- 18 a) Have you ever seriously thought about taking an overdose of drugs or injuring yourself deliberately?
- SUICTH-B
- yes..... 1 4
- no..... 2 O→ 20
- b) When was the last time you felt like that? 19

5	6
---	---

 M

7	8
---	---
- SUTHYR-B SUTHMT-B
- (Code year and month, month unknown code 99)
- 19 a) Have you ever actually taken an overdose of drugs or injured yourself deliberately?
- yes..... 1 9 SUICOD-B
- no..... 2 O→
- b) When was the last time that happened? 19

10	11
----	----

 M

12	13
----	----
- SUODYR-B SUODMT-B
- (Code year and month, month unknown code 99)

LONG-STANDING / CHRONIC ILLNESS

I'd like to ask now about all the particular conditions which might affect your health.

Interviewers, first ask prompt a). For each condition mentioned fill in the name of the condition on the first blank condition sheet and ring the appropriate 'prompt' code. (Don't forget to do this).

Ask 'Is there anything else?' and fill in the next sheet if another condition is mentioned. (Start at sheet 1 and always fill in the next blank sheet. Do not skip sheets). Carry on until they run out of conditions.

Then ask prompt b) and follow the same procedure. Remember to ring code 2 each time. Then ask prompt c) and follow the same procedure. Remember to ring code 3 each time.

When you have asked all the prompts go back and, starting at sheet 1, ask the detailed questions about each condition they mentioned.

- 20 a) Do you have any LONG-STANDING illness, disability or infirmity?
By LONG-STANDING I mean anything that has troubled you over a period of time or that is likely to affect you over a period of time?
(Probe: "Is there anything else?")
- b) Do you have any other health problems or conditions which seriously affect your health now or which you think will seriously affect your health in the future and which you haven't already told me about?
- c) Do you suffer from anxiety or depression, or do you have any mental problems, phobias, panics or nervous disorders which you haven't already told me about?

Try to get a reasonably clear description of the health problem. If they say 'cancer' for example, ask for type or site. If they say 'heart trouble' ask 'Did a doctor ever tell you what the condition was called?' and so on.

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code

Longstanding prompt.....1
serious prompt.....2
mental prompt.....3 14
card prompt.....4
other (specify).....5

COND1-B	
C1RCGP-B	
C1OPCS-B	
C1MRC-B	

--	--

C1CD-B

C1PMPT-B
Code missed.....8

c) How long have you had...(cond)...?
(years and months, months unknown code 99)

Yrs

15	16
----	----

 M

17	18
----	----

C1YR-B C1MT-B

i) Does it affect your ability to?

		yes	no	
walk in the street.....	C1WLK-B	1	2	25
climb steps or stairs.....	C1STP-B	1	2	26
bend to pick things up.....	C1BND-B	1	2	27
reach behind, stretch or turn.....	C1RCH-B	1	2	28
grip and lift objects.....	C1GRP-B	1	2	29

d) Have you ever consulted a doctor about...(cond)...?
yes.....1
no.....2 O→f 19

C1DREV-B

Does it affect your...

balance.....	C1BAL-B	1	2	30
eyesight.....	C1EYE-B	1	2	31
hearing.....	C1HEAR-B	1	2	32
bladder or bowels.....	C1BLAD-B	1	2	33

e) In the last 12 months, how many times in all have you consulted your family doctor about...(cond)...?
(none code 00, don't know code 99)

20	21
----	----

C1GPYR-B

j) Thinking about the last four weeks, during those four weeks did...(cond)... affect your ability to do things about the house, at work or in your free time?

yes.....	1	C1FNAB-B
no.....	2	34
<don't know>.....	9	] O→1

f) How often does...(cond)... cause you pain or discomfort? Does it trouble you....

all the time.....	1	
quite a lot of the time.....	2	
regularly but not often.....	3	C1PNF-B
only occasionally.....	4	22
<not applicable>(eg mental problem)	5	
<never>.....	6	] O→h
<don't know>.....	9	

k) For how many days were your activities limited?
(record number of days, don't know code 99)

35	36
----	----

C1DYL-B

g) When it gives you pain or discomfort is it....

severe.....	1	C1PNS-B
moderate.....	2	
slight.....	3	23
<don't know.....	9	

l) Thinking ahead over the next few years, do you think that...(cond).. will....

get much worse.....	1	C1PROG-B
get a little worse.....	2	
stay about the same.....	3	
get a little better.....	4	37
get much better.....	5	
<don't know.....	9	

h) Does...(cond)... normally limit your activities in any way?
If yes is that....

a very great deal.....	1	C1LIM-B
quite a lot.....	2	24
to a moderate degree.....	3	
only a little.....	4	
<not at all>.....	5	] O→j
<don't know>.....	9	

m) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?

ASK FOR EACH

n) did a doctor prescribe this for you?

yes..... 1
no..... 2 O→next 38
cond

C1MED-B yes..... 1
no..... 2
<don't know>..... 9

C1M1 med.1 _____ prescribe
C1M2 med.2 _____ prescribe
C1M3 med.3 _____ prescribe

1 2 9	39	C1M1PR-B
1 2 9	40	C1M2PR-B
1 2 9	41	C1M3PR-B

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code
Longstanding prompt.....1
serious prompt.....2
mental prompt.....3 42
card prompt.....4
other (specify).....5

COND2-B	
C2RCGP-B	
C2OPCS-B	
C2MRC-B	

--	--

C2CD-B

C2PMPT-B
Code missed.....8

c) How long have you had...(cond)...?
(years and months, months unknown code 99)
Yrs

43	44
----	----

 M

45	46
----	----

C2YR-B C2MT-B

i) Does it affect your ability to? yes no
walk in the street..... C2WLK-B 1 2 53
climb steps or stairs..... C2STP-B 1 2 54
bend to pick things up..... C2BND-B 1 2 55
reach behind, stretch or turn..... C2RCH-B 1 2 56
grip and lift objects..... C2GRP-B 1 2 57

d) Have you ever consulted a doctor about...(cond)...?
yes.....1
no.....2 O→f 47
C2DREV-B

Does it affect your...
balance..... C2BAL-B 1 2 58
eyesight..... C2EYE-B 1 2 59
hearing..... C2HEAR-B 1 2 60
bladder or bowels..... C2BLAD-B 1 2 61

e) In the last 12 months, how many
times in all have you consulted
your family doctor about
...(cond)...?
(none code 00, don't know code 99)

48	49
----	----

C2GPYR-B

j) Thinking about the last four weeks, during those four weeks did
...(cond)... affect your ability to do things about the house, at work or
in your free time?
yes..... 1 C2FNAB-B
no..... 2 } O→1 62
<don't know>..... 9

f) How often does ...(cond)... cause you pain or
discomfort? Does it trouble you...
all the time..... 1
quite a lot of the time..... 2
regularly but not often..... 3 C2PNF-B
only occasionally..... 4 50
<not applicable>(eg mental problem) 5
<never>..... 6 } O→h
<don't know>..... 9

k) For how many days were your
activities limited?
(record number of days, don't know code 99)

63	64
----	----

C2DYL-B

g) When it gives you pain or discomfort is it...
severe..... 1 C2PNS-B
moderate..... 2 51
slight..... 3
<don't know..... 9

l) Thinking ahead over the next few years, do you
think that ...(cond).. will...
get much worse..... 1
get a little worse..... 2 C2PROG-B
stay about the same..... 3 65
get a little better..... 4
get much better..... 5
<don't know..... 9

h) Does ...(cond)... normally limit your activities in any way?
If yes is that...
a very great deal..... 1 C2LIM-B
quite a lot..... 2 52
to a moderate degree..... 3
only a little..... 4
<not at all>..... 5 } O→j
<don't know>..... 9

m) Do you have any pills, medications, drugs or injections, for this
condition, either things prescribed for you or things you buy yourself?
yes..... 1
no..... 2 O→next 66
cond

ASK FOR EACH
n) did a doctor prescribe this for you?
C2MED-B yes..... 1
no..... 2
<don't know>..... 9

C2M1 med.1 _____ prescribe
C2M2 med.2 _____ prescribe
C2M3 med.3 _____ prescribe

1	2	9	67	C2M1PR-B
1	2	9	68	C2M2PR-B
1	2	9	69	C2M3PR-B

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code
 Longstanding prompt.....1
 serious prompt.....2
 mental prompt.....3 70
 card prompt.....4
 other (specify).....5

COND3-B C3RCGP-B C3OPCS-B C3MRC-B	<table border="1" style="width: 100%; height: 40px; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%;"></td> </tr> </table> C3CD-B		

C3PMPT-B

c) How long have you had...(cond)...?
(years and months, months unknown code 99)

Yrs

71	72
----	----

 M

73	74
----	----

C3YR-B C3MT-B

i) Does it affect your ability to? yes no

walk in the street.....	C3WLK-B	1	2	1
climb steps or stairs.....	C3STP-B	1	2	2
bend to pick things up.....	C3BND-B	1	2	3
reach behind, stretch or turn.....	C3RCH-B	1	2	4
grip and lift objects.....	C3GRP-B	1	2	5

d) Have you ever consulted a doctor about...(cond)...?
 yes.....1
 no.....2 O→f 75
 C3DREV-B

Does it affect your... yes no

balance.....	C3BAL-B	1	2	6
eyesight.....	C3EYE-B	1	2	7
hearing.....	C3HEAR-B	1	2	8
bladder or bowels.....	C3BLAD-B	1	2	9

e) In the last 12 months, how many times in all have you consulted your family doctor about ... (cond)...?
(none code 00, don't know code 99)

76	77
----	----

C3GPYR-B

j) Thinking about the last four weeks, during those four weeks did ... (cond)... affect your ability to do things about the house, at work or in your free time?
 yes..... 1 C3FNAB-B
 no..... 2 10
 <don't know>..... 9 } O→1

f) How often does ... (cond)... cause you pain or discomfort? Does it trouble you....

all the time.....	1			
quite a lot of the time.....	2			
regularly but not often.....	3	C3PNF-B		
only occasionally.....	4	78		
<not applicable>(eg mental problem)	5			
<never>.....	6		O→h	
<don't know>.....	9			

k) For how many days were your activities limited?
(record number of days, don't know code 99)

11	12
----	----

C3DYL-B

g) When it gives you pain or discomfort is it....

severe.....	1	C3PNS-B		
moderate.....	2			
slight.....	3	79		
<don't know.....	9			

l) Thinking ahead over the next few years, do you think that ..(cond).. will....

get much worse.....	1			
get a little worse.....	2	C3PROG-B		
stay about the same.....	3			
get a little better.....	4	13		
get much better.....	5			
<don't know.....	9			

h) Does ... (cond)... normally limit your activities in any way?
 If yes is that....

a very great deal.....	1	C3LIM-B		
quite a lot.....	2	80		
to a moderate degree.....	3			
only a little.....	4			
<not at all>.....	5		O→j	
<don't know>.....	9			

m) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? ASK FOR EACH

		C3MED-B		n) did a doctor prescribe this for you?
yes.....	1			yes..... 1
no.....	2	O→next	14	no..... 2
		cond		<don't know>..... 9

C3M1	med.1 _____	prescribe	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">9</td></tr></table>	1	2	9	15	C3M1PR-B
1	2	9						
C3M2	med.2 _____	prescribe	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">9</td></tr></table>	1	2	9	16	C3M2PR-B
1	2	9						
C3M3	med.3 _____	prescribe	<table border="1" style="display: inline-table; border-collapse: collapse;"><tr><td style="width: 20px; text-align: center;">1</td><td style="width: 20px; text-align: center;">2</td><td style="width: 20px; text-align: center;">9</td></tr></table>	1	2	9	17	C3M3PR-B
1	2	9						

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code
 Longstanding prompt.....1
 serious prompt.....2
 mental prompt.....3 18
 card prompt.....4
 other (specify).....5

COND4-B
C4RCGP-B
C4OPCS-B
C4MRC-B

--	--

C4CD-B

C4PMPT-B

c) How long have you had...(cond)...?
(years and months, months unknown code 99)

Yrs

19	20
----	----

 M

21	22
----	----

C4YR-B C4MT-B

i) Does it affect your ability to? yes no

walk in the street.....	C4WLK-B	1	2	29
climb steps or stairs.....	C4STP-B	1	2	30
bend to pick things up.....	C4BND-B	1	2	31
reach behind, stretch or turn.....	C4RCH-B	1	2	32
grip and lift objects.....	C4GRP-B	1	2	33

d) Have you ever consulted a doctor about...(cond)...?
 yes.....1
 no.....2 O→f 23
 C4DREV-B

Does it affect your...
 balance..... C4BAL-B 1 2 34
 eyesight..... C4EYE-B 1 2 35
 hearing..... C4HEAR-B 1 2 36
 bladder or bowels..... C4BLAD-B 1 2 37

e) In the last 12 months, how many times in all have you consulted your family doctor about ... (cond)...?
(none code 00, don't know code 99)

24	25
----	----

C4GPYR-B

j) Thinking about the last four weeks, during those four weeks did ... (cond)... affect your ability to do things about the house, at work or in your free time?
 yes..... 1 C4FNAB-B
 no..... 2 } O→1 38
 <don't know>..... 9

f) How often does ... (cond)... cause you pain or discomfort? Does it trouble you...
 all the time..... 1
 quite a lot of the time..... 2
 regularly but not often..... 3 C4PNF-B
 only occasionally..... 4 26
 <not applicable>(eg mental problem) 5
 <never>..... 6] O→h
 <don't know>..... 9

k) For how many days were your activities limited?
(record number of days, don't know code 99)

39	40
----	----

C4DYL-B

g) When it gives you pain or discomfort is it...
 severe..... 1 C4PNS-B
 moderate..... 2 27
 slight..... 3
 <don't know..... 9

l) Thinking ahead over the next few years, do you think that ..(cond).. will...
 get much worse..... 1
 get a little worse..... 2 C4PROG-B
 stay about the same..... 3 41
 get a little better..... 4
 get much better..... 5
 <don't know..... 9

h) Does ... (cond)... normally limit your activities in any way?
 If yes is that...
 a very great deal..... 1 C4LIM-B
 quite a lot..... 2 28
 to a moderate degree..... 3
 only a little..... 4
 <not at all>..... 5] O→j
 <don't know>..... 9

m) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? ASK FOR EACH
 n) did a doctor prescribe this for you?

yes..... 1	C4MED-B	yes..... 1
no..... 2 O→next 42		no..... 2
		<don't know>..... 9

cond

C4M1 med.1 _____ prescribe
 C4M2 med.2 _____ prescribe
 C4M3 med.3 _____ prescribe

1 2 9	43	C4M1PR-B
1 2 9	44	C4M2PR-B
1 2 9	45	C4M3PR-B

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code
 Longstanding prompt.....1
 serious prompt.....2
 mental prompt.....3 46
 card prompt.....4
 other (specify).....5

COND5-B	<table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="width: 30px; height: 20px;"></td> <td style="width: 30px; height: 20px;"></td> </tr> </table>		
C5RCGP-B			
C5OPCS-B			
C5MRC-B			

--	--

C5CD-B

C5PMPT-B

c) How long have you had...(cond)...?
(years and months, months unknown code 99)

Yrs

47	48
----	----

 M

49	50
----	----

C5YR-B C5MT-B

i) Does it affect your ability to? yes no

walk in the street.....	C5WLK-B	1	2	57
climb steps or stairs.....	C5STP-B	1	2	58
bend to pick things up.....	C5BND-B	1	2	59
reach behind, stretch or turn.....	C5RCH-B	1	2	60
grip and lift objects.....	C5GRP-B	1	2	61

d) Have you ever consulted a doctor about...(cond)...?
 yes.....1
 no.....2 O→f 51

C5DREV-B

Does it affect your... yes no

balance.....	C5BAL-B	1	2	62
eyesight.....	C5EYE-B	1	2	63
hearing.....	C5HEAR-B	1	2	64
bladder or bowels.....	C5BLAD-B	1	2	65

e) In the last 12 months, how many times in all have you consulted your family doctor about ... (cond)...?
(none code 00, don't know code 99)

52	53
----	----

C5GPYR-B

j) Thinking about the last four weeks, during those four weeks did ... (cond)... affect your ability to do things about the house, at work or in your free time?
 yes..... 1 C5FNAB-B
 no..... 2 66
 <don't know>..... 9] O→1

f) How often does ... (cond)... cause you pain or discomfort? Does it trouble you...
 all the time..... 1
 quite a lot of the time..... 2
 regularly but not often..... 3 C5PNF-B
 only occasionally..... 4 54
 <not applicable>(eg mental problem) 5
 <never>..... 6
 <don't know>..... 9] O→h

k) For how many days were your activities limited?
(record number of days, don't know code 99)

67	68
----	----

C5DYL-B

g) When it gives you pain or discomfort is it....
 severe..... 1 C5PNS-B
 moderate..... 2 55
 slight..... 3
 <don't know>..... 9

l) Thinking ahead over the next few years, do you think that ..(cond).. will....
 get much worse..... 1 C5PROG-B
 get a little worse..... 2
 stay about the same..... 3 69
 get a little better..... 4
 get much better..... 5
 <don't know>..... 9

h) Does ... (cond)... normally limit your activities in any way?
If yes is that....
 a very great deal..... 1 C5LIM-B
 quite a lot..... 2 56
 to a moderate degree..... 3
 only a little..... 4
 <not at all>..... 5
 <don't know>..... 9] O→j

m) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? ASK FOR EACH n) did a doctor prescribe this for you?

		C5MED-B							
yes.....	1			yes.....				1	
no.....	2			no.....				2	
		O→next	70	<don't know>.....				9	
			cond						

C5M1	med.1 _____		prescribe			
C5M2	med.2 _____		prescribe			
C5M3	med.3 _____		prescribe			

<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;">1</td><td style="width: 15px; height: 15px;">2</td><td style="width: 15px; height: 15px;">9</td></tr></table>	1	2	9	71		C5M1PR-B
1	2	9				
<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;">1</td><td style="width: 15px; height: 15px;">2</td><td style="width: 15px; height: 15px;">9</td></tr></table>	1	2	9	72		C5M2PR-B
1	2	9				
<table border="1" style="display: inline-table;"><tr><td style="width: 15px; height: 15px;">1</td><td style="width: 15px; height: 15px;">2</td><td style="width: 15px; height: 15px;">9</td></tr></table>	1	2	9	73		C5M3PR-B
1	2	9				

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code
 Longstanding prompt.....1
 serious prompt.....2
 mental prompt.....3 **74**
 card prompt.....4
 other (specify).....5

COND6-B	
C6RCGP-B	
C6OPCS-B	
C6MRC-B	

--	--

C6CD-B

C6PMPT-B

c) How long have you had...(cond)...?
(years and months, months unknown code 99)

Yrs

75	76
----	----

 M

77	78
----	----

C6YR-B C6MT-B

d) Have you ever consulted a doctor about...(cond)...?
 yes.....1
 no.....2 O→f 79

REC 4 C6DREV-B

e) In the last 12 months, how many
 times in all have you consulted
 your family doctor about
 ...(cond)...?
 (none code 00, don't know code 99)

1	2
---	---

C6GPYR-B

f) How often does ...(cond)... cause you pain or
 discomfort? Does it trouble you....

all the time.....	1	
quite a lot of the time.....	2	
regularly but not often.....	3	C6PNF-B
only occasionally.....	4	3
<not applicable>(eg mental problem)	5	
<never>.....	6	] O→h
<don't know>.....	9	

g) When it gives you pain or discomfort is it....

severe.....	1	C6PNS-B
moderate.....	2	4
slight.....	3	
<don't know.....	9	

h) Does ...(cond)... normally limit your activities in any way?
 If yes is that....

a very great deal.....	1	C6LIM-B
quite a lot.....	2	5
to a moderate degree.....	3	
only a little.....	4	
<not at all>.....	5	] O→j
<don't know>.....	9	

i) Does it affect your ability to? yes no

walk in the street.....	C6WLK-B	1	2	6
climb steps or stairs.....	C6STP-B	1	2	7
bend to pick things up.....	C6BND-B	1	2	8
reach behind, stretch or turn.....	C6RCH-B	1	2	9
grip and lift objects.....	C6GRP-B	1	2	10

Does it affect your... yes no

balance.....	C6BAL-B	1	2	11
eyesight.....	C6EYE-B	1	2	12
hearing.....	C6HEAR-B	1	2	13
bladder or bowels.....	C6BLAD-B	1	2	14

j) Thinking about the last four weeks, during those four weeks did
 ...(cond)... affect your ability to do things about the house, at work or
 in your free time?

yes.....	1	C6FNAB-B
no.....	2	] O→1 15
<don't know>.....	9	

k) For how many days were your
 activities limited?
 (record number of days, don't know code 99)

C6DYL-B

16	17
----	----

l) Thinking ahead over the next few years, do you
 think that ...(cond).. will....

get much worse.....	1	C6PROG-B
get a little worse.....	2	
stay about the same.....	3	18
get a little better.....	4	
get much better.....	5	
<don't know.....	9	

m) Do you have any pills, medications, drugs or injections, for this
 condition, either things prescribed for you or things you buy yourself?

ASK FOR EACH

yes.....	1	C6MED-B	yes.....	1
no.....	2	O→next 19	no.....	2
			cond	<don't know>.....	9

C6M1	med.1 _____	prescribe
C6M2	med.2 _____	prescribe
C6M3	med.3 _____	prescribe

1 2 9	20	C6M1PR-B
1 2 9	21	C6M2PR-B
1 2 9	22	C6M3PR-B

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code
Longstanding prompt.....1
serious prompt.....2
mental prompt.....3 23
card prompt.....4
other (specify).....5

COND7-B	
C7RCGP-B	
C7OPCS-B	
C7MRC-B	

--	--

C7CD-B

C7PMPT-B

c) How long have you had...(cond)...?
(years and months, months unknown code 99)
Yrs

24	25
----	----

 M

26	27
----	----

C7YR-B C7MT-B

i) Does it affect your ability to? Yes no
walk in the street..... C7WLK-B 1 2 34
climb steps or stairs..... C7STP-B 1 2 35
bend to pick things up..... C7BND-B 1 2 36
reach behind, stretch or turn.....C7RCH-B 1 2 37
grip and lift objects.....C7GRP-B 1 2 38

d) Have you ever consulted a doctor about...(cond)...?
yes.....1
no.....2 O→f 28
C7DREV-B

Does it affect your...
balance..... C7BAL-B 1 2 39
eyesight.....C7EYE-B 1 2 40
hearing.....C7HEAR-B 1 2 41
bladder or bowels..... C7BLAD-B 1 2 42

e) In the last 12 months, how many times in all have you consulted your family doctor about...(cond)...?
(none code 00, don't know code 99)

29	30
----	----

C7GPYR-B

j) Thinking about the last four weeks, during those four weeks did...(cond)... affect your ability to do things about the house, at work or in your free time?
yes..... 1 C7FNAB-B
no..... 2 } O→1 43
<don't know>..... 9

f) How often does...(cond)... cause you pain or discomfort? Does it trouble you...
all the time..... 1
quite a lot of the time..... 2
regularly but not often..... 3 C7PNF-B
only occasionally..... 4 31
<not applicable>(eg mental problem) 5
<never>..... 6] O→h
<don't know>..... 9

k) For how many days were your activities limited?
(record number of days, don't know code 99)

44	45
----	----

C7DYL-B

g) When it gives you pain or discomfort is it...
severe..... 1 C7PNS-B
moderate..... 2 32
slight..... 3
<don't know..... 9

l) Thinking ahead over the next few years, do you think that...(cond).. will...
get much worse..... 1
get a little worse..... 2 C7PROG-B
stay about the same..... 3 46
get a little better..... 4
get much better..... 5
<don't know..... 9

h) Does...(cond)... normally limit your activities in any way?
If yes is that...
a very great deal..... 1 C7LIM-B
quite a lot..... 2 33
to a moderate degree..... 3
only a little..... 4
<not at all>..... 5] O→j
<don't know>..... 9

m) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
yes..... 1
no..... 2 O→next 47
cond

ASK FOR EACH
n) did a doctor prescribe this for you?
C7MED-B yes..... 1
no..... 2
<don't know>..... 9

C7M1 med.1 _____ prescribe
C7M2 med.2 _____ prescribe
C7M3 med.3 _____ prescribe

1 2 9	48	C7M1PR-B
1 2 9	49	C7M2PR-B
1 2 9	50	C7M3PR-B

a) What is the matter with you?
(ie name or description of condition)

(b) Prompt code

Longstanding prompt.....1
serious prompt.....2
mental prompt.....3 51
card prompt.....4
other (specify).....5

COND8-B
C8RCGP-B
C8OPCS-B
C8MRC-B

--	--

C8CD-B

C8PMPT-B

c) How long have you had...(cond)...?
(years and months, months unknown code 99)

Yrs

52	53
----	----

 M

54	55
----	----

C8YR-B C8MT-B

i) Does it affect your ability to? Yes no

walk in the street.....C8WLK-B 1 2 62
climb steps or stairs.....C8STP-B 1 2 63
bend to pick things up.....C8BND-B 1 2 64
reach behind, stretch or turn.....C8RCH-B 1 2 65
grip and lift objects.....C8GRP-B 1 2 66

d) Have you ever consulted a doctor about...(cond)...?
yes.....1
no.....2 O→f 56
C8DREV-B

Does it affect your...
balance.....C8BAL-B 1 2 67
eyesight.....C8EYE-B 1 2 68
hearing.....C8HEAR-B 1 2 69
bladder or bowels.....C8BLAD-B 1 2 70

e) In the last 12 months, how many times in all have you consulted your family doctor about...(cond)...?
(none code 00, don't know code 99)

57	58
----	----

C8GPYR-B

j) Thinking about the last four weeks, during those four weeks did...(cond)... affect your ability to do things about the house, at work or in your free time?

f) How often does...(cond)... cause you pain or discomfort? Does it trouble you...
all the time..... 1
quite a lot of the time..... 2
regularly but not often..... 3 C8PNF-B
only occasionally..... 4 59
<not applicable>(eg mental problem) 5
<never>..... 6] O→h
<don't know>..... 9

yes..... 1 C8FNAB-B
no..... 2] O→1 71
<don't know>..... 9

k) For how many days were your activities limited?
(record number of days, don't know code 99)

72	73
----	----

C8DYL-B

g) When it gives you pain or discomfort is it...
severe..... 1 C8PNS-B
moderate..... 2 60
slight..... 3
<don't know..... 9

l) Thinking ahead over the next few years, do you think that...(cond).. will....
get much worse..... 1 C8PROG-B
get a little worse..... 2
stay about the same..... 3 74
get a little better..... 4
get much better..... 5
<don't know..... 9

h) Does...(cond)... normally limit your activities in any way?
If yes is that...
a very great deal..... 1 C8LIM-B
quite a lot..... 2 61
to a moderate degree..... 3
only a little..... 4
<not at all>..... 5] O→j
<don't know>..... 9

m) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? ASK FOR EACH n) did a doctor prescribe this for you?

yes..... 1 C8MED-B yes..... 1
no..... 2 O→next 75 no..... 2
cond <don't know>..... 9

C8M1 med.1 _____ prescribe
C8M2 med.2 _____ prescribe
C8M3 med.3 _____ prescribe

1 2 9	76	C8M1PR-B
1 2 9	77	C8M2PR-B
1 2 9	78	C8M3PR-B

I am going to show you two cards showing lists of conditions people suffer from. I would like you to tell me whether you have **EVER** suffered from any of them. Some of them may be conditions which you still suffer from now and have already told me about.

21(a) *USE CARDS 1 AND 2*
Can you tell me which of these conditions you have ever had?

condition mentioned.....	1	
no conditions mentioned.....	2 O→22	CONDEV-B 79

ASK FOR EACH

Is this one of the conditions which you have already told me about?

If yes: (interviewers check) So that is the ... (cond.)... you already told me about?

If no: is this a problem that you have only had in the past, or is it something that still troubles you from time to time?

'New' current conditions: enter the condition on the first blank condition sheet and ask the detailed questions as before.

Past problems only: ask the extra questions below. Record answers in grid.

(in the first column record the condition number from the card. A copy of the cards is on the back cover of the schedule).

(b) *If WOMEN identify hypertension, anaemia or diabetes as past problems ask: Was that only during pregnancy? (males and all other conditions leave this blank)*
yes.....1
no.....2

d) Have you ever consulted a doctor about ... (cond.)...?
yes..... 1
no..... 2
don't know..... 9

(c) When did you first have ... (cond.)...?
(code year, six months to a year ago code 97, less than 6 months ago code 98)

e) You say that the problem doesn't trouble you now. When was the last time it was a problem for you?
(code year, six months to a year ago code 97, less than 6 months ago code 98)

REC 5 -----

	cond. no. PC1CD-B		preg. PC1PRG-B		started PC1YST-B		consult PC1DR-B		ended PC1YEN-B	
Past cond. 1	1	2	3	19	4	5	6	19	7	8
	PC2CD-B		PC2PRG-B		PC2YST-B		PC2DR-B		PC2YEN-B	
Past cond. 2	9	10	11	19	12	13	14	19	15	16
Past cond. 3	17	18	19	19	20	21	22	19	23	24
Past cond. 4	25	26	27	19	28	29	30	19	31	32
Past cond. 5	33	34	35	19	36	37	38	19	39	40
Past cond. 6	41	42	43	19	44	45	46	19	47	48
Past cond. 7	49	50	51	19	52	53	54	19	55	56
Past cond. 8	57	58	59	19	60	61	62	19	63	64
	PC8CD-B		PC8PRG-B		PC8YST-B		PC8DR-B		PC8YEN-B	

I would like to ask a few questions about your health since we last talked to you, that is, over the last 3/4 years.
 (For the 35s ask over the last four years, for the 55s over the last three years, as the 35s' last visit was a year before the 55s).

22 Thinking about your health in general as it is now compared with 3/4 years ago, would you say that it is ...

a lot better now.....	1	
a little better now.....	2	
about the same as before.....	3	RECSAH-B
a little worse now.....	4	65
a lot worse now.....	5	
<don't know>.....	9	

23 a) During the last 3/4 years have you had any operations or surgical procedures?

yes.....	1	RECOP-B
no.....	2	O → 24 66

b) What was the operation or procedure for?

c) When did you have that operation?

d) Has that operation had any lasting bad effect on your health?

If yes: Has it affected your health...

a very great deal.....	1
quite a lot.....	2
to a moderate degree.....	3
only a little.....	4
<not at all>.....	5
<don't know>.....	9

OP1 operation 1 for									OP1CD-B			
when had	19	OP1YR-B	67	68	M	OP1MT-B	69	70	health now	OP1EFF-B	71	
OP2 operation 2 for												OP2CD-B
when had	19	OP2YR-B	72	73	M	OP2MT-B	74	75	health now	OP2EFF-B	76	
OP3 operation 3 for												OP3CD-B
when had	19	OP3YR-B	77	78	M	OP3MT-B	79	80	health now	OP3EFF-B	1	

REC 6

24(a) During the last 3/4 years have you had any serious episodes of illness? I am thinking both of physical illnesses and problems like depression but not including those conditions which you have already told me about because they are troubling you now or which were on the card?

yes..... 1 RECSI-B
 no..... 2 O→25 2

(b) What was the illness?
 (Code in grid)

(c) When did it start?

(d) Has it had any lasting effect on your health?
 If yes: Has it affected your health...

a very great deal..... 1
 quite a lot..... 2
 to a moderate degree..... 3
 only a little..... 4
 <not at all>..... 5
 <don't know>..... 9

ILL1									SI1CD-B
Illness 1	_____								<input type="text"/>
		SI1YR-B		SI1MT-B		SI1EFF-B			
first started	19	<input type="text"/> 3 <input type="text"/> 4	M	<input type="text"/> 5 <input type="text"/> 6	health now	<input type="text"/> 7			
ILL2									SI2CD-B
Illness 2	_____								<input type="text"/>
		SI2YR-B		SI2MT-B		SI2EFF-B			
first started	19	<input type="text"/> 8 <input type="text"/> 9	M	<input type="text"/> 10 <input type="text"/> 11	health now	<input type="text"/> 12			
ILL3									SI3CD-B
Illness 3	_____								<input type="text"/>
		SI3YR-B		SI3MT-B		SI3EFF-B			
first started	19	<input type="text"/> 13 <input type="text"/> 14	M	<input type="text"/> 15 <input type="text"/> 16	health now	<input type="text"/> 17			
ILL4									SI4CD-B
Illness 4	_____								<input type="text"/>
		SI4YR-B		SI4MT-B		SI4EFF-B			
first started	19	<input type="text"/> 18 <input type="text"/> 19	M	<input type="text"/> 20 <input type="text"/> 21	health now	<input type="text"/> 22			

25(a) During the last 3/4 years have you had any serious injuries or accidents which caused injury? By serious I mean accidents which caused you to go to hospital or which seriously limited your activities for a period?

yes..... 1 RECACC-B
no..... 2 O→26 23

(b) What sort of injury did you have?
(This is the nature of the injury, not how it happened eg. 'fractured left forearm).

(c) What sort of accident was it? That is, how did it happen?
(Code in grid)

- a domestic accident at home..... 1
a work accident..... 2
driving in a vehicle (driver or passenger)..... 3
as a pedestrian..... 4
while taking part in sport..... 5
as a result of violence..... 6
self inflicted..... 7
other (specify)..... 8

(d) When did that happen?

(e) Has it had any lasting bad effect on your health?
If yes: Has it affected your health...

- a very great deal..... 1
quite a lot..... 2
to a moderate degree..... 3
only a little..... 4
<not at all>..... 5
<don't know>..... 9

INJ1 injury 1 _____

AC1CD-B [] [] []

AC1SRT-B [24] when had 19 AC1YR-B [25] [26] M AC1MT-B [27] [28]

AC1EFF-B health now [29]

INJ2 injury 2 _____

AC2CD-B [] [] []

AC2SRT-B [30] when had 19 AC2YR-B [31] [32] M AC2MT-B [33] [34]

AC2EFF-B health now [35]

INJ3 injury 3 _____

AC3CD-B [] [] []

AC3SRT-B [36] when had 19 AC3YR-B [37] [38] M AC3MT-B [39] [40]

AC3EFF-B health now [41]

Turning back again to your health now...

26 a) Do you take any sedatives, tranquillisers or sleeping pills to help you sleep?
If yes: How often do you use them?

- every day..... 1
 - most days..... 2
 - at least once a week..... 3
 - at least once a month..... 4
 - less than monthly..... 5
 - have them but never use..... 6
 - <never had any prescribed>..... 7 O→27
- SEDF-B
42

b) What are they called?
(record name of pills/sedative)

SED1
sed.1 _____

SED1CD-B

--	--	--	--

SED2
sed.2 _____

SED2CD-B

--	--	--	--

SED3
sed.3 _____

SED3CD-B

--	--	--	--

27 a) Do you take any vitamins or other dietary supplements?
If yes: How often do you take them?

- every day..... 1
 - most days..... 2
 - at least once a week..... 3
 - at least once a month..... 4
 - less than monthly..... 5
 - <don't take>..... 6 O→28
- VITF-B
43

b) What are they called?
(record name of vitamins)

VIT1
vit.1 _____

VIT1CD-B

--	--	--	--

VIT2
vit.2 _____

VIT2CD-B

--	--	--	--

VIT3
vit.3 _____

VIT3CD-B

--	--	--	--

28 a) Apart from the medicines you take for the conditions you have already told me about, and the sedatives and vitamins you have just mentioned, are you taking any other pills, drugs or mixtures at the moment? I don't just mean things you take every day, but also things you might take from time to time when you need them. I am interested in pills, mixtures, inhalers, creams and anything else you take for your health; either things prescribed for you or things you buy yourself.

yes..... 1 OTHMED.B
 no..... 2 O→29 44

ASK FOR EACH

b) What is the medicine called?
 (Code in grid)

c) What condition do you take it for?

d) Did a doctor prescribe it for you?

yes..... 1
 no..... 2

OTHMED1

med. 1 _____
 OMED1FOR OM1TF-B
 taken for _____

OTHMED2

med. 2 _____
 OMED2FOR OM2TF-B
 taken for _____

OTHMED3

med. 3 _____
 OMED3FOR OM3TF-B
 taken for _____

OM1CD-B

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

prescribed?
 OM1PR-B 45

OM2CD-B

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

prescribed?
 OM2PR-B 46

OM3CD-B

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------

prescribed?
 OM3PR-B 47

SYMPTOMS

I am going to show you some cards containing lists of common symptoms. FOR EACH SYMPTOM I am going to ask you whether it is something which you have had in the last month and also whether it is something you tend to suffer from (even if you have not had it in the last month).

I would like you to tell me about all the symptoms you have had, including any which might be due to the conditions you just told me about.

29 *SHOW CARDS ONE BY ONE*

FOR EACH CARD ASK...

- a) Have you suffered from any of these symptoms in the last month?
*If yes ask for each is it something you tend to have?
 (prompt..any others?)*

last month and tend to..... 1
 last month but don't tend to..... 2

THEN ASK

Are there any other symptoms on the card which you haven't had in the last month but which you tend to have?

not in last month, but tend to..... 3 O → e

- b) Thinking about the last four weeks, during those four weeks did ... (symp.)... cause you to cut down on the usual things you do about the house, at work or in your free time?

yes..... 1
 no..... 2 O → d

- c) For how many days were your activities limited?
(record number of days)

- d) Did you consult your doctor about ... (symp.)...?

yes..... 1
 no..... 2

- e) Do you think that ... (symp)... was related to one of the conditions you have already told me about?
*If yes Which condition is that?
 (code number of sheet on which condition is described. If no code 0).*

<u>Symptom card 1</u>		S---MT-B month/tend SHEDMT-B	S---CD-B cut down SHEDCD-B	S---DL-B days limited SHEDDL-B	S---DR-B consult SHEDDR-B	S---SN-B sheet no. SHEDSN-B
HED	Headaches	48	49	50	52	53
DSL	Difficulty sleeping	54	55	56	58	59
CSP	Constipation	60	61	62	64	65
RDW	Feeling generally run down	66	67	68	70	71
BCK	Back trouble	72	73	74	76	77
TRH	Trembling hands	78	79	1	3	4
REC 7				2		

Symptom Card 2

		month/tend	cut down	days limited	consult	sheet no.			
TRD	Always feeling tired	5	1 2 3	6	1 2	7 8	9	1 2	10
NRV	Nerves or tension	11	1 2 3	12	1 2	13 14	15	1 2	16
FLU	Colds or flu	17	1 2 3	18	1 2	19 20	21	1 2	22
STM	Stomach pain or cramps	23	1 2 3	24	1 2	25 26	27	1 2	28
CGH	Persistent cough	29	1 2 3	30	1 2	31 32	33	1 2	34
HSW	Hot and sweating a lot	35	1 2 3	36	1 2	37 38	39	1 2	40

Symptom Card 3

		month/tend	cut down	days limited	consult	sheet no.			
BLD	Kidney or bladder problems	41	1 2 3	42	1 2	43 44	45	1 2	46
JNT	Stiff or painful joints	47	1 2 3	48	1 2	49 50	51	1 2	52
DCN	Difficulty concentrating	53	1 2 3	54	1 2	55 56	57	1 2	58
PLP	Palpitations or breathlessness	59	1 2 3	60	1 2	61 62	63	1 2	64
DRR	Diarrhoea	65	1 2 3	66	1 2	67 68	69	1 2	70
MTN	Muscle tightness or tension	71	1 2 3	72	1 2	73 74	75	1 2	76

Symptom Card 4

		month/tend	cut down	days limited	consult	sheet no.				
REC8	WOR	Worrying over every little thing	77	1 2 3	78	1 2	79 80	1	1 2	2
	IND	Indigestion	3	1 2 3	4	1 2	5 6	7	1 2	8
	NSE	Sinus, catarrh or blocked nose	9	1 2 3	10	1 2	11 12	13	1 2	14
	DEP	Feeling depressed	15	1 2 3	16	1 2	17 18	19	1 2	20
	DIZ	Fainting or dizziness	21	1 2 3	22	1 2	23 24	25	1 2	26
	APP	Poor appetite	27	1 2 3	28	1 2	29 30	31	1 2	32

Symptom Card 5

		month/tend	cut down	days limited	consult	sheet no.				
	STH	Sore throat	33	1 2 3	34	1 2	35 36	37	1 2	38
	TTH	Trouble with teeth or mouth	39	1 2 3	40	1 2	41 42	43	1 2	44
	WHZ	Wheezy chest	45	1 2 3	46	1 2	47 48	49	1 2	50
	SKR	Skin rash or skin problems	51	1 2 3	52	1 2	53 54	55	1 2	56
	HAE	Piles or haemorrhoids	57	1 2 3	58	1 2	59 60	61	1 2	62
	SCK	Sickness or nausea	63	1 2 3	64	1 2	65 66	67	1 2	68

Symptom Card 6

		month/tend	cut down	days limited	consult	sheet no.				
	CSW	Cold sweats	69	1 2 3	70	1 2	71 72	73	1 2	74
REC9	EYE	Trouble with eyes	75	1 2 3	76	1 2	77 78	79	1 2	80
	EAR	Trouble with ears	1	1 2 3	2	1 2	3 4	5	1 2	6
	DYS	Painful periods	7	1 2 3	8	1 2	9 10	11	1 2	12
	PMT	Premenstrual tension	13	1 2 3	14	1 2	15 16	17	1 2	18
	VAG	Vaginal infection or discharge	19	1 2 3	20	1 2	21 22	23	1 2	24

ASK WOMEN ONLY

DISABILITY

Quite a lot of adults in Britain have problems getting about, trouble with eyesight or hearing, or other disabilities. The following questions are about these sort of difficulties, many or all of them may not apply to you.

- 30 a) Do you consider yourself disabled or handicapped?
If yes: Would you say your disability is...
- | | | |
|---------------------|---|--------|
| severe..... | 1 | |
| moderate..... | 2 | DSSA-B |
| slight..... | 3 | 25 |
| <not disabled>..... | 9 | |
- ASK ALL*
- b) Are you registered as disabled?
- | | | |
|----------|---|---------|
| yes..... | 1 | DSREG-B |
| no..... | 2 | 26 |
- c) *If yes to a) or b): At what age did you first become disabled?
 (from birth code 00, not disabled code 99)*
- DSAGE-B
- | | | |
|-----|----|----|
| Age | 27 | 28 |
|-----|----|----|

Walking

- 31 a) Do you have any difficulty walking for a quarter of a mile on the level? (Quarter of a mile is the length of the pedestrian part of Buchanan Street from St Enochs to St Vincent Street).
- | | | |
|----------|---|---------|
| yes..... | 1 | DSW1a-B |
| no..... | 2 | 29 |
- b) Can I just check, can you walk that distance on your own without stopping and without severe discomfort?
- | | | |
|----------|---------|---------|
| yes..... | 1 | DSW1b-B |
| no..... | 2 O→ 33 | 30 |
- 32 What is the furthest you can walk on your own without stopping and without severe discomfort?
- | | | |
|---|---|--------|
| 200 yards, less than quarter mile.....
<i>(more than half Buchanan Street)</i> | 1 | |
| 50 yards, less than 200 yards.....
<i>(across St Enochs Square)</i> | 2 | DSW2-B |
| a few steps but not 50 yds.....
<i>(not across St Enochs Square)</i> | 3 | 31 |
| cannot walk at all..... | 4 | |

Steps

- 33 a) Do you have great difficulty walking up or down steps or stairs?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSST1a-B |
| no..... | 2 | 32 |
- b) Can I just check, can you walk up and down a flight of 12 stairs on your own without stopping for a rest and without holding on?
- | | | |
|----------|-------|----------|
| yes..... | 1 | DSST1b-B |
| no..... | 2 O→d | 33 |
- c) ...and do you walk up and down steps or stairs in a normal manner, or do you have to take one step at a time or go sideways or anything like that?
- | | | |
|-------------------|---|----------|
| normally..... | 1 | DSST1c-B |
| not normally..... | 2 | 34 |

- d) If you hold on can you walk up and down a flight of 12 stairs on your own without stopping for a rest?
 yes..... 1 O→34 DSST1d-B
 no..... 2 35
- e) If you stop for a rest can you walk up and down a flight of 12 stairs on your own?
 yes..... 1 O→34 DSST1e-B
 no..... 2 36
- f) Could you walk up and down one step on your own?
 yes..... 1 DSST1f-B
 no..... 2 37

Bending

- 34 a) Do you have difficulty bending down and straightening up again, even if you hold on to something?
 yes..... 1 DSBE1a-B
 no..... 2 38
- b) Can I just check, can/could you bend down and sweep something up with a dust pan and brush and straighten up again, holding on if necessary?
 yes..... 1 DSBE1b-B
 no..... 2 O→ 35 39
- c) Can/could you bend down and pick something up from the floor and straighten up again, holding on if necessary?
 yes..... 1 O→ 35 DSBE1c-B
 no..... 2 40
- d) Can/could you bend down far enough to touch your knees and straighten up again, holding on if necessary?
 yes..... 1 DSBE1d-B
 no..... 2 41

Balance

- 35 a) Do you suffer from falls or have great difficulty in keeping your balance?
 yes..... 1 DSB1a-B
 no..... 2 42
- b) Can I just check, in the past 12 months have you ever lost your balance and fallen?
 yes..... 1 DSB1b-B
 no..... 2 O→d 43
- c) How many times have you fallen in the past twelve months?
 DSBE1c-B
 44 45
- d) Do you need to hold onto something to keep your balance...
 all the time..... 1 DSB1d-B
 quite often..... 2 46
 only occasionally..... 3
 not at all..... 4

Reaching and Stretching

36 a) Do you have difficulty using your arms to reach and stretch for things?
 yes..... 1 DSR1a-B
 no..... 2 47

b) Can I just check, can you stretch both arms above your head at the same time to reach for something above you?
 yes..... 1 DSR1b-B
 no..... 2 O→ 38 48

37 Using your right/left hand, how difficult is it for you to....? Is it...?
 not at all difficult..... 1
 quite difficult..... 2
 very difficult..... 3
 impossible..... 4

ASK EACH ITEM FOR RIGHT AND THEN LEFT HANDS

LEFT			RIGHT	
Not Quite Very Imp			Not Quite Very Imp	
49	DSR2AL-B 1 2 3 4	a) Hold your arm out in front of you to shake hands with someone?	50	DSR2AR-B 1 2 3 4
51	DSR2BL-B 1 2 3 4	b) Hold your arm out to the side and put it in the sleeve of a jacket?	52	DSR2BR-B 1 2 3 4
53	DSR2CL-B 1 2 3 4	c) Put your hand up to your head to put a hat on?	54	DSR2CR-B 1 2 3 4
55	DSR2DL-B 1 2 3 4	d) Put your hand behind your back to tuck in a blouse/shirt?	56	DSR2DR-B 1 2 3 4
57	DSR2EL-B 1 2 3 4	e) Put your arm above your head to reach for something above you?	58	DSR2ER-B 1 2 3 4

Holding, Gripping or Turning

38 Can I just check, are you mainly right handed, left handed or do you use both equally?
 right..... 1 HANDED-B
 left..... 2 59
 ambidextrous..... 3

39 Do you have any difficulty holding, gripping or turning things?

yes..... 1 DSG1-B
no..... 2 O→42 60

40 Using your right/left hand only can you...?
ASK EACH ITEM FOR RIGHT AND THEN LEFT HANDS

LEFT				RIGHT	
Yes	No			Yes	No
1	2	61	a) Pick up and carry a 5lb bag of potatoes?	1	2
DSG2AL-B				DSG2AR-B	
1	2	63	b) Turn a tap on and off?	1	2
DSG2BL-B				DSG2BR-B	
1	2	65	c) Pick up a small object such as a safety pin?	1	2
DSG2CL-B				DSG2CR B	
1	2	67	d) Pick up and carry a pint of milk?	1	2
DSG2DL-B				DSG2DR-B	
1	2	69	e) Pick up and hold a mug of tea or coffee?	1	2
DSG2EL-B				DSG2ER-B	
1	2	71	f) Squeeze out the water from a sponge?	1	2
DSG2FL-B				DSG2FR B	

I'm going to read out some things which involve holding, gripping or turning and I'd like you to tell me how difficult it is for you to do them with your hands and without using special gadgets.

41 How difficult would it be for you to....

not at all difficult..... 1
quite difficult..... 2
very difficult..... 3
impossible..... 4

	Not	Quite	Very	Imp	
a) Wring out light washing? (eg a tea towel).	1	2	3	4	73
	DSG3A-B				
b) Unscrew the lid of a coffee jar?	1	2	3	4	74
	DSG3B B				
c) Pick up and pour from a full kettle?	1	2	3	4	75
	DSG3C-B				
d) Serve food from a pan using a spoon or ladle?	1	2	3	4	76
	DSG3D-B				
e) Use a pen or pencil?	1	2	3	4	77
	DSG3E-B				
f) Use a pair of scissors?	1	2	3	4	78
	DSG3F-B				
g) Tie a bow in laces or string?	1	2	3	4	79
	DSG3G-B				

Continence

I'd like to ask next about any problems you may have with your bladder or bowels – these sorts of problems are very common.

42 First, may I check, do you use any sort of device to control either your bladder or your bowels?
If yes: What is that for?

no device.....	1	DSCDEV-B
bladder device only.....	2	80
bowel device only.....	3	
device for both.....	4	

REC 10

43 a) Do you ever lose control of your bladder?

yes.....	1	DSCBLA-B
no.....	2 O→ 44	1

b) How often does that happen, is it...

at least every 24 hours.....	1	
at least once a week.....	2	DSCBLF-B
at least twice a month.....	3	2
at least once a month.....	4	
less than once a month.....	5	

44 a) Do you ever lose control of your bowels?

yes.....	1	DSCBOW-B
no.....	2 O→ 45	3

b) How often does that happen, is it...

at least every 24 hours.....	1	
at least once a week.....	2	DSCBOF-B
at least twice a month.....	3	4
at least once a month.....	4	
less than once a month.....	5	

SIGHT

45 a) May I just check, are you registered as blind or partially sighted?

blind.....	1	DSSREG-B
partially sighted.....	2	5
neither.....	3 O→ 46	

b) In a room during daytime, can you tell by the light where the windows are?

yes.....	1	DSSWIN-B
no.....	2 O→ 49	6

46 Do you ever wear glasses or contact lenses?
If yes: Is that...

all the time.....	1	DSSGLA-B
a lot of the time.....	2	7
only for special activities (eg reading/driving).....	3	
<never wears glasses>.....	4	

47 a1)	(If you are <u>not</u> wearing your glasses or contact lenses) do you have difficulty recognising a friend across the road?	yes..... 1	DSSNRD B
	no..... 2	O→ 48a1	8
<i>ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES</i>			
a2)	If you <u>are</u> wearing your glasses or lenses do you have difficulty recognising a friend across the road?	yes..... 1	DSSGRD B
	no..... 2		9
<hr/>			
b1)	(If you are <u>not</u> wearing your glasses or lenses) can you see well enough to recognise a friend across the room?	yes..... 1	O→ 48a1 DSSNRM B
	no..... 2		10
<i>ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES</i>			
b2)	If you <u>are</u> wearing your glasses or lenses can you see well enough to recognise a friend across the room?	yes..... 1	DSSGRM-B
	no..... 2		11
<hr/>			
c1)	(If you are <u>not</u> wearing your glasses or lenses) can you see well enough to recognise a friend who is an arm's length away?	yes..... 1	O→48a1 DSSNAR-B
	no..... 2		12
<i>ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES</i>			
c2)	If you <u>are</u> wearing your glasses or lenses can you see well enough to recognise a friend who is an arm's length away?	yes..... 1	DSSGAR-B
	no..... 2		13
<hr/>			
d1)	(If you are <u>not</u> wearing you glasses or lenses) can you see well enough to recognise a friend if you get close enough to his or her face?	yes..... 1	O→ 48a1 DSSNFC-B
	no..... 2		14
<i>ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES</i>			
d2)	If you <u>are</u> wearing your glasses or lenses can you see well enough to recognise a friend if you get close enough to his or her face?	yes..... 1	DSSGFC-B
	no..... 2		15
<hr/>			
e1)	(If you are <u>not</u> wearing your glasses or lenses) can you see the shapes of the furniture in this room?	yes..... 1	O→48a1 DSSNSH-B
	no..... 2		16
<i>ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES</i>			
e2)	If you <u>are</u> wearing your glasses or lenses can you see well enough to see the shapes of the furniture in this room?	yes..... 1	DSSGSH-B
	no..... 2		17

48 a1) (If you are not wearing your glasses or lenses) do you have difficulty seeing to read ordinary newspaper print?

yes.....	1	DSSNNP-B
no.....	2 O→ 49	18

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

a2) If you are wearing your glasses or lenses do you have difficulty seeing to read ordinary newspaper print?

yes.....	1	DSSGNP-B
no.....	2	19

b1) (If you are not wearing your glasses or lenses) can you or could you see well enough to read a large print book?

yes.....	1 O→ 49	DSSNLG-B
no.....	2	20

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

b2) If you are wearing your glasses or lenses can you or could you see well enough to read a large print book?

yes.....	1	DSSGLG-B
no.....	2	21

c1) (If you are not wearing your glasses or lenses) can you see well enough to read newspaper headlines?

yes.....	1 O→49	DSSNHD B
no.....	2	22

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

c2) If you are wearing your glasses or lenses can you see well enough to read newspaper headlines?

yes.....	1	DSSGHD-B
no.....	2	23

HEARING

49 Respondent is-

totally deaf.....	1 O→53	DSHTD-B
not totally deaf.....	2	24

(Do NOT ask this, it ought to be apparent by this stage if the respondent is completely deaf).

50 Do you ever wear a hearing aid?
If yes: Is that...

all the time.....	1	DSHAID-B 25
a lot of the time.....	2	
only for special activities (eg. telephoning or listening to TV).....	3	
<never>.....	4	

- 51 a1) (If you are not wearing your hearing aid) do you have difficulty following a conversation if there is background noise, for example a TV, radio or children playing?
- | | | |
|----------|---------|----------|
| yes..... | 1 | DSHNBK-B |
| no..... | 2 O→ b1 | 26 |

ASK ONLY IF EVER USES HEARING AID

- a2) If you are wearing your hearing aid, do you have difficulty following a conversation if there is a background noise like TV, radio or children playing?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHHBK-B |
| no..... | 2 | 27 |

-
- b1) (If you are not wearing your hearing aid) do you have difficulty hearing someone talking to you in a normal voice in a quiet room?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHNQN-B |
| no..... | 2 | 28 |

*If no to both a1 and b1 O→ 53

ASK ONLY IF EVER USES HEARING AID AND B1=YES

- b2) If you are wearing your hearing aid, do you have difficulty hearing someone talking to you in a normal voice in a quiet room?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHHQN-B |
| no..... | 2 | 29 |

-
- c1) (If you are not wearing your hearing aid) do you have difficulty hearing what a person says to you in a quiet room if he or she speaks loudly to you?
- | | | |
|----------|---------|----------|
| yes..... | 1 | DSHNQL-B |
| no..... | 2 O→ 53 | 30 |

ASK ONLY IF EVER USES HEARING AID

- c2) If you are wearing your hearing aid, would you have difficulty hearing what a person says to you in a quiet room if he or she spoke loudly to you?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHHQL-B |
| no..... | 2 | 31 |

-
- 52 (Wearing your hearing aid) can you...

- a) ...hear an alarm clock or telephone?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHALM-B |
| no..... | 2 | 32 |
- b) ...hear well enough to use the telephone?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHTEL-B |
| no..... | 2 | 33 |
- c) ...follow a TV program at a volume most people find acceptable?
- | | | |
|----------|---------|----------|
| yes..... | 1 O→ 53 | DSHVOL-B |
| no..... | 2 | 34 |
- d) ...follow a TV program with the volume turned up?
- | | | |
|----------|---|----------|
| yes..... | 1 | DSHHIV-B |
| no..... | 2 | 35 |

HOUSEHOLD COMPOSITION

I would like to ask you about each person who lives with you.

53 Could you tell me how many other people live in this household?
 (include spouse) none code 00 O→ 54

NOPHSE-B

36	37
----	----

col.1 Sex
 1...male
 2...female

col.5 How long has he/she lived with you?
 (code in years)
 (0 to 5 months=97, 6 to 11 months=98)

col.2 What is his/her relationship to you?
 01...spouse
 02...partner (not spouse)
 03...parent
 04...parent in law
 05...sib (brother or sister)
 06...sib in law
 07...child (own blood)
 08...child (step or partners)
 09...child (adopted etc.)
 10...grandchild
 11...paying lodger
 12...other kin (specify)
 13...other non kin (specify)

col.6 How close do you feel to him/her?
 1...very close
 2...quite close
 3...not very close
 4...not at all close

col.3 How old is he/she?
 (code in years)
 (less than one year code 0)

col.7 Does he/she do any paid work?
 1...employed (full time)
 2...employed (part time)
 3...unemployed
 4...disabled/ill
 5...retired
 6...'housewife'
 7...child/student
 8...other (specify)

What is his/her job now?
 (write job now, 'main lifetime' job if not working now)
 (never worked write 'none')

col.4 How would you describe his/her health?
 1...excellent
 2...good
 3...fair
 4...poor

Is he/she...
 1...self employed (no paid employees)
 2...self employed (with paid employees)
 3...manager
 4...foreman/supervisor
 5...employee
 (blank if never worked)

spouse/partner
 (record only spouse/partner here, all blank if no spouse/partner)

SPSEX B	SPREL-B	SPAGE-B	SPHLTH-B	SPRES-B	SPCLOS-B	SPWORK-B
sex	relation	age	health	co-res	close	work
1	2	3	4	5	6	7
38	39 40	41 42	43	44 45	46	47

job _____
 industry _____ employment status _____ SPEMPS-B
 48

size of firm (ask this only for spouse)
 24 or less employees in the U.K..... 1 49 SPFIRM-B
 25 or more employees in the U.K..... 2

other household members

Record from the oldest downward. If more than 5 other household members, fill in relationships to R of those missed out at the bottom of the page.

P1SEX-B	P1REL-B	P1AGE-B	P1HLTH-B	P1RES-B	P1CLOS-B	P1WORK-B
Person 1						
sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
50	51 52	53 54	55	56 57	58	59
P1JOB job _____		P1JEMPST industry _____ employment status _____			P1EMPS-B 60	

P2SEX-B	P2REL-B	P2AGE-B	P2HLTH-B	P2RES-B	P2CLOS-B	P2WORK-B
Person 2						
sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
61	62 63	64 65	66	67 68	69	70
P2JOB job _____		P2JEMPST industry _____ employment status _____			P2EMPS-B 71	

P3SEX-B	P3REL-B	P3AGE-B	P3HLTH-B	P3RES-B	P3CLOS-B	P3WORK-B
Person 3						
sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
72	73 74	75 76	77	78 79	80	1
REC 11 P3JOB job _____		P3JEMPST industry _____ employment status _____			P3EMPS-B 2	

P4SEX-B	P4REL-B	P4AGE-B	P4HLTH-B	P4RES-B	P4CLOS-B	P4WORK-B
Person 4						
sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
3	4 5	6 7	8	9 10	11	12
P4JOB job _____		P4JEMPST industry _____ employment status _____			P4EMPS-B 13	

P5SEX-B	P5REL-B	P5AGE-B	P5HLTH-B	P5RES-B	P5CLOS-B	P5WORK-B
Person 5						
sex 1	relation 2	age 3	health 4	co-res 5	close 6	work 7
14	15 16	17 18	19	20 21	22	23
P5JOB job _____		P5JEMPST industry _____ employment status _____			P5EMPS-B 24	

“EXTRA” household members’ relationship to Respondent

6	25 26	7	27 28	8	29 30
	P6REL-B		P7REL-B		P8REL-B

MARITAL STATUS

54 a)	Are you married at the present moment?			
	yes.....	1		MSCMAR-B
	no.....	2	O→ 55	31
b)	When did you get married?			MSCMYR-B
	<i>(code last two digits of year)</i>			19 32 33
c)	Do you live with your husband/wife?			MSCMLV-B
	yes.....	1	O→ 60	34
	no.....	2	O→ 57	
55 a)	Are you....			MSUMST.B
	widowed.....	3		35
			] O→ 56	
	divorced.....	4		
	never married.....	5		
b)	Sometimes people choose to live, or have to live, with someone as a long term partner without being legally married. Do you live with someone you are not married to as a long term partner?			MSNMLV-B
	yes.....	1	O→ 59b	36
	no.....	2		
c)	Have you ever lived with someone you were not married to as a long term partner?			MSNMLE-B
	yes.....	1	O→ 60b	37
	no.....	2	O→ 61	
56	When did you get married?			MSPMYM-B
	<i>(most recent marriage, code last two digits of year)</i>			19 38 39
57	When were you widowed/divorced/separated?			MSPMYS-B
	<i>(code last two digits of year)</i>			19 40 41
58	Looking at the faces scale, which face shows best how you feel about being separated/widowed/divorced? code a=1 b=2 c=3 d=4 e=5 f=6 g=7			MSPMFC-B
				42
59 a)	Sometimes people choose to live, or have to live, with someone as a long term partner without being legally married. Do you live with someone you are not married to as a long term partner?			MSPMLV-B
	yes.....	1		43
	no.....	2	O→ 60	
b)	How long have you lived together? <i>(code in years. 0 to 5 months=97, 6 to 11 months=98)</i>			MSLVYR-B
				Yrs 44 45
60 a)	How many times in all have you been married? <i>(include present marriage. never married code 0)</i>			MSTXM-B
				46
b)	Thinking back over your life, how many years in all have you been married or lived with someone as if you were married? <i>(code in years. 0 to 5 months=97, 6 to 11 months=98)</i>			MSYRLV-B
				Yrs 47 48

FAMILY, FRIENDS AND SOCIAL SUPPORT

I would like to ask a few questions about your family and other people who might be important to you.

(You will need to use your common sense a bit in the following sections. For some questions you ought to have a fair idea of the answer from information you will have already collected. You may have to alter the wording of the questions as appropriate).

61(a) Firstly, can you tell me whether anyone in your close family has died since we last talked to you in 1987/1988? By close family I mean your spouse or partner, children, parents or brothers and sisters.

*(the 35s were last visited in 1987, the 55s in 1988)
(if inlaws are mentioned code them at Q62, not here).*

yes..... 1
no..... 2 O→ 62

FMDIED-B
49

ASK FOR EACH (CODE B TO F ON THE GRIDS BELOW)

(b) Who was that?

(If more than 4, code in the following order of priority, spouse/partner first, children second, parent third, sibs fourth).

spouse/partner..... 1
male child..... 2
female child..... 3
brother..... 4
sister..... 5
parent..... 6
other close blood relation..... 7

(c) What did he/she die of?

(d) When did he/she die?

(code year and month, months unknown code 99)

(e) How old was he/she when he/she died?

(f) Thinking about ..(person).. dying, how much did it affect your life when it happened? If I asked you to give it a score between one and ten, where one is something really small and unimportant and ten is the worst thing which could ever happen to you, what score would you give it?

P1DEATH

Person 1 cause of death _____

FM1CSE-B cause <input type="text"/>	FM1REL-B relationship 50 19	FM1YRD-B when died 51 52	FM1MTD B 53 54	FM1AGD B age died 55 56	FM1EFR B effect on R 57 58
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P2DEATH

Person 2 cause of death _____

FM2CSE-B cause <input type="text"/>	FM2REL-B relationship 59 19	FM2YRD-B when died 60 61	FM2MTD-B 62 63	FM2AGD B age died 64 65	FM2EFR-B effect on R 66 67
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P3DEATH
Person 3 cause of death

FM3CSE-B cause	FM3REL-B relationship	FM3YRD B when died	FM3MTD B	FM3AGD B age died	FM3EFR-B effect on R
<input type="text"/>	<input type="text"/> 68 19	<input type="text"/> 69 <input type="text"/> 70	<input type="text"/> 71 <input type="text"/> 72	<input type="text"/> 73 <input type="text"/> 74	<input type="text"/> 75 <input type="text"/> 76

P4DEATH
Person 4 cause of death

FM4CSE-B cause	FM4REL-B relationship	FM4YRD B when	FM4MTD-B died	FM4AGD B age died	FM4EFR-B effect on R
<input type="text"/>	<input type="text"/> 77 19	<input type="text"/> 78 <input type="text"/> 79	<input type="text"/> 1 <input type="text"/> 2	<input type="text"/> 3 <input type="text"/> 4	<input type="text"/> 5 <input type="text"/> 6

REC 12

62 a) Has anyone else important to you died since we last talked to you in 1987/1988? A friend or someone else who played an important part in your life?

yes.....	1	CFDIED-B
no.....	2 O→ 63	7

b) Who was that? What relationship did they have to you?
(if more than 3, code most recent deaths)

friend.....	1
in-law.....	2
'distant' relation.....	3
neighbour.....	4
other (specify).....	5

c) When did he/she die?
(code year and month, month unknown code 99)

d) Thinking about ...(person).. dying, how much did it affect your life when it happened? If I asked you to give it a score between one and ten, where one is something really small and unimportant and ten is the worst thing which could ever happen to you, what score would you give it?

person 1	CF1REL-B relationship to R	CF1YRD B when died	CF1MTD B	CF1EFR-B effect on R
	<input type="text"/> 8	19 <input type="text"/> 9 <input type="text"/> 10	<input type="text"/> 11 <input type="text"/> 12	<input type="text"/> 13 <input type="text"/> 14
person 2	CF2REL-B relationship to R	CF2YRD B when died	CF2MTD B	CF2EFR-B effect on R
	<input type="text"/> 15	19 <input type="text"/> 16 <input type="text"/> 17	<input type="text"/> 18 <input type="text"/> 19	<input type="text"/> 20 <input type="text"/> 21
person 3	CF3REL B relationship to R	CF3YRD-B when died	CF3MTD B	CF3EFR-B effect on R
	<input type="text"/> 22	19 <input type="text"/> 23 <input type="text"/> 24	<input type="text"/> 25 <input type="text"/> 26	<input type="text"/> 27 <input type="text"/> 28

Parents

63 a) Can I just check, is your mother/mother substitute still alive?
(N.B. we are interested in the person R thinks of as mother, who may be a step mother etc. You may know the answer from the questions above).

- yes..... 1 MALIVE-B
- no..... 2 29
- don't know..... 9] O→ 64

(b) How far away does she live now?

- same household..... 1
- within walking distance..... 2
- within five miles..... 3 MLIVE-B
- within 30 miles..... 4 30
- rest of Scotland..... 5
- England or Wales..... 6
- other (specify)..... 7
- don't know..... 9 O→ 64

(c) About how often do you see your mother/mother substitute?

- live with..... 1
- daily..... 2
- every two or three days..... 3 SEEMUM-B
- weekly..... 4 31
- at least once a month..... 5
- a few times a year..... 6
- once a year or less..... 7
- never..... 8

64(a) Can I just check, is your father/father substitute still alive?
(N.B. we are interested in the person R thinks of as a father, who may be a step father etc. You may know the answer from the questions above).

- yes..... 1 DALIVE-B
- no..... 2 32
- don't know..... 9] O→ 65

(b) How far away does he live now?

- same household..... 1
- within walking distance..... 2
- within five miles..... 3 DLIVE-B
- within 30 miles..... 4 33
- rest of Scotland..... 5
- England or Wales..... 6
- other (specify)..... 7
- don't know..... 9 O→ 65

(c) About how often do you see your father/father substitute?

- live with..... 1
- daily..... 2
- every two or three days..... 3 SEEDAD-B
- weekly..... 4 34
- at least once a month..... 5
- a few times a year..... 6
- once a year or less..... 7
- never..... 8

Children, sibs and family

65	How many children do you have who are alive now? <i>(All children, including those still living with R, code number)</i> <i>None code 00 O→ 69</i>	NKIDAL-B	<table border="1"><tr><td>35</td><td>36</td></tr></table>	35	36
35	36				
66	Can I just check, how many children do you have who don't live here with you? <i>(You can check from household composition and from the total number above. Code number) If none code 00 O→ 69</i>	NKIDDL-B	<table border="1"><tr><td>37</td><td>38</td></tr></table>	37	38
37	38				
67	(Not counting any you live with) how many live... <i>(none, code 00 in both boxes)</i>				
a)	within walking distance?	NKIDWD-B	<table border="1"><tr><td>39</td><td>40</td></tr></table>	39	40
39	40				
b)	not within walking distance but within 30 miles?	NKIDFA-B	<table border="1"><tr><td>41</td><td>42</td></tr></table>	41	42
41	42				
68	Thinking about the last four weeks, (apart from children you live with) how many of your children did you see? <i>(none code 00)</i>	NKID4W-B	<table border="1"><tr><td>43</td><td>44</td></tr></table>	43	44
43	44				
69	How many brothers or sisters do you have who are alive now? <i>None code 00 O→ 73</i>	NSIBAL-B	<table border="1"><tr><td>45</td><td>46</td></tr></table>	45	46
45	46				
70	Can I just check, how many brothers and sisters do you have who <u>don't</u> live here with you? <i>(You can check from household composition and from the total number above, code number) If none code 00 O→ 73</i>	NSIBDL-B	<table border="1"><tr><td>47</td><td>48</td></tr></table>	47	48
47	48				
71	(Not counting any you live with) how many live... <i>(none code 00 in both boxes)</i>				
a)	within walking distance?	NSIBWD B	<table border="1"><tr><td>49</td><td>50</td></tr></table>	49	50
49	50				
b)	not within walking distance but within 30 miles?	NSIBFA-B	<table border="1"><tr><td>51</td><td>52</td></tr></table>	51	52
51	52				
72	Thinking about the last four weeks, (apart from brothers and sisters you live with) how many of your brothers and sisters did you see? <i>(none code 00)</i>	NSIB4W B	<table border="1"><tr><td>53</td><td>54</td></tr></table>	53	54
53	54				
73	Thinking about all the people <u>you</u> think of as close family, looking at the faces scale, which face shows best how you feel in general about your close family? code a=1 b=2 c=3 d=4 e=5 f=6 g=7 <i>(if none code 0) O→ 75</i>	FFAMILY-B	<table border="1"><tr><td>55</td></tr></table>	55	
55					

USE CARD 3

74 Still thinking about the people you think of as close family, but not your husband/wife/partner, I am going to read you some statements about your family and I would like you to tell me in general if you....

- strongly agree..... 1
- agree..... 2
- neither agree nor disagree..... 3
- disagree..... 4
- strongly disagree..... 5
- <don't know>..... 9

- | | | | | | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|-----------|---|---|---|---|---|---|---|---|-----------|
| <p>A my family causes me to worry a lot</p> | <p>CFWOR-B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>56</p> | <p>E my family is not an important part of my life</p> | <p>CFNIMP B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>60</p> |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |
| <p>B my family can be relied on to help me however big a problem I have</p> | <p>CFREL-B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>57</p> | <p>F my family makes me feel important and worthwhile</p> | <p>CFIMPT-B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>61</p> |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |
| <p>C my family sometimes make unreasonable demands on me</p> | <p>CFDEM-B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>58</p> | <p>G my family pays me less attention than I would like</p> | <p>CFATTN B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>62</p> |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |
| <p>D my family makes me feel loved</p> | <p>CFLOVE-B
 <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">1</td> <td style="padding: 2px 5px;">2</td> <td style="padding: 2px 5px;">3</td> <td style="padding: 2px 5px;">4</td> <td style="padding: 2px 5px;">5</td> <td style="padding: 2px 5px;">9</td> </tr> </table> </p> | 1 | 2 | 3 | 4 | 5 | 9 | <p>59</p> | | | | | | | | | |
| 1 | 2 | 3 | 4 | 5 | 9 | | | | | | | | | | | | |

75 I have asked about your parents, and about any children and brothers and sisters you have. Are there any other members of the family that you keep in regular contact with?
If yes: How many other family members would that be roughly? (none code 00) O→ 80

NOTHFM-B	
63	64

friends

76 I would like you to think about your friends now. About how many friends would you say you had? I am thinking about people who you like to meet or talk to socially.
(none code 00) O→ 80

NFRNDS B	
65	66

77 a) Thinking of all your friends, how many of them would you describe as close friends? The sort of people you could drop in on uninvited and would choose to spend a lot of time with.
(no close friends code 00) O→ 80

NCLFR-B	
67	68

b) Thinking about the last four weeks, how many of your close friends did you see?
(none code 00)

NCLF4W-B	
69	70

78 Thinking about all the people you think of as close friends. Looking at the faces scale, which face shows best how you feel in general about your close friends?
 code a=1 b=2 c=3 d=4 e=5 f=6 g=7

FFRNDS-B	
71	

USE CARD 4

79 Still thinking about the people you think of as close friends, I am going to read you some statements about your friends and I would like you to tell me if you....

- strongly agree..... 1
- agree..... 2
- neither agree nor disagree..... 3
- disagree..... 4
- strongly disagree..... 5
- <don't know>..... 9

- | | | | |
|--|---|---|---|
| <p>A my friends cause me to worry a lot</p> | <p>FRWOR-B
 <input type="text" value="1 2 3 4 5 9"/> 72</p> | <p>E my friends are not an important part of my life</p> | <p>FRNIMP-B
 <input type="text" value="1 2 3 4 5 9"/> 76</p> |
| <p>B my friends can be relied on to help me however big a problem I have</p> | <p>FRREL-B
 <input type="text" value="1 2 3 4 5 9"/> 73</p> | <p>F my friends make me feel important and worthwhile</p> | <p>FRIMPT-B
 <input type="text" value="1 2 3 4 5 9"/> 77</p> |
| <p>C my friends sometimes make unreasonable demands on me</p> | <p>FRDEM-B
 <input type="text" value="1 2 3 4 5 9"/> 74</p> | <p>G my friends pay me less attention than I would like</p> | <p>FRATTN-B
 <input type="text" value="1 2 3 4 5 9"/> 78</p> |
| <p>D my friends make me feel loved</p> | <p>FRLOVE-B
 <input type="text" value="1 2 3 4 5 9"/> 75</p> | | |

support

80 Loneliness can be a serious problem for some people and not for others. At the present moment do you ever feel lonely?
 If yes: Is that....

- | | |
|---|-------------------------------|
| <ul style="list-style-type: none"> most of the time..... 1 quite often..... 2 only occasionally..... 3 seldom..... 4 <never>..... 5 <don't know>..... 9 | <p>SUPLON-B
79</p> |
|---|-------------------------------|

REC 13

81 a) If you had a serious problem, perhaps like an illness which meant you had to stay in bed for a week or more, is there someone you could turn to for practical help?

If yes: Who would you mainly rely on?

- | | |
|--|---------------------------------|
| <ul style="list-style-type: none"> spouse/partner..... 1 mother..... 2 father..... 3 female sib..... 4 male sib..... 5 female child..... 6 male child..... 7 female child in law..... 8 male child in law..... 9 male friend..... 10 female friend..... 11 other (specify)..... 12 <no one>..... 13 | <p>SUPWHO-B
1, 2</p> |
|--|---------------------------------|

13 O → 82

b) Are there other people who you feel you could ask for practical help like that?
If yes: About how many other people could you ask for practical help like that?
(none code 00)

SUPNPH-B

3	4
---	---

82 a) Thinking of your family and all the people around you, who would you say you were closest to?

- spouse/partner..... 1
- mother..... 2
- father..... 3
- mother in law..... 4
- father in law..... 5
- female sib..... 6
- male sib..... 7
- female child..... 8
- male child..... 9
- female child in law..... 10
- male child in law..... 11
- male friend..... 12
- female friend..... 13
- other (specify)..... 14
- <no one>..... 15 O→ 83

SUPWCL-B
5,6

(b) Thinking about ...(person).. would you say that you could share....

- most of your feelings..... 1
- some of your feelings..... 2
- few of your feelings..... 3

SUPSHF-B
7

83 a) Are there other people you could talk to about problems and share your worries with?
If yes: About how many other people would you share your problems with?
(none code 00)

SUPNSH-B

8	9
---	---

b) Are there ever times when you keep problems or worries to yourself because you feel that there is no-one you can discuss them with?
If yes: Would you say that is...

- very frequently..... 1
- quite often..... 2
- only occasionally..... 3
- <never>..... 4

SUPNNE-B
10

life satisfaction

84 I would like to ask you how you feel about your life in general. Looking at the faces scale, which face shows best how you feel about your life as it is now?
 code a=1 b=2 c=3 d=4 e= 5 f=6 g=7

FLIFE-B

11

HELPING OTHERS

85 Is there anyone who regularly depends on you for help or support? By that I mean that you do things they couldn't manage for themselves because of illness, disability, old age or some other reason?
(Only include things done for spouse if they are due to illness etc. 'Normal' helping doesn't count. Exclude childcare).

yes..... 1 HOANY-B
 no..... 2 O→ 86 12

(If the help is given jointly to a couple, eg elderly parents living together, then only make one entry but add 10 to the relationship code. For example, for help given to 2 elderly parents instead of coding 02, code 12. If the aid is given to only one member of the pair then code 02 for that person alone).

col.1 What relationship do they have to you?

("If couple add 10 to code")

- spouse.....1
- parent.....2
- parent in law.....3
- brother/sister.....4
- brother/sister in law.....5
- own child.....6
- child (step, adopted etc.).....7
- friend.....8
- other (specify).....9

cols 2,3,4 What do you help with?

(code in order mentioned)

- personal care..... 1
 (bathing, taking medicine etc.)
- mobility round house..... 2
- household chores..... 3
 (cleaning, cooking etc)
- transportation outside..... 4
 (take shopping etc)
- dealing with officials,
 financial affairs etc..... 5
- companionship..... 6
- 'everything' 7
- other (specify)..... 8

col.5 How many hours do you spend helping them in an average week?

(code hours per week)

col.6 How much of a strain is it?

- a great strain..... 1
- quite a strain..... 2
- a moderate strain..... 3
- not much of a strain.....4
- no strain at all..... 5

	HO1REL-B relationship		HO1HP1-B help 1	HO1HP2-B help2	HO1HP3-B help3	HO1HRS-B hours		HO1STR-B strain
person 1	13	14	15	16	17	18	19	20
	HO2							
person 2	21	22	23	24	25	26	27	28
	HO3							
person 3	29	30	31	32	33	34	35	36
	HO4							
person 4	37	38	39	40	41	42	43	44

MARRIAGE/PARTNER/SINGLE

86 Is there a spouse/partner present when these questions are being asked?

(N.B. don't ask this, you will know from before if there is a spouse/partner or not).

no spouse/partner..... 1 O→ 91 SPPRES
 spouse/partner not present..... 2 45
 spouse/partner present..... 3

Married/with partner (ie all currently cohabiting)

I would like to ask you a few questions about your relationship with your husband/wife/partner.

87 Looking at the faces scale, which face shows best how you fee 1 about your marriage/relationship? FSPOUS B code a=1 b=2 c=3 d=4 e= 5 f=6 g=7

46

88 a) Different people have different sorts of relationships with their husband/ wife/ partner. Thinking about you and your husband/ wife/partner, would you say that...

most of your friends are shared.....1 SP SHFR-B some are shared, some not..... 2 47 few are shared..... 3 has few friends outside marriage..... 4

(b) Would you say that ..(outside work)....

most of your activities are done with your husband/wife/partner..... 1 SPACTS-B some are done with your husband/ wife/partner, some not..... 2 48 few activities are done with your husband/ wife/partner..... 3

89 Do you ever have serious arguments with your husband/wife/partner? If yes: Is that....

very frequently..... 1 SPARGU-B quite often.....2 49 only occasionally..... 3 <never>..... 4

USE CARDS 5 and 6 (If anyone else is present use the card and refer to the items only by letters ie. "Looking at statement A...etc.")

90 On each card there are a number of statements about relationships. For each one I would like you to tell me whether you....

strongly agree..... 1 agree..... 2 neither agree nor disagree..... 3 disagree..... 4 strongly disagree..... 5 <don't know>..... 9

card 5

A my husband /wife /partner causes me to worry a lot. SPWOR-B 1 2 3 4 5 9 50

C my husband /wife /partner sometimes makes unreasonable demands on me. SPDEM-B 1 2 3 4 5 9 52

B my husband /wife /partner can be relied on to help me however big a problem I have. SPRELY-B 1 2 3 4 5 9 51

D my husband /wife /partner makes me feel loved. SPLOVE-B 1 2 3 4 5 9 53

- E my husband /wife /partner is not an important part of my life. SPNIMP-B
 54
- F my husband /wife /partner makes me feel important and worthwhile. SPIMPT-B
 55

- G my husband /wife /partner pays me less attention than I would like. SPATTN-B
 56

card 6

- H I would like more adult company than I get most days. SPADUL-B
 57
- I Having a partner often prevents me from doing things I would like to do. SPPREV-B
 58
- J I feel I am not free to plan my day the way I want to. SPFREE-B
 59
- K my husband /wife /partner insists on having his/her own way. SPWAY-B
 60

- L I feel that I am not appreciated enough by those around me. SPAPPR-B
 61
- M my husband /wife /partner and I talk to each other a great deal. SPTALK-B
 62
- N life at home is just too much the same routine day after day. SPROUT-B
 63

** O → 93

Not married and not cohabiting (include separated, widowed and divorced not cohabiting)

I would like to ask a few questions about your feelings about being on your own.

- 91 Looking at the faces scale, which face shows best how you feel about being on your own?
 Code a=1 b=2 c=3 d=4 e= 5 f=6 g=7

FONOWN-B

USE CARD 7

- 92 I am going to read you a number of statements and I would like you to tell me whether you....

- strongly agree..... 1
 agree..... 2
 neither agree nor disagree..... 3
 disagree..... 4
 strongly disagree..... 5
 <don't know>..... 9

- A I would like more adult company than I get most days. OOADUL-B
 65
- B I feel I am not free to plan my day the way I want to. OOFREE-B
 66
- C I feel that I am not appreciated enough by those around me. OOPPR-B
 67

- D life at home is just too much the same routine day after day. OOROUT-B
 68
- E Not having a partner often prevents me from doing things I would like to do. OOPREV-B
 69

EMPLOYMENT

93 a) Which of the following descriptions comes closest to how you would describe yourself....
(If R can't choose, repeat... Which comes closest to describing you now?)

- retired..... 1
 - disabled, invalid or permanently sick..... 2
 - caring for Home or "Housewife"..... 3
 - unemployed..... 4
 - employed, a Worker or Self Employed..... 5
 - other..... 6
- EMPSTA-B
70

If other:
 How would you describe yourself now?

I would like to find out what you have been doing between the last time we visited you in 1987/1988 and now. You say that you are ...(current status)... now, have you been ...(current status)... all the time since 1987/1988?

*Work backward from the present filling in the calendar. Use the categories and codes above.
 Go back to the beginning of 1987 for the 35s and to 1988 for the 55s.
 Use the following extra code if necessary.*

temporarily sick..... 7

(If the current status covers the whole of the calendar period, ie started before 1987/1988, ask

ESWHEN-B
 19 71 72

(b) When did you become ...(current status)...?

	ES187-B Jan.	ES287-B Feb.	ES387-B March	ES487-B April	ES587-B May	ES687-B June	ES787-B July	ES887-B Aug.	ES987-B Sept.	ES1087-B Oct.	ES1187-B Nov.	ES1287-B Dec.
1987	73	74	75	76	77	78	79	80	1	2	3	4
REC												
4												
1988	ES188 B 5	6	7	8	9	10	11	12	13	14	15	16
	ES189-B 17	18	19	20	21	22	23	24	25	26	27	28
	ES190 B 29	30	31	32	33	34	35	36	37	38	39	40
	ES191 B 41	42	43	44	45	46	47	48	49	50	51	52

You must check after the interview that there is a code in every box of the calendar.

NOW go on to ask about each different JOB. Start at job now and work backward. (Job now is coded in the first reserved space. If no job now but they did have a job in the last four years, start at job 2 and work back. If more than five jobs including job now ask about five most recent ones).

(c) code total number of jobs since 1987/1988.
(No jobs code 00) O → 96

NJOBS-B

53 54

Job 1 (job now) _____ JB1CD B _____ industry _____
Are you... How many employees does the firm have? JB1SZE-

B self employed (with paid employees)...1 firm has 24 or less employees in UK.....1
self employed (no paid employees)....2 JB1ES-B firm has 25 or more employees in UK..2 56
manager.....3 55
foreman/supervisor.....4
employee.....5

when did you start this job? JB1YRS.B JB1MTS.B
(month unknown code 99) 19 57 58 M 59 60

RJOB2 JB2CD-B RJOB2IND
Job 2 _____ Industry _____

Were you...RJ2EMPST Why did you leave that job?
self employed (with paid employees) 1 ill health.....1 JB2WHL-B
self employed (no paid employees)....2 JB2ES-B retirement.....2 63
manager.....3 61 redundant.....3
foreman/supervisor.....4 to be better off financially.....4
employee.....5 family reasons(specify).....5
other(specify).....6

Was it... Was it your own choice or did you have to leave?
Part time.....1 JB2FT-B own choice.....1 JB2OCH-B
Full time.....2 62 had to leave.....2 64

JB2YRS-B JB2MTS.B JB2YRL-B JB2MTL-B
When did you start that job? 19 65 66 M 67 68 When did you leave that job? 19 69 70 M 71 72

RJOB3 JB3CD-B RJOB3IND
Job 3 _____ Industry _____

Were you...RJ3EMPST Why did you leave that job?
self employed (with paid employees)...1 ill health.....1 JB3WHL-B
self employed (no paid employees)....2 JB3ES-B retirement.....2 75
manager.....3 73 redundant.....3
foreman/supervisor.....4 to be better off financially.....4
employee.....5 family reasons(specify).....5
other(specify).....6

Was it... Was it your own choice or did you have to leave?
part time.....1 JB3FT-B own choice.....1 JB3OCH-B
full time.....2 74 had to leave.....2 76

JB3YRS-B JB3MTS-B JB3YRL-B JB3MTL-B

When did you start that job? 19 77 78 M 79 80 When did you leave that job? 19 1 2 M 3 4

REC 15

RJOB4 JB4CD B RJOB4IND
Job 4 _____ Industry _____

Were you...RJ4EMPST Why did you leave that job?
self employed (with paid employees)..1 ill health.....1 JB4WHL-B
self employed (no paid employees)....2 JB4ES B retirement.....2 7
manager.....3 5 redundant.....3
foreman/supervisor.....4 to be better off financially.....4
employee.....5 family reasons(specify).....5
other(specify).....6

Was it... Was it your own choice or did you have to leave?
part time.....1 JB4FT-B own choice.....1 JB4OCH
full time.....2 6 had to leave.....2 8

JB4YRS.B JB4MTS.B JB4YRL-B JB4MTL-B

When did you start this job? 19 9 10 M 11 12 When did you leave that job? 19 13 14 M 15 16

B

RJOB5
Job 5 _____
Were you... RJ5EMPST
self employed (with paid employees) 1
self employed (no paid employees).....2 JB5ES-B
manager.....3 17
foreman/supervisor.....4
employee.....5

J5CD-B
[] [] []

RJOB5IND
Industry _____
Why did you leave that job?
ill health.....1 JB5WHL-B
retirement.....2 19
redundant.....3
to be better off financially.....4
family reasons(specify).....5
other(specify).....6

Was it...
part time.....1 JB5FT-B
full time.....2 18

Was it your own choice or did you have to leave?
own choice.....1 JB5OCH B
had to leave.....2 20

JB5YRS-B JB5MTS-B
When did you start that job? 19 [21] [22] M [23] [24]

JB5YRL-B JB5MTL-B
When did you leave that job? 19 [25] [26] M [27] [28]

I would like to ask you a few questions about how you feel about ...(current status or current job)...
(If retired, disabled, caring for home, unemployed, or current job.)

94 Looking at the faces scale, which face shows best how you feel
about being ...(current status or current job)...?
(If disabled ask ..."being unable to work because of ill health or
disability").
code a=1 b=2 c=3 d=4 e= 5 f=6 g=7

FEMPST-B
[29]

95 USE CARDS 8 AND 9
I am going to show you two cards which have on them a set of
statements which might describe being ...(current status or current
job)... For each of them I would like you to tell me whether it is true
for you...
(If disabled ask ..."being unable to work because of ill health or
disability").

- very frequently..... 1
- quite frequently..... 2
- only occasionally..... 3
- or never..... 4
- <don't know>..... 9

		Card 8						Card 9									
A	Is boring	ESBORE-B	1	2	3	4	9	30	F	is interesting and challenging	ESINT-B	1	2	3	4	9	35
B	prevents me feeling in control of things	ESCONT-B	1	2	3	4	9	31	G	forces me to do what other people want	ESFORC-B	1	2	3	4	9	36
C	allows me to be sociable and meet people	ESSOC-B	1	2	3	4	9	32	H	is full of stress	ESSTRS-B	1	2	3	4	9	37
D	can be quite lonely	ESLONE-B	1	2	3	4	9	33	I	lets me make full use of my abilities	ESABIL-B	1	2	3	4	9	38
E	leaves me mentally tired out at the end of the day	ESMTIR-B	1	2	3	4	9	34	J	is too routine	ESROUT-B	1	2	3	4	9	39
K	causes me a lot of worry	ESWORR-B	1	2	3	4	9	40	P	is too frantic and hurried	ESFRAN-B	1	2	3	4	9	45
L	makes me feel important and worthwhile	ESIMPT-B	1	2	3	4	9	41	Q	allows me to set my own pace of life	ESPACE-B	1	2	3	4	9	46
M	is bad for my health	ESHLTH-B	1	2	3	4	9	42	R	leaves me physically tired out at the end of the day	ESPTIR-B	1	2	3	4	9	47
N	leaves me plenty of time for myself	ESTIME-B	1	2	3	4	9	43	S	is more than I can cope with	ESCOPE-B	1	2	3	4	9	48
O	makes me feel isolated	ESISOL-B	1	2	3	4	9	44	T	requires me to concentrate hard	ESCONC-B	1	2	3	4	9	49

** those who said they were employed O→ 107

96 Do you have any paid work now?
 yes..... 1 WKNOW-B
 no..... 2 O→ 98 50

(Some of those who did not describe themselves as employees, eg "housewives" might actually have some paid work).

97 What work do you do?

Work now _____

--	--	--

 Industry _____

self employed (with paid employees)...1
 self employed (no paid employees).....2 JBNES-B firm has 24 or less employees in UK.....1 JBNSZ-B
 manager.....3 51 firm has 25 or more employees in UK.....2 52
 foreman/supervisor.....4
 employee.....5

When did you start that job?
 ** O→ 107

JBNSYR-B JBNSMT-B
 19

--	--

 M

--	--

All not currently in paid work

98 Are you on the unemployment register?
 yes..... 1 UNREG-B
 no..... 2 57

99 At the moment are you....
 seriously looking for work..... 1 UNLKWK-B
 not seriously looking for work..... 2 O→ 101 58
 waiting to start a job..... 3 O→ 104

100 How long have you been looking for work?
 (code in years. 0 to 5 months=97, 6 to 11 months=98) UNLKYR-B
 Yrs

--	--

--	--

** 35s O→ 121 55s (not retired) O→ 119 55s (retired) O→ 120

Not seriously looking for work

101 Would you like to work at some time in the future if you could find a suitable job?
 yes..... 1 UNFUT-B
 no..... 2 61

- 102 a) What is the main reason that you are not looking for work?
- illness..... 1
 - disability..... 2
 - looking after relative..... 3
 - too old to get job..... 4
 - lack of skills..... 5
 - out of work too long..... 6
 - too much competition..... 7
 - never worked..... 8
 - looking after home..... 9
 - in education..... 10
 - financially not worth while..... 11
 - permanently retired..... 12
 - other (specify)..... 13

UNNLK B
62, 63
O→ 103

- (b) **WORKDISB**
If ill or disabled: What is the illness which prevents you looking for a job?
Illness _____

--	--

UNILLY B

- (c) How long have you suffered from ... (illness)..?
(code in years. 0 to 5 months=97, 6 to 11 months=98)

Yrs

64	65
----	----

- 103 Do you think you will start looking for work again in the next 5 years....

- definitely yes..... 1 UNL5YR-B
- possibly yes..... 2 66
- definitely no..... 3

** 35s O→ 121 55s (not retired) O→ 119 55s (retired) O→ 120

Waiting to start work

- 104 How long had you been looking for work?
(code years and months, d/k months code 99)

WWKYR-B WWKMT-B
Yrs

67	68
----	----

 M

69	70
----	----

- 105 What is the job you are going to?

Job _____

--	--	--

 Industry _____

- self employed (with paid employees)..... 1
- self employed (no paid employees)..... 2 WWKES G
- manager..... 3 71
- foreman/supervisor..... 4
- employee..... 5

- 106(a) Is it a temporary or a permanent job?

- temporary..... 1 WWKTMP-B
- permanent..... 2 72

- (b) Is it a part time or a full time job?

- part time..... 1 WWKPT-B
- full time..... 2 73

35s O→ 121 55s (not retired) O→ 119 55s (retired) O→ 120

ALL CURRENTLY IN PAID WORK

I would like to ask some further questions about the paid work you do now.

- 107(a) Where do you mainly work?
- | | | | |
|---|---|-----------|----------------|
| in factory/office or similar place..... | 1 | } O → 108 | WKPLAC-B
74 |
| at home..... | 2 | | |
| travelling about, no fixed place..... | 3 | | |
| other (specify)..... | 4 | | |

- b) We are interested in how far from their homes people work - can you tell me the address of your workplace?

(If R has difficulty giving an exact address ask who they work for in addition).

WORKAD1 WORKAD2
address _____

- 108 a) What is the basic number of hours per week for the job you do?
(If no basic, eg self employed, then ask normal or average hours).
- WKBHRS-B
75 76

- b) Do you normally work paid overtime or extra hours for which you are paid?
*If yes: How many hours extra in an average week?
(code in hours, if no extra code 00)*
- WKXHRS-B
77 78

- c) Do you normally work extra hours without pay?
*If yes: How many hours extra in an average week?
(code in hours, if no extra code 00)*
- WKUHRS-B
79 80

REC 16 _____

- 109 How secure would you say your job is? Would you say that it is...
- | | | |
|----------------------|---|-----------|
| very secure..... | 1 | 1 WKSEC-B |
| fairly secure..... | 2 | |
| fairly insecure..... | 3 | |
| very insecure..... | 4 | |
| <don't know>..... | 5 | |

- 110(a) In your current job how are you normally paid?
- | | | |
|-------------------------------------|---|---------------|
| a fixed wage or salary..... | 1 | WKPAID-B
2 |
| paid hourly..... | 2 | |
| piecework..... | 3 | |
| fixed wage plus commission..... | 4 | |
| commission only..... | 5 | |
| self employed, no fixed salary..... | 6 | |
| other (specify)..... | 7 | |

b) Do you mind telling me what your gross pay is from the job you have been describing? By that I mean what you get before tax and national insurance are deducted. Let me just repeat that all the information you give me is confidential and will not be passed on to any other organisation.

(For self employed respondents: How much do you take out of the business for your own use?)
(Record per week, month or year as appropriate).

per week
WKPWK-B

3	4	5	6
---	---	---	---

per month
WKPMT-B

7	8	9	10
---	---	---	----

per year
WKPYP-B

11	12	13	14	15	16
----	----	----	----	----	----

(If R refuses give INCOME CARD and see if he/she will give category).

code A=1 B=2 C=3 D=4 E=5 F=6 G=7 H=8 I=9 J=10 K=11
(totally refuses code 88 in 'card' boxes)

WKPCD-B

17	18
----	----

111 a) In your job, does your employer make contributions for you to an Occupational Retirement Pension scheme?

yes.....	1] O → 112 19
no.....	2	
n/a eg. self employed.....	3	

WKORPS B

b) *If self employed:* Do you contribute to an occupational pension scheme on your own behalf?

yes.....	1	WKSEPS-B
no.....	2	

112 In your job are you directly in charge of or responsible for the work of other people?

If yes: How many other people in all?
(code number, if none code 000)

WKNIC-B
21 22 23

113 I would like to know how strongly you agree or disagree with the following statements. I would like to know whether you....

strongly agree.....	1
agree.....	2
neither agree nor disagree.....	3
disagree.....	4
strongly disagree.....	5
<don't know>.....	9

A I sometimes feel that my work conflicts with my home life

1 2 3 4 5 9 24
WKCONF-B

C working sometimes leaves me too tired to enjoy my home life

1 2 3 4 5 9 26
WKTIRE-B

B my job leaves me plenty of time to spend with my family and friends

1 2 3 4 5 9 25
WKTIME-B

114 a) In the job you have been talking about, do you normally work shifts?

If yes: is that...?

2 shift (no nights).....	1	
3 shift (including nights).....	2	
permanent nights.....	3	WKSHFT-B
permanent back shift (evenings).....	4	27
other (specify).....	5	
<no shifts>.....	6	

b) Do you normally work any hours outside the usual working week?
By that I mean early mornings before 7 a.m., after 6 p.m. in the evening or weekend work?

yes.....	1	WKNHRS B
no.....	2	O→ 115 28

(code all which apply)

	yes	no		
early morning work.....	1	2	29	WAMHRS-B
evening work.....	1	2	30	WPMHRS-B
Saturday work.....	1	2	31	WSTHRS B
Sunday work.....	1	2	32	WSNHRS B
'on call' (no set time).....	1	2	33	WOCHRS-B

115 Thinking about your job in general, would you say that you had to be...

very physically active.....	1	
fairly physically active.....	2	WKPHYA-B
not very physically active.....	3	34
not at all physically active.....	4	

USE CARD 10

116 a) The card shows a number of conditions which people sometimes experience at work. I would like you to tell me how often you experience each of these during the time you spend at work. For each I would like you to tell me whether it affects you....

almost all the time.....	1
about 3/4 of the time.....	2
about 1/2 of the time.....	3
about 1/4 of the time.....	4
less than a quarter of the time.....	5
<never>.....	6

all ¾ ½ ¼ occ. never

all ¾ ½ ¼ occ. never

A	work in very noisy conditions	WKNOIS-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	35	F	work with fumes or chemicals	WKFUME-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	40
		1	2	3	4	5	6														
1	2	3	4	5	6																
B	work in very dusty conditions	WKDUST-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	36	G	work with a lot of vibration work in a bent or	WKVIBR-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	41
1	2	3	4	5	6																
1	2	3	4	5	6																
C	work in very hot conditions	WKHOT-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	37	H	uncomfortable position work which is	WKBENT-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	42
1	2	3	4	5	6																
1	2	3	4	5	6																
D	work in very cold conditions	WKCOLD B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	38	I	monotonous and repetitive work which is	WKMONO B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	43
1	2	3	4	5	6																
1	2	3	4	5	6																
E	work in very wet conditions	WKWET-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	39	J	hectic or too fast	WKFAST-B	<table border="1"><tr><td>1</td><td>2</td><td>3</td><td>4</td><td>5</td><td>6</td></tr></table>	1	2	3	4	5	6	44
1	2	3	4	5	6																
1	2	3	4	5	6																

USE CARD 11

b) On an average day at work how much of your time do you spend ...A/B/C..

	all	¾	½	¼	occ.	never		all	¾	½	¼	occ.	never		
A sitting down	WKSITD B						45	D out of doors	WKOUTD-B						48
	1	2	3	4	5	6			1	2	3	4	5	6	
B standing but not walking about	WKSTND B						46	E lifting or shifting heavy objects	WKLIFT-B						49
	1	2	3	4	5	6			1	2	3	4	5	6	
C walking about	WKWALK B						47	F other hard physical work	WKPHWK B						50
	1	2	3	4	5	6			1	2	3	4	5	6	

I would like you to think back over the time you spent at work during the last working week.

117 a) About how many days did you do any hard physical work for more than 20 minutes at a time? I am thinking about things which might make you sweat or make you out of breath, perhaps lifting or moving heavy weights or digging by hand?
(none=0) O → c

WKHPW-B
51

b) *If any:* Thinking about the whole week, how long did you spend doing hard physical work if you added it all together?
(code in hours and minutes)

WKHPWH-B WKHPWM-B
Hrs 52 53 M 54 55

c) At work do you usually have to walk up and down stairs at least once a day?

yes..... 1 WKSTRS-B
no..... 2 O → 118 56

d) On an average day how many stairs in all do you climb at work?

WKNSTR-B
57 58 59

118 a) Looking back over the last year or so, how often has stress from your work upset your sleep?...

frequently..... 1
sometimes..... 2 WKSSLP-B
only occasionally..... 3 60
never..... 4

b) Over the last year or so, how often has stress from your work upset your appetite?...

frequently..... 1
sometimes..... 2 WKSAPP-B
only occasionally..... 3 61
never..... 4

** 55S ONLY 35s O → 121

119 a) At what age do you expect to retire from paid work completely?
(If they have not said they are retired, but do not expect to work again code 88) O → 120

RETAGE-B
62 63

b) Thinking about retiring from paid work, are you looking forward to retiring ...

very much.....	1	
only a little.....	2	RETFWD-B
not very much.....	3	64
not at all.....	4	

c) Looking ahead to when you have retired from paid work, how likely is it that you will have enough to live on comfortably? Is it...

definite.....	1	
quite likely.....	2	RETCOM-B
rather unlikely.....	3	65
very unlikely.....	4	

120 a) I would like you to think back to when you were 40, were you working then?
If no: What were you doing?

working.....	1] ESAT40-B 66 O→123
retired.....	2	
disabled/invalid/permanently sick.....	3	
caring for Home/"Housewife".....	4	
unemployed.....	5	
other.....	6	

If yes: What job were you doing then?

job JB40CD-B industry

--	--	--

self employed (with paid employees)...1		firm has 24 or less employees in UK.....1	JB40SZ-B
self employed (no paid employees).....2	JB40ES-B	firm has 25 or more employees in UK.....2	68
manager.....3	67		
foreman/supervisor.....4			
employee.....5			

b) How old were you when you first started that job? Age

69	70
----	----

c) How old were you when you left that job? Age

71	72
----	----

(Never left - it is current job - code 98)

** 35S ONLY 55s O→ 123

(NB Many stated 'housewife')

- 121 a) I would like to ask you about the job you think of as your main lifetime job. What job is that? Is it...
- your job now..... 1 O→ 123 MJOB B
 - a different job..... 2 73
 - or have you never had a paid job?..... 3 O→ 129
 - Not working – H.WIVE / Disab 4

job _____ JBMCD-B _____ industry _____

- self employed (with paid employees)...1
- self employed (no paid employees).....2 JBMES-B
- manager.....3 74
- foreman/supervisor.....4
- employee.....5
- firm has 24 or less employees in UK..... 1 JBMSZ-B
- firm has 25 or more employees in UK..... 2 75

b) How old were you when you first started that job? Age

76	77
----	----

 JBMAS-B

c) How old were you when you left that job? Age

78	79
----	----

 JBMAL-B

- 122 a) Why did you leave that job, what was the main reason? Were there any other reasons?
- ill health..... 1
 - retirement..... 2
 - redundant..... 3 JBMWHL-B
 - to be better off financially..... 4 80
 - family reasons (specify)..... 5 O→ 123
 - other (specify)..... 6

REC 17

- b) Was it your own choice or did you have to leave?
- own choice..... 1
 - had to leave..... 2 1 JBMLCH B

c) *If health was given as a reason:* What was the health problem which caused you to leave that job?
 CNDMJOB
 problem _____ JBMHLT-B _____

ASK ALL

123 Could you tell me what was the first serious full time job you ever had? By that I mean the first full time job you had after you left school or college or finished an apprenticeship which wasn't just a temporary fill-in job while you waited to start something else.
(No full time job ever write in "none") O→ 129

job _____ JBFCD-B _____ industry _____

self employed (with paid employees)...	1	firm has 24 or less employees in UK.....	1	JBFSZE-B
self employed (no paid employees).....	2	firm has 25 or more employees in UK.....	2	3
manager.....	3			
foreman/supervisor.....	4			
employee.....	5			

124 a) How old were you when you started that job?

JBFAS-B
Age

4	5
---	---

b) How old were you when you left that job?
(Never left - it is current job - code 98)

JBFAL-B
Age

6	7
---	---

I would like you to think back over the whole of your working life since leaving full time education.

125 About how many years in all have you spent in paid employment?
(none code 00) O→ 129

YRSEMP-B
Yrs

8	9
---	---

126 Thinking about all the jobs you have had, would you say that in your working life in general you have been...

- very physically active..... 1
- fairly physically active..... 2
- not very physically active..... 3
- not at all physically active..... 4
- <can't say, it varied>..... 9

JBSPHA B
10

USE CARD 12

127 The card shows a number of conditions which people sometimes experience in their work. Have you ever been in a job or jobs where you experienced any of these quite a bit of the time?

If yes: Thinking about all the jobs where you experienced that, roughly how many years in all did you experience that during your working life?
(code in years, none=00, less than a year code 01)

A	work in very noisy conditions	11	12	YRNOIS-B	H	work in a bent or uncomfortable position	25	26	YRBENT B
B	work in very dusty conditions	13	14	YRDUST-B	I	work which was monotonous and repetitive	27	28	YRMONO B
C	work in very hot conditions	15	16	YRHOT-B	J	work which was too hectic or fast	29	30	YRFAST-B
D	work in very cold conditions	17	18	YRCOLD-B	K	work causing a lot of stress and worry	31	32	YRSTRS B
E	work in very wet conditions	19	20	YRWET-B	L	hard tiring physical work	33	34	YRPHYW B
F	work with fumes or chemicals	21	22	YRFUME-B	M	outdoor work	35	36	YROUTD B
G	work with a lot of vibration	23	24	YRVIBR-B					

ASK ALL WHO EVER WORKED

128 I am going to read three statements about feelings people might have about work. We are interested in everybody's opinions even if they don't work now. I would like you to tell me for each of them whether you....

- strongly agree..... 1
- agree..... 2
- neither agree nor disagree..... 3
- disagree..... 4
- strongly disagree..... 5
- <don't know>..... 9

A without work a person lacks purpose in life
 B as I get older work seems less important to me

WKORNA-B

1	2	3	4	5	9
---	---	---	---	---	---

 37

WKORNB B

1	2	3	4	5	9
---	---	---	---	---	---

 38

C if I won or inherited enough money to live on I would never work again

WKORNC-B

1	2	3	4	5	9
---	---	---	---	---	---

 39

WORK AROUND THE HOME

Housework

I would like to ask you about housework and other things you do when you are not working.

a) First I would like you to think back over the last four weeks. In the last four weeks did you do any housework?
 If yes: On how many days did you do housework?
 (none code 00) O → 130

HWNDY-B

40	41
----	----

 129

b) On an average day when you did housework how long did you spend on it?
 (code in hours and minutes)

HWHRS-B

Hrs	4	43
	2	

 M
 HWMNS-B

M	44	45	y
---	----	----	---

USE CARD 13

c) Some kinds of housework are heavier than others: the card gives some examples of heavy housework. In the last four weeks did you do any heavy housework like that?
 If yes: On how many days did you do heavy housework like that?
 (none code 00) O → 130

HWHNDY B

46	47
----	----

d) I would like you to think about the most recent day when you did heavy housework. How long did you spend doing it?
 (code in hours and minutes)

HWHHRS B

Hrs	48	49
-----	----	----

 M
 HWHMNS-B

M	50	51	y
---	----	----	---

130 a) Are you regularly involved in caring for a small child. Either your own or for someone else? (small means pre school. Regularly means at least once a week in a normal week).

yes..... 1
 no..... 2 O → 131

CHCARE-B
 52

b) In an average week how many days are you involved in caring for a small child?

CHCNDY-B

53

Chores and maintenance

- 131 a) In the last four weeks did you do any chores or maintenance round the house, things like DIY, building, car repairs or car cleaning?
 If yes: On how many days did you do these things?
 (none code 00) O → 132
- CHM4WD-B

54	55
----	----
- b) On an average day when you did these things how long did you spend on it?
 (code in hours and minutes)
- Hrs

CHMAHR-B	
56	57

 M

CHMAMN-B	
58	59
- USE CARD 14*
- c) Some kinds of work are heavier than others: the card gives some examples of heavy and light work around the house. In the last four weeks, did you do any heavy work like that round the house?
 If yes: On how many days did you do heavy work like that?
 (none code 00) O → 132
- CHMHDY-B

60	61
----	----
- d) I would like you to think about the most recent day when you did heavy work around the house, how long did you spend doing it?
 (code in hours and minutes)
- Hrs

CHMHHR-B	
62	63

 M

CHMHMN-B	
64	65

Gardening

- 132 a) Have you done any gardening in the last 12 months?
 yes..... 1
 no..... 2 O → 134
- GDNLJR-B
66
- b) Thinking back over the last 12 months, in how many of these months did you do any gardening?
- GDNYMT-B

67	68
----	----
- c) In the months when you did gardening, on about how many days a month on average did you do some gardening?
- GDNMDY-B

69	70
----	----
- 133 a) In the last four weeks did you do any gardening?
 If yes: On how many days did you do some gardening?
 (none code 00) O → 134
- GDN4WD-B

71	72
----	----
- b) On an average day when you did gardening how long did you spend on it?
 (Code in hours and minutes)
- Hrs

GDNAHR-B	
73	74

 M

GDNAMN-B	
75	76
- USE CARD 15*
- c) Some kinds of gardening are heavier than others: the card gives some examples of heavy and light gardening. In the last four weeks did you do any heavy gardening?
 If yes: On how many days did you do heavy gardening like that?
 (none code 00) O → 134
- GDNHDY-B

77	78
----	----
- d) I would like you to think about the most recent day when you did heavy gardening. How long did you spend doing it?
 (code in hours and minutes)
- Hrs

GDNHHR-B	
79	80

 M

GDNHMN-B	
1	2

EXERCISE

134 a) Thinking now about last week and thinking both about housework and other chores like DIY and gardening, on how many days did you do work around the house which made you really sweat or out of breath for 20 minutes or more?
(none code 00) O→ 135

SWTDY-B

3

b) If you added together all the time you spent last week on housework, chores and gardening, which made you sweat or out of breath, how long would that be in all?

Hrs

4	5
---	---

 M

6	7
---	---

I would like you to carry on thinking about the last week, but now I would like you to think about the things you do when you are not working or doing housework or chores. The things you do in your free time.

135 a) Thinking about an average weekday, how much time do you have to yourself to do the things you choose to do and enjoy?
(code in hours, less than 1/2 code 25, 1/2 to one hr code 26)

Hrs

8	9
---	---

b) Thinking about an average weekend day, how much time do you have to yourself to do the things you choose to do and enjoy?
(code in hours, less than 1/2 code 25, 1/2 to one hr code 26)

Hrs

10	11
----	----

136 a) Thinking in general about your life as it is now, (but not in your paid employment), would you say you are...

very physically active.....	1	
fairly physically active.....	2	PHYANW-B
not very physically active.....	3	12
not at all physically active.....	4	

b) Thinking back to when you were in your early twenties would you say that at that time you were...

very physically active.....	1	
fairly physically active.....	2	PHYA20-B
not very physically active.....	3	13
not at all physically active.....	4	

55S ONLY 35s O→ 137

c) Thinking back to when you were about forty, would you say that at that time you were...

very physically active.....	1	
fairly physically active.....	2	PHYA40-B
not very physically active.....	3	14
not at all physically active.....	4	

Walking

- 137 a) During the last year have you done any walks of two miles or more? These are walks which would usually take about 40 minutes. I am interested both in walks you took for pleasure and in walking for other reasons like at work, to and from work or to the shops.
- yes..... 1 O→ 138 WLKLYR-B
no..... 2 15
- b) Have you ever in the past regularly walked two miles or more? By regularly I mean at least once a week for a period of a few months or more.
- yes..... 1 WLKREG-B
no..... 2 O→ 139 16
- c) How old were you when you last used to walk that distance regularly? O→ 139 Age WLKAGE-B
- | | |
|----|----|
| 17 | 18 |
|----|----|
- 138 a) Thinking back over the last 12 months, in how many of these months did you regularly walk two miles or more? (regularly means at least once a week) Age WLKYMT-B
- | | |
|----|----|
| 19 | 20 |
|----|----|
- b) In the last four weeks did you do any walks of two miles or more?
- yes..... 1 WLK4W-B
no..... 2 O→ 139 21
- c) How many times in the last four weeks have you walked two miles or more? WLKN4W-B
- | | |
|----|----|
| 22 | 23 |
|----|----|
- d) How long did you spend walking on the last occasion you walked for two miles or more? Hrs WLKLHR-B WLKLMN-B
- | | |
|----|----|
| 24 | 25 |
|----|----|
- | | |
|----|----|
| 26 | 27 |
|----|----|
- (code in hours and minutes)
- 139(a) Is there a dog in your household?
- yes..... 1 DOG-B
no..... 2 O→ 140 28
- (b) Do you ever take the dog for a walk?
If yes: In an average week how often do you take the dog for a walk?
(code days per week, If less than weekly code 8)
never code 0 O→ 140 WLKDOG-B
- | |
|----|
| 29 |
|----|
- (c) On days when you take the dog for a walk, how long do you spend in total walking the dog? Hrs WLKDHR-B WLKDMN B
- | | |
|----|----|
| 30 | 31 |
|----|----|
- | | |
|----|----|
| 32 | 33 |
|----|----|
- 140 Which of the following best describes your usual walk...
- a slow pace..... 1
a steady average pace..... 2 WLKPAC-B
a fairly brisk pace..... 3 34
a fast pace..... 4

Cycling

- 141 a) During the last year have you done any cycling, either for pleasure or just to get around?
- yes..... 1 O→ 142 CYCLYR-B
no..... 2 35
- b) Have you ever in the past regularly cycled?
(regular means at least once a week for a period of a few months or more.)
- yes..... 1 CYCREG-B
no..... 2 O→ 143 36
- c) How old were you when you last used to cycle regularly? O→ 143 Age

CYCAGE-B	
37	38
- 142 a) How many months in the last year did you regularly cycle?
(regularly means at least once a week.)

CYCYMT-B	
39	40
- b) In the last four weeks have you cycled at all?
- yes..... 1 CYC4W-B
no..... 2 O→ 143 41
- c) How many times in the last month have you cycled?

CYCN4W.B	
42	43
- d) How long did you spend cycling on the last occasion you cycled?
(Code in hours and minutes) Hrs

CYCLHR-B	
44	45

 M

CYCLMN-B	
46	47
- e) Did the effort make you out of breath or sweaty?
- yes..... 1 CYCSWT-B
no..... 2 48

Sport

USE CARD 16

143 The card shows lists of sports or other physical activities people do in their free time. Are there any of these which you do regularly now?
(regularly means at least once a week for two or more months in the year)

yes..... 1 SPTANY-B
no..... 2 O→ 144 49

FOR ALL MENTIONED ASK A TO F
(more than five mentioned code five on which respondent spends most time)

- a) Record Sport number from the sport card below.
- b) How many months in the year do you do ... (activity)...?
- c) About how many days in the month do you do ... activity...?
- d) On a normal occasion when you do ... (activity)... how long do you spend doing it?
(code in minutes)
- e) Does it usually make you out of breath or sweaty?
yes.....1
no.....2
- f) In total, for about how many years have you doneactivity... ?

Team Games			Training and Fitness		
01 Football	06 Basketball	28	Weight Training	31 Dancing for fitness	
02 Hockey	07 Volleyball	29	Yoga	32 Social dancing	
03 Cricket	08 Lacrosse	30	Keep Fit/Aerobics	33 Exercises/circuit training	
04 Rugby	09 Shinty		34 Any other fitness activities like these (specify)		
05 Netball	10 Rounders		Outdoor Activities		
11 any other team games like these			35 Walking/Rambling	40 Rowing	
Individual Sports			36 Hiking/Backpacking	41 Horse Riding	
12 Tennis	20 Athletics	37 Climbing	42 Fishing		
13 Squash	21 Gymnastics	38 Sailing	43 Shooting		
14 Table tennis	22 Boxing	39 Canoeing	44 skiing		
15 Badminton	23 Martial arts	45 any other outdoor activity like this (specify)			
16 Swimming	24 Running/Jogging	Other Games and Sports			
17 Golf	25 Weight lifting	46 Snooker	49 Skittles		
18 Bowls	26 Cycling as a sport	47 Darts	50 Pool		
19 Ice skating		48 Ten pin bowling	51 All Motor Sports		
27 Any other individual sports like these (specify)			52 Any other game or sport not mentioned (specify)		

Sport no.	Months done	Days per month	Mns per occasion	Sweat	Yrs done
SPTN1-B	SPTMT1-B	SPTDY1-B	SPTMN1-B	SPTSW1-B	SPTYR1-B
50 | 51	52 | 53	54 | 55	56 | 57 | 58	59	60 | 61
SPTN2-B					
62 | 63	64 | 65	66 | 67	68 | 69 | 70	71	72 | 73
SPTN3-B					
74 | 75	76 | 77	78 | 79	1 | 2 | 3	4	5 | 6
REC 19					
SPTN4-B					
7 | 8	9 | 10	11 | 12	13 | 14 | 15	16	17 | 18
SPTN5-B					
19 | 20	21 | 22	23 | 24	25 | 26 | 27	28	29 | 30

144 Are there any other sports on the card which you used to play regularly earlier in your life but have given up? I am not including sports which you only played when you were at school?

yes..... 1
no..... 2 O→ 145

31
SPXANY B

FOR ALL MENTIONED ASK A TO C

- a) Record Sport number from the sport card.
- b) How old were you when you stopped doing ...(sport)...regularly?
- c) In total for about how many years did you do ...(sport)...regularly?

	Sport no.	age gave up	years done		Sport no.	age gave up	years done
No.1	SPXN1-B 32 | 33	SPXAG1-B 34 | 35	SPXYR1-B 36 | 37	No.2	SPXN2 B 38 | 39	SPXAG2-B 40 | 41	SPXYR2-B 42 | 43
No.3	SPXN3-B 44 | 45	46 | 47	48 | 49	No.4	SPXN4-B 50 | 51	52 | 53	54 | 55
No.5	SPXN5-B 56 | 57	58 | 59	60 | 61	No.6	SPXN6-B 62 | 63	64 | 65	66 | 67
No.7	SPXN7-B 68 | 69	70 | 71	72 | 73	No.8	SPXN8-B 74 | 75	76 | 77	78 | 79
REC20							
No.9	SPXN9-B 1 | 2	3 | 4	5 | 6	No.10	SPXN10-B 7 | 8	SPXAG0-B 9 | 10	SPXYR0-B 11 | 12

I would like to ask about the things you do to occupy your time when you are not working, other than the sports and exercise I have just asked about. Some people seem to have a lot of interests and hobbies while others seem to prefer just to relax and do nothing in particular.

145 Would you say that you are someone who...

has a lot of different interests..... 1 INTS-B
has only a few interests..... 2 13
has no particular interests..... 3

146 Could you tell me about the things you normally do to occupy your time when you are not working or doing housework or chores? For example; hobbies, activities or things like watching television or reading? Could you begin by telling me about the thing you spend most time doing?

(Record the thing R spends most time on first, second most time on second and so on)

ACTIV1	activity 1 _____	LACCD1-B	<input type="text"/>	<input type="text"/>
ACTIV2	activity 2 _____	LACCD2-B	<input type="text"/>	<input type="text"/>
ACTIV3	activity 3 _____	LACCD3-B	<input type="text"/>	<input type="text"/>
ACTIV4	activity 4 _____	LACCD4-B	<input type="text"/>	<input type="text"/>

147 a) Do you belong to any clubs, associations, church groups or anything similar?
 If yes: How many in all?
 (none code 00) O → 148

NCLUBS-B

14	15
----	----

b) Record description of club and code as below.
 (If more than 4, code in order mentioned).

- sports club..... 1
- sports supporters club..... 2
- social club (eg British Legion)..... 3
- volunteers (eg St Johns Ambulance)..... 4
- hobby or interest group..... 5
- church group..... 6
- masonic lodge/orange lodge etc..... 7
- other..... 8

CLUB1			
club 1 _____	CLUB1-B	<table border="1"><tr><td>16</td></tr></table>	16
16			
CLUB2			
club 2 _____	CLUB2-B	<table border="1"><tr><td>17</td></tr></table>	17
17			
CLUB3			
club 3 _____	CLUB3-B	<table border="1"><tr><td>18</td></tr></table>	18
18			
CLUB4			
club 4 _____	CLUB4-B	<table border="1"><tr><td>19</td></tr></table>	19
19			

INCOME

I would like to ask you a few questions about your household finances. By this I mean the finances which you and your husband/wife/partner have available to you from all different sources like earnings, benefits, private sources or contributions from other people. We have found in the past that people's income can be very important in explaining their health.

Before I start I would like to emphasise that the information is completely private to the Medical Research Council and will not be passed on to any other organisation whatsoever. If there are any particular questions which you would rather not answer we can miss them out.

148 Looking at the faces scale, which face shows best how you feel about how adequate your household income is taken altogether?
 code a=1 b=2 c=3 d=4 e=5 f=6 g=7

FINCME-B

20

149 Would you mind telling me what your total household income is?
 By that I mean the amount you (and your husband/wife/partner) normally have after deductions like tax, and including any benefits, pensions and so on.
 (Interviewers, record in one of the boxes below, i.e. either amount per week, month or year as reported. Code to the nearest £)

INCHWK-B
per week

21	22	23	24
----	----	----	----

INCHMT-B
per month

25	26	27	28
----	----	----	----

INCHYR-B
per year

29	30	31	32	33	34
----	----	----	----	----	----

(Interviewer, if refuses give INCOME CARD and see if R will give category).
 code A=1 B=2 C=3 D=4 E=5 F=6 G=7 H=8 I=9 J=10 K=11
 (If completely refuses code 88, don't know code 99)

INCHCD-B

35	36
----	----

SMOKING

150 Do you ever smoke tobacco now? I am thinking of a pipe, cigars and your own roll ups as well as cigarettes you might buy.
If no: Did you ever used to smoke any sort of tobacco?
(Probe: Not at any time in your life?)

never smoker.....	1	O→ 171	SMTYPE-B
ex smoker.....	2	O→ 165	37
current smoker.....	3		

CURRENT SMOKERS

151 Thinking about the amount you smoke now, would you say that you are...

a very light or occasional smoker.....	1		
a light but regular smoker.....	2		SMDES-B
a moderate smoker.....	3		38
quite a heavy smoker.....	4		
a very heavy smoker.....	5		

152 a) In the last three years have you ever seriously tried to give up smoking?
If yes: How many times have you tried to give up in the last three years?
(If no code 00) O→ 153 NB CONTINUOUSLY TRYING= 98

		SM3YST-B		
		<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">39</td> <td style="padding: 2px 5px;">40</td> </tr> </table>	39	40
39	40			

b) (Thinking about the last time you tried to give up) Why did you try to give up, what was the main reason?

health – doctor advised.....	1		
health – own decision.....	2		SMWHY-B
cost.....	3		41
spouse/partner stopped.....	4		
other (specify).....	5		

Cigarette and cigar smoking

153 Do you smoke cigarettes and/or cigars?
(not hand rolled)
If yes: Do you smoke...

only cigarettes.....	1		
only cigars.....	2		SMCEVN-B
cigarettes <u>and</u> cigars.....	3		42
<i>If no: Did you ever used to smoke cigarettes or cigars?</i>			
used to smoke cigarettes or cigars.....	4	O→ 157	
<u>never</u> smoked cigarettes or cigars.....	5	O→ 159	

154(a) How old were you when you first started smoking cigarettes and/or cigars regularly?
(Regularly means at least one cigarette/cigar a day)

		SMCAGF-B		
		Age <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">43</td> <td style="padding: 2px 5px;">44</td> </tr> </table>	43	44
43	44			

b) Have you always smoked cigarettes and/or cigars since then or have there been times when you have given them up completely?

always smoked them.....	1	O→ 155	SMCSTP-B
gave up on at least one occasion.....	2		45

c) Thinking back over the years since you first started smoking cigarettes and/or cigars, for how many years in all did you stop smoking cigarettes and cigars completely on these occasions if you added them all together?

		SMCYRS-B		
		Yrs <table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="padding: 2px 5px;">46</td> <td style="padding: 2px 5px;">47</td> </tr> </table>	46	47
46	47			

- 155 Thinking about your smoking now, how many cigarettes and/or cigars do you smoke a day?
(code 98 if less than one a day) SMCNUM-B
48 49
- 156 a) Is the number of cigarettes and/or cigars you smoke now about the same as you have always smoked or would you say that on average you smoke either more or less now than you used to smoke, on average?
- | | | | |
|---|---|--------|----------|
| same..... | 1 | O→ 159 | SMCSAM-B |
| smokes <u>more</u> now than previously..... | 2 | | 50 |
| smokes <u>less</u> now than previously..... | 3 | | |
- b) How many cigarettes and/or cigars did you used to smoke a day on average?
(code 98 if less than one a day) O→ 159 SM CPR-B
51 52
- Doesn't smoke cigarettes/cigars now but used to
- 157 a) How old were you when you first started smoking cigarettes or cigars regularly?
(Regularly means at least one cigarette a day) Age SMXAGF B
53 54
- b) How old were you when you gave up smoking cigarettes or cigars completely? Age SMXAGL-B
55 56
- c) Between the time when you first started to smoke cigarettes or cigars regularly and the last time you gave up completely, were there other times when you stopped smoking cigarettes and/or cigars completely?
- | | | | |
|---------------------------------------|---|--------|----------|
| always smoked them..... | 1 | O→ 158 | SMXSTP-B |
| gave up on at least one occasion..... | 2 | | 57 |
- d) Thinking about the earlier times you gave up smoking cigarettes or cigars completely, for how many years did you stop smoking cigarettes or cigars completely on these earlier occasions if you add them altogether?
(code 98 if less than one year) Yrs SMXYRS-B
58 59
- 158 Thinking about the time when you used to smoke cigarettes or cigars, how many cigarettes or cigars did you smoke a day on average?
(code 98 if less than one a day) SMXNUM-B
60 61

Pipe smoking and roll up cigarettes

- 159 Do you smoke a pipe or hand rolled cigarettes now?
If yes: Do you smoke...
- | | | | |
|---|---|--|----------|
| only a pipe..... | 1 | | SMPNOW B |
| only hand rolled cigarettes..... | 2 | | 62 |
| a pipe <u>and</u> hand rolled cigarettes..... | 3 | | |
- If no: Did you ever used to smoke a pipe or hand rolled cigarettes?*
- | | | | |
|--|---|--------|---------|
| used to smoke a pipe or hand rolled..... | 1 | O→ 163 | SMPEV-B |
| <u>never</u> smoked a pipe or hand rolled..... | 2 | O→ 171 | 63 |
- 160 a) How old were you when you first started smoking a pipe/hand rolled cigarettes regularly?
(Regularly means at least once a day) Age SMPAGF-B
64 65

b) Have you always smoked a pipe/hand rolled cigarettes since then or have there been times when you have given up completely?
 always smoked pipe/hand rolled..... 1 O→ 161 SMPSTP-B
 gave up on at least one occasion..... 2 66

(c) Thinking back over the years since you first started smoking a pipe and/or hand rolled cigarettes, for how many years did you stop smoking a pipe and/or hand rolled cigarettes completely on these occasions if you add them all together?
 (code 98 if less than one year)
 Yrs SMPYRS B
 67 68

161 Thinking about your smoking now, how many ounces of pipe tobacco or rolling tobacco do you smoke per week?
 (Second box should always be coded either 5 or 0 for 1/2 oz.)
 SMPOZ.B SMPPT-B
 Oz. 69 70

162 a) Is the amount of pipe or rolling tobacco you smoke now about the same as you have always smoked or would you say that on average you smoke either more or less now than you used to smoke, on average?
 same..... 1 O→ 171 SMPSAM-B
 smokes more now than previously..... 2 71
 smokes less now than previously..... 3

b) How many ounces of pipe or rolling tobacco did you used to smoke in a week on average?
 (Second box should always be coded either 5 or 10 for 1/2 oz.)
 SMPROZ B SMPRPT-B
 Oz. 72 73

Doesn't smoke pipe/hand rolled cigarettes now but used to

163 a) How old were you when you first started smoking a pipe or hand rolled cigarettes regularly?
 (Regularly means at least once a day)
 Age SMPXAF-B
 74 75

b) How old were you when you gave up smoking a pipe or hand rolled cigarettes completely?
 Age SMPXAL-B
 76 77

c) Between the time when you first started to smoke a pipe or hand rolled cigarettes and the last time when you completely gave up, were there other times when you stopped smoking a pipe or hand rolled cigarettes completely?
 always smoked them..... 1 O→ 164 SMPXST-B
 gave up on at least one occasion..... 2 78

d) Thinking of all the earlier times you gave up completely, for how many years did you stop smoking a pipe or hand rolled cigarettes completely on these earlier occasions if you add them all together?
 (code 98 if less than one year)
 Yrs SMPXYR-B
 79 80

REC21
 164 Thinking about the time when you used to smoke a pipe or hand rolled cigarettes, how many ounces of tobacco did you smoke in a week on average?
 (Second box should always be coded either 5 or 0 for 1/2 oz.)
 SMPXOZ-B SMPXPT-B
 Oz. 1 2

EX-SMOKERS

- 165 Thinking about the time you used to smoke, would you say that on average you were...
- a very light or occasional smoker..... 1
 - a light but regular smoker..... 2 SMXDES B
 - a moderate smoker..... 3 3
 - quite a heavy smoker..... 4
 - a very heavy smoker..... 5
- 166 When you gave up smoking completely, why did you give up, what was the main reason?
- health – doctor advised..... 1
 - health – own decision..... 2 SMXWHY-B
 - cost..... 3 4
 - spouse/partner stopped..... 4
 - other (specify)..... 5

Ex cigarette or cigar smoking

- 167 a) When you used to smoke, did you smoke cigarettes or cigars?
If yes: Was that...
- only cigarettes.....1 SMXCC-B
 - only cigars..... 2 5
 - both cigarettes and cigars..... 3
 - neither..... 4 O→ 169
- b) How old were you when you first started smoking cigarettes or cigars regularly?
(Regularly means at least one cigarette a day)
- Age SMXAF2 B

6	7
---	---
- c) How old were you when you gave up smoking cigarettes or cigars completely?
- Age SMXAL2-B

8	9
---	---
- d) Between the time when you first smoked cigarettes or cigars regularly and the time when you last gave up, were there other times when you stopped smoking cigarettes and/or cigars completely?
- always smoked them..... 1 O→ 168 SMXST2-B
 - gave up on at least one occasion..... 2 10
- e) Thinking of all the earlier times you gave up smoking cigarettes or cigars completely, for how many years in all did you stop smoking cigarettes or cigars on these earlier occasions if you add them all together?
- Yrs SMXYR2-B

11	12
----	----
- 168 Thinking about the time when you used to smoke cigarettes or cigars, how many cigarettes or cigars did you smoke a day on average?
(code 98 if less than one a day)
- Yrs SMXN2-B

13	14
----	----

Ex pipe/hand rolled cigarette smoking

- 169 a) When you used to smoke, did you smoke a pipe or hand rolled cigarettes?
- yes..... 1 SMXPIP-B
 - no..... 2 O→ 171 15

- b) How old were you when you first started smoking a pipe or hand rolled cigarettes regularly?
(Regularly means at least once a day) Age **SMXPAF-B**

16	17
----	----
- c) How old were you when you gave up smoking a pipe or hand rolled cigarettes completely? Age **SMXPAL-B**

18	19
----	----
- d) Between the time when you first smoked a pipe or hand rolled cigarettes and the last time when you gave up completely, were there other times when you stopped smoking a pipe or hand rolled cigarettes completely?
 always smoked them..... 1 O→ 170 **SMXPST-B**
 gave up on at least one occasion..... 2 20
- e) Thinking of all the earlier times you gave up smoking a pipe or hand rolled cigarettes completely, for how many years did you stop smoking a pipe or hand rolled cigarettes completely on these earlier occasions if you add them all together?
(code 98 if less than one year) Yrs **SMXPYR B**

21	22
----	----
- 170 Thinking about the time when you used to smoke a pipe or hand rolled cigarettes, how many ounces of pipe tobacco or rolling tobacco did you smoke per week on average?
(Second box should always be coded either 5 or 0 for 1/2 oz.) Oz. **SMXPOZ-B** **SMXPPT-B**

23

 .

24

DRINKING

- 171 Do you ever drink alcohol, even if it is just occasionally?
If no: Did you ever used to drink alcohol?
 never drinker..... 1 O→ 186 **DRTYPE-B**
 ex drinker..... 2 O→ 182 25
 current drinker..... 3

CURRENT DRINKERS

- 172 Thinking about the amount you drink now, would you say that you are...
 a very light or occasional drinker..... 1 **DRDES-B**
 a light but regular drinker..... 2 26
 a moderate drinker..... 3
 quite a heavy drinker..... 4

--

 O→ 173c
 a very heavy drinker..... 5
- 173 a) Has there ever been a time in the past when you would describe yourself as having been a heavy drinker?
 yes..... 1 **DRHEV-B**
 no..... 2 O→ 174 27
- b) How old were you when you last drank heavily? Age **DRHAGL-B**

28	29
----	----
- c) Thinking back over your life, for how many years in all would you have described yourself as a heavy drinker? Yrs **DRHYRS-B**

30	31
----	----
- 174 a) In the last three years have you tried to seriously give up drinking?
If yes: How many times have you tried to give up in the last three years?
If no code 00 O→ 175 **DR3YST-B**

32	33
----	----

(b) (Thinking about the last time you tried to give up), why did you try to give up, what was the main reason?

- health – doctor advised..... 1
- health – own decision..... 2
- cost..... 3
- spouse/partner stopped..... 4
- other (specify)..... 5

DRWHY-B
34

175 a) How old were you when you first started drinking alcohol regularly?

Age

35	36
----	----

b) Have you always drunk alcohol since then or have there been times when you have given it up completely?

- has always drunk..... 1 O→ 176
- has given up..... 2

DRSTP-B
37

c) (Thinking of all the times you gave up drinking) About how many years in all would you have stopped drinking altogether?

Yrs

38	39
----	----

176 a) I would like you to think back over the last seven days and tell me what you had to drink on each day. Thinking about yesterday, which wasday, did you have any alcoholic drinks?
(Ring today at b) then start yesterday and work back through 7 days).

	(BE) beer/lager/cider		(WI) wine		(FW) fortified wine		(SP) spirits		(OT) other (specify)	
	DRSUBE-B		DRSUWI-B		DRSUFW-B		DRSUSP-B		DRSUOT-B	
(SU) Sunday	40	41	42	43	44	45	46	47	48	49
(SA) Saturday	50	51	52	53	54	55	56	57	58	59
(FR) Friday	60	61	62	63	64	65	66	67	68	69
(TH) Thursday	70	71	72	73	74	75	76	77	78	79
REC 22										
(WE) Wednesday	1	2	3	4	5	6	7	8	9	10
(TU) Tuesday	11	12	13	14	15	16	17	18	19	20
(MO) Monday	21	22	23	24	25	26	27	28	29	30
	DRMOBE-B		DRMOWI-B		DRMOFW-B		DRMOSP B		DRMOOT-B	

*(Record beer etc in half pints, ie. one and a half pints=3.)
NB. One bottle wine =6 glasses. One bottle sherry etc =12 glasses. One bottle spirits =27 single measures.*

b) Record day of the week when question was asked

- Monday..... 1
- Tuesday..... 2
- Wednesday..... 3
- Thursday..... 4
- Friday..... 5
- Saturday..... 6
- Sunday..... 7

DAYINT-B
31

c) Would you say that last week you drank...

- much less than usual..... 1
- a little less than usual..... 2
- about the same as usual..... 3
- a little more than usual..... 4
- a lot more than usual..... 5

DRNORM-B
32

- 177(a) In general, is the amount you drink now about the same as you have always drunk or would you say that on average you used to drink either more or less than now?
- | | | | |
|----------------------|---|--------|----------|
| some..... | 1 | O→ 178 | DRSAME-B |
| more previously..... | 2 | | 33 |
| less previously..... | 3 | | |
- b) Thinking back to when you used to drink more/less, on average how often would you have drunk alcohol?
- | | | |
|----------------|----------|---|
| days a week | DRPRDY-B | <input type="text" value="34"/> |
| days a month | DRPRMT-B | <input type="text" value="35"/> |
| times per year | DRPRYR-B | <input type="text" value="36"/> <input type="text" value="37"/> |
- c) Thinking back, On the days when you used to drink more/less, what sort of drinks did you have and how much did you drink of each on average?
- | | | |
|---|----------|---|
| beer and cider (<u>half pints</u>) | DRPRBE-B | <input type="text" value="38"/> <input type="text" value="39"/> |
| wine (<u>glasses</u>) | DRPRWI-B | <input type="text" value="40"/> <input type="text" value="41"/> |
| Fortified wine (<u>glasses</u>)
(eg sherry, vermouth etc.) | DRPRFW-B | <input type="text" value="42"/> <input type="text" value="43"/> |
| spirits (<u>measures</u>) | DRPRSP-B | <input type="text" value="44"/> <input type="text" value="45"/> |
| other drinks (specify what and how much) | DRPROT-B | <input type="text" value="46"/> <input type="text" value="47"/> |
- 178 a) Have you ever felt that you should cut down on your drinking?
- | | | | |
|----------|---|--------|----------|
| yes..... | 1 | | DRACUT-B |
| no..... | 2 | O→ 179 | 48 |
- b) Have you felt that in the last year?
- | | | | |
|----------|---|--|----------|
| yes..... | 1 | | DRACLY-B |
| no..... | 2 | | 49 |
- c) Have people ever annoyed you by criticising your drinking?
- | | | | |
|----------|---|--------|----------|
| yes..... | 1 | | DRAANN-B |
| no..... | 2 | O→ 180 | 50 |
- d) Has this happened in the last year?
- | | | | |
|----------|---|--|----------|
| yes..... | 1 | | DRAALY-B |
| no..... | 2 | | 51 |

180 a)	Have you ever felt bad or guilty about your drinking?			
	yes.....	1		DRABAD-B
	no.....	2	O→ 181	52
b)	Have you felt that in the last year?			
	yes.....	1		DRABLY-B
	no.....	2		53
181 a)	Have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?			
	yes.....	1		DRAFAM-B
	no.....	2	O→ 186	54
b)	Has this happened in the last year?			
	yes.....	1		DRAFLY-B
	no.....	2		55

EX DRINKERS

182	Thinking about the time you used to drink, would you say that on average you were...					
	a very light or occasional drinker.....	1				
	a light or regular drinker.....	2		DRXDES-B		
	a moderate drinker.....	3		56		
	quite a heavy drinker.....	4				
	a very heavy drinker.....	5				
183	When you gave up drinking completely, why did you give up, what was the main reason?					
	health – doctor advised.....	1				
	health – own decision.....	2		DRXWHY-B		
	cost.....	3		57		
	spouse/partner stopped.....	4				
	other (specify).....	5				
184 a)	How long is it since you gave up drinking alcohol completely? <i>(code in years, 0 to 5 months=97, 6=11 months=98)</i>	DRXYRS-B	Yrs	<table border="1"><tr><td>58</td><td>59</td></tr></table>	58	59
58	59					
b)	How old were you when you first started drinking alcohol regularly?	DRXAGF-B	Age	<table border="1"><tr><td>60</td><td>61</td></tr></table>	60	61
60	61					
c)	Between the time when you first drank alcohol and the time when you last gave up, were there other times when you stopped drinking alcohol completely?					
	yes.....	1	O→ 185	DRXSTP B		
	no.....	2		62		
d)	Thinking of all the earlier times you gave up drinking alcohol, about how many years would you have stopped drinking altogether?		Yrs	DRXNYR B <table border="1"><tr><td>63</td><td>64</td></tr></table>	63	64
63	64					

(routing on original schedule was wrong: 'if answer is (yes) go to Q185') but should have been 'if answer is (no) go to Q185'

185 a)	When you used to drink alcohol regularly, on average how often did you drink alcohol?		
	days a week	DRXDY-B	<input type="text" value="65"/>
	days a month	DRXMT-B	<input type="text" value="66"/>
	times per year	DRXYR-B	<input type="text" value="67"/> <input type="text" value="68"/>
(b)	On the days when you used to drink, what sort of drinks did you have and how much did you drink of each on average?		
	beer and cider (<u>half pints</u>)	DRXBE-B	<input type="text" value="69"/> <input type="text" value="70"/>
	wine (<u>glasses</u>)	DRXWI-B	<input type="text" value="71"/> <input type="text" value="72"/>
	Fortified wine (<u>glasses</u>) (eg sherry, vermouth etc.)	DRXFW-B	<input type="text" value="73"/> <input type="text" value="74"/>
	spirits (<u>measures</u>)	DRXSP-B	<input type="text" value="75"/> <input type="text" value="76"/>
	other drinks (specify what and how much)	DRXOT-B	<input type="text" value="77"/> <input type="text" value="78"/>

DIET

186 a)	At the moment are you on a special diet or do you watch what you eat to control your weight? <i>If yes: Is that to lose weight or to gain weight?</i>		
	lose.....	1	DWTNOW-B
	gain.....	2	79
	<not on diet>.....	3 O→ 187	
b)	Did a doctor or someone else recommend that or did you decide on it yourself?		
	own GP.....	1	
	hospital doctor.....	2	
	other medical person (specify).....	3	DWTWHO-B
	friends/family.....	4	80
	self.....	5	
	anyone else (specify).....	6	

23

187 a)	Thinking back over the last five or ten years have you dieted to control your weight...		
	most of the time.....	1	
	regularly but not most of the time.....	2	DWTSYR-B
	only from time to time.....	3	1
	never.....	4	

b)	Would you say that you have a...		
	strong tendency to put on weight.....	1	
	slight tendency to put on weight.....	2	DWTTND-B
	no tendency to put on weight.....	3	2
188 a)	Do you keep to a special diet or watch what you eat for any health reason other than controlling your weight? Either because of some condition you have or to look after your health in the future?		
	yes.....	1	DHLTHR-B
	no.....	2 O→ 189	3
b)	Did a doctor or someone else recommend that or did you decide on it yourself?		
	own GP.....	1	
	hospital doctor.....	2	
	other 'medical' person (specify).....	3	DWHO-B
	friends/family.....	4	4
	self.....	5	
	anyone else (specify).....	6	
c)	What condition is the diet for?		
	blood pressure/heart.....	1	
	ulcers or other digestive problems.....	2	
	diabetes.....	3	DCOND-B
	allergy (specify).....	4	5
	other (specify).....	5	
d)	How strictly do you keep to this diet, would you say that you....		
	always keep to it.....	1	DKEEP-B
	sometimes ignore it.....	2	6
	often ignore it.....	3	
189	Are there any foods which you don't eat for reasons other than health or weight control, such as for religious or moral reasons? <i>If yes: Why is that?</i>		
	vegetarian (meat free).....	1	
	vegan/strict veg (no animal products).....	2	DFOODA-B
	religion.....	3	7
	other (specify).....	4	
	<none>.....	5	
190	Thinking overall about the things you eat, would you say your diet is....		
	very healthy.....	1	
	fairly healthy.....	2	DHLTHY-B
	fairly unhealthy.....	3	8
	very unhealthy.....	4	

MRC BRONCHITIS

191 a)	Do you usually cough first thing in the morning in winter?		
	yes.....	1	BRCAM-B
	no.....	2	9
b)	Do you usually cough during the day or night in winter?		
	yes.....	1	BRCNT-B
	no.....	2	10
**If Respondent says no to <u>both</u> a and b O→ 192			
c)	Do you cough like this on most days for as much as 3 months each year?		
	yes.....	1	BRC3M-B
	no.....	2	11
192 a)	Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?		
	yes.....	1	BRPHAM-B
	no.....	2	12
b)	Do you usually bring up any phlegm (spit from the chest) during the day or night in winter?		
	yes.....	1	BRPHNT-B
	no.....	2	13
**If Respondent says no to <u>both</u> a and b O→ 193			
c)	Do you bring up phlegm on most days for as much as 3 months each year?		
	yes.....	1	BRPH3M-B
	no.....	2	14
193	In the past 3 years, have you had a period of cough and phlegm lasting for 3 weeks or more?		
	yes.....	1	BRC3WK-B
	no.....	2	15
194 a)	Are you troubled by shortness of breath when hurrying on level ground or walking up a short hill?		
	yes.....	1	BRSBLG-B
	no.....	2	
	unable to walk.....	3	
			O→ 195
b)	Do you get short of breath walking with other people of your own age on level ground?		
	yes.....	1	BRSBOP-B
	no.....	2	17

c)	Do you ever have to stop for breath when walking at your own pace on level ground?				
	yes.....	1	BRSTBR-B		
	no.....	2	18		
195 a)	Does your chest ever sound wheezy or whistling?				
	yes.....	1	BRWHEV-B		
	no.....	2 O→ 196	19		
b)	Do you get this most days or nights?				
	yes.....	1	BRWHM-B		
	no.....	2	20		
196 a)	During the past 3 years have you had any chest illness, such as bronchitis or pneumonia, which has kept you off work or indoors for a week or more?				
	yes.....	1	BRILLN-B		
	no.....	2 O→ 197	21		
b)	How many illnesses like this have you had in the last 3 years?		BRILLN-B		
			<table border="1"><tr><td>22</td><td>23</td></tr></table>	22	23
22	23				

MRC CHEST PAIN

197 a)	Have you ever had any pain or discomfort in your chest?		
	yes.....	1	CPPNEV-B
	no.....	2	24
b)	Have you ever had any pressure or heaviness in your chest?		
	yes.....	1	CPPREV-B
	no.....	2	25
**If Respondent says no to <u>both</u> a and b O→ 199			
c)	Do you get it when you walk uphill or hurry?		
	yes.....	1	CPHILL-B
	no.....	2	26
d)	Do you get it when you walk at an ordinary pace on the level?		
	yes.....	1	CPLVL-B
	no.....	2	27
e)	What do you do if you get it while walking?		
	stop.....	1	CPWDO-B
	slow down.....	2	28
	carry on at the same pace.....	3	
f)	What happens to it if you stand still?		
	is relieved in 10 minutes or less.....	1	CPSTST-B
	is relieved in more than 10 minutes.....	2	29
	is not relieved.....	3	

198 Could you show me where you get the pain and discomfort?
Do you feel it anywhere else?
(code all sites mentioned)

	yes	no		
sternum (upper and middle).....	1	2	30	CPSTU-B
sternum (lower).....	1	2	31	CPSTL-B
left anterior chest.....	1	2	32	CPLAC-B
left arm.....	1	2	33	CPLA-B
other (specify).....	1	2	34	CPOTH B

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

yes.....	1		CPHHR-B
no.....	2	O → 200	35

b) Have you ever seen a doctor because of this pain?

yes.....	1		CPDOC-B
no.....	2	O → d	36

c) What did the doctor say that it was?
(record response verbatim)

d) How many of these attacks have you had?

CPNATT-B

37	38
----	----

e) When was your (first) attack?

CPFAYR-B

19	39	40	M
----	----	----	---

CPFAMT-B

41	42
----	----

f) When was your last attack?

CPLAYR-B

19	43	44	M
----	----	----	---

CPLAMT-B

45	46
----	----

IF THE INTERVIEW HAS TAKEN MORE THAN TWO HOURS AT THIS POINT OFFER TO MAKE A SECOND APPOINTMENT

Record time taken to this point

Hrs M

200 a) *USE CARD 17*
 I would like you to look at this card. Do you regularly suffer from any swelling, pain or stiffness in your joints or in your neck or back?

yes..... 1
 no..... 2 O → female 201
 male 203

JTREG-B
 47

b) *FOR EACH MENTIONED ASK*
 Does that cause pain....
 (code in grid)

all or most of the time..... 1
 only from time to time..... 2
 or never..... 3
 <don't know>..... 9 } O → d

c) When it causes pain is it....

severe..... 1
 moderate..... 2
 slight..... 3
 <don't know>..... 9

d) Does it limit your day to day activities?
 If yes: Is that...

a very great deal..... 1
 quite a lot..... 2
 to a moderate degree..... 3
 only a little..... 4
 or not at all..... 5
 <don't know>..... 9

	JTNPF-B pain frequency	JTNPS-B pain severity	JTNLM-B limitation
neck	48	49	50
back	51	52	53

	(PF) pain frequency	(PS) left side pain severity	(LM) limitation		(PF) pain frequency	(PS) right side pain severity	(LM) limitation
(S) shoulder	54	55	56	57	58	59	59
(E) elbow	60	61	62	63	64	65	65
(W) wrist	66	67	68	69	70	71	71
(F) hand or finger	72	73	74	75	76	77	77
(H) hip	78	79	80	2	2	3	3
REC 24							
(K) knee	4	5	6	7	8	9	9
(A) ankle	10	11	12	13	14	15	15
(T) foot or toes	16	17	18	19	20	21	21

PREVENTIVE HEALTH SERVICE USE

WOMEN ONLY. MEN O→ 203

201 a) Have you ever had a routine cervical smear test? Yrs

CXYR-B
22 23

 M

CXMT-B
24 25

*If yes: How long ago was your most recent cervical smear?
 (Code in years and months, months unknown code 99, within one
 month code 00 98). Never code 00 00 O→ 202*

b) Where did you have your most recent test done?
 GP surgery..... 1
 well-woman clinic..... 2
 family planning clinic..... 3
 maternity clinic..... 4 CXWH-B
 colposcopy clinic..... 5 26
 other gynae clinic..... 6
 G.U.M clinic..... 7
 place of work..... 8
 other (specify)..... 9

c) Have you ever had an abnormal outcome from a test?
 yes..... 1 CXAB-B
 no..... 2 27
 <don't know>..... 9 O→ 202

d) When was the most recent time that happened?
 (code year and month, month unknown code 99) 19

CXABYR-B
28 29

 M

CXABMT-B
30 31

202 a) Have you ever had a routine breast examination by mammography? MGYR-B MGMT-B
*If yes: How long ago was your most recent mammography?
 (Code in years and months, months unknown code 99, within one
 month code 00 98) Never code 00 00 O→ 203* Yrs

32 33

 M

34 35

b) Have you ever had an abnormal outcome from a test?
 yes..... 1 MGAB B
 no..... 2 36
 <don't know>..... 9 O→ 203

c) When was the most recent time that happened?
 (code year and month, month unknown code 99) 19

MGABYR-B
37 38

 M

MGABMT-B
39 40

MEN AND WOMEN

203 a) Have you ever had your blood pressure checked by a doctor or nurse? BPYR-B BPMT-B
*If yes: How long ago was your most recent blood pressure check?
 (Code in years and months, months unknown code 99, within one
 month code 00 98) Never code 00 00 O→ 204
 (Exclude BP checks on females during pregnancy and the check
 done in the first visit of this study).* Yrs

41 42

 M

43 44

b) Has a doctor ever told you your blood pressure was too high?
(exclude BP checks on females during pregnancy and the last Twenty-07 visit)

yes.....	1			
no.....	2	] O→ 204		
<don't know>.....	9			

BPHIGH-B
45

c) When was the most recent time you were told that?
(code year and month, month unknown code 99)
(Exclude the last Twenty-07 visit).

		BPHYR-B		BPHMT B
19		46	47	M 48 49

204 a) Do you wear a denture or false teeth?
If yes: Is that a full or a partial denture?

full denture.....	1	O→ 205	DENT-B
partial denture.....	2		50
no denture.....	3		

b) Do you go to the dentist for regular check ups or only when you need to?

regular – at least 6 mthly.....	1		
regular – at least annually.....	2		DENTR-B
less frequent ‘regular’ check ups.....	3		51
only when need to.....	4		
never go to the dentist.....	5		

205 Do you go to the optician for regular check ups or only when you need to?

regular – at least 6 mthly.....	1		
regular – at least annually.....	2		OPTICR-B
less frequent ‘regular’ check ups.....	3		52
only when need to.....	4		
never need to go to the optician.....	5		

206 a) Sometimes people go for a general health check up even if there is nothing particularly wrong with them. Have you ever had a check up like this?

yes.....	1		HLTHC-B
no.....	2	O→ 207	53

b) Do you have checks like that regularly
If yes: How often is that?

regular – at least 6 mthly.....	1		
regular – at least annually.....	2		HLTHCR-B
less frequent ‘regular’ check ups.....	3		54
not regularly.....	4		
<never>.....	5		

c) Was the last one done privately or through the National Health Service?

privately.....	1		HLTHCP-B
on the NHS.....	2		55
other (specify).....	3		

d)	Was it something that...		
	you decided on yourself.....	1	
	was recommended by your GP.....	2	HLTHCW B
	was a requirement at work.....	3	56
	was needed for insurance.....	4	
	was for some other reason (specify).....	5	

HEALTH BEHAVIOURS

I would like to ask you about sleeping and about things you might do for your health.

207 a)	How often do you have trouble getting to sleep?		
	every day.....	1	
	most days.....	2	
	at least once a week.....	3	HBSLP-B
	at least once a month.....	4	57
	less than monthly.....	5	
	<never>.....	6	
	<don't know>.....	9	
b)	How often are you bothered by waking earlier than you would like to, or by waking up in the middle of the night? <i>(This means disturbed sleep: do not include waking to go to the toilet).</i>		
	every day.....	1	
	most days.....	2	
	at least once a week.....	3	HBWKE-B
	at least once a month.....	4	58
	less than monthly.....	5	
	<never>.....	6	
	<don't know>.....	9	
208	From time to time there are programmes about health on television or radio. Would you say that you....		
	watch or listen whenever you can.....	1	HBTV-B
	sometimes watch or listen, sometimes not.....	2	59
	prefer not to watch or listen to them.....	3	
209	Magazines or newspapers often have articles on health. Would you say that you....		
	read them whenever you can.....	1	HBMAG-B
	sometimes read them, sometimes not.....	2	60
	prefer not to read them.....	3	
210	Have you ever gone to any classes or done anything at home to help you relax or improve your mental state? I am thinking of things like yoga or meditation. <i>If yes: Is that....</i>		
	a regular part of your life now.....	1	HBYOGA-B
	an occasional thing you do.....	2	61
	something you tried and gave up.....	3	
	<never did it>.....	4	

- 211 Do you have any sort of exercise machine, or weights to help you keep fit?
If yes: Do you
- | | | |
|-------------------------------|---|---------|
| use it/them regularly..... | 1 | |
| use it/them occasionally..... | 2 | HBEXM-B |
| not use it/them now..... | 3 | 62 |
| <do not have>..... | 4 | |
- 212 Have you ever used an exercise tape or cassette?
If yes: Do you
- | | | |
|-------------------------------|---|----------|
| use it/them regularly..... | 1 | |
| use it/them occasionally..... | 2 | HBTAPE-B |
| not use it/them now..... | 3 | 63 |
| <never used>..... | 4 | |
- 213 Have you ever gone jogging or running to keep fit?
If yes: Is that....
- | | | |
|--------------------------------------|---|---------|
| a regular part of your life now..... | 1 | |
| an occasional thing you do..... | 2 | HBJOG-B |
| something you tried and gave up..... | 3 | 64 |
| <never did it>..... | 4 | |
- 214 Do you belong to a health club, slimming group or anything like that?
If yes: Do you....
- | | | |
|--------------------------|---|----------|
| go regularly..... | 1 | |
| go occasionally..... | 2 | HBCLUB-B |
| belong but don't go..... | 3 | 65 |
| <not belong>..... | 4 | |

ASK MEN ONLY. WOMEN O→ 216

- 215 Can I ask, have you ever had a vasectomy, that is an operation for sterilisation? 19

VASYR-B	
66	67

 M

VASMT-B	
68	69
- If yes: When was that?*
(Code year and month, month unknown code 99. If not sterilised code 00 00).

**MEN O→ 227

WOMEN'S HEALTH

Now I would like to ask a few questions about women's health.

35S ONLY** 55S O→ 224

- 216 Can I just check, are you pregnant at the moment?
 yes..... 1 O→ 219 WHPREG-B
 no..... 2 70
- 217 a) Are you still having periods?
 yes..... 1 WHPERS-B
 no..... 2 71
 don't know..... 9 O→218
- b) Are your periods normal, that is about once a month or whatever is normal for you?
 yes..... 1 O→ 219 WHNORM-B
 no..... 2 72
 don't know..... 9
- (c) Do you think that the menopause has started for you or are your periods irregular for some other reason?
 menopause started..... 1 WHMENO-B
 other reason (specify)..... 2 O→ 219 73
 don't know..... 9
- 218 a) Why did your periods stop? Is it because of the menopause or because of an operation you had or for some other reason?
 menopause..... 1 O→ 219 WHSTOP B
 operation..... 2 74
 other (specify)..... 3 O→ 219
- b) What operation was that?
 hysterectomy (womb only)..... 1 WHOPER-B
 hysterectomy and ovaries..... 2 75
 other (specify)..... 3
- c) When did you have that operation?
 (code in years and months, months unknown code 99)
 19 WHOPYR-B WHOPMT-B
 76 77 M 78 79
- 219 a) Have you ever taken hormone replacement therapy?
 yes..... 1 HRTEV3-B
 no..... 2 O→ 220 80
-
- REC25
- b) Are you taking HRT now?
 yes..... 1 HRTNW3-B
 no..... 2 1
- c) When did you first have HRT?
 (code in years and months, month unknown code 99)
 19 HRTFYR B HRTFMT-B
 2 3 M 4 5
- d) In total how long have/did you take(n) HRT?
 (code in years and months)
 Yrs HRTNYR-B HRTNMT-B
 6 7 M 8 9
- 220 When did you have your last menstrual period?
 (code year and month, month unknown code 99). More than four years ago. IE. before 1/1/87 O→ 226
 19 LMPYR-B LMPMT-B
 10 11 M 12 13

You might remember that when we last talked to you we filled in a diary which dealt with pregnancy and contraception. I would like to bring that up to date. I would like to start right at the beginning of 1987. Time might overlap slightly with what you told us before.

221 a) First, I would like to ask about pregnancies. Have you been pregnant since then, even if you did not have a child?

yes..... 1 PRGREG B
no..... 2 O→ 222 14

b) When did you become pregnant? YRPREG-B MTPREG B
19

15	16
----	----

 M

17	18
----	----

USE CARD 18

c) What was the outcome of the pregnancy?
Block off on the calendar the time during which R was pregnant with a double arrow. Code the outcome of the pregnancy as below.

- normal birth..... 11
- birth by Caesarian section..... 12
- stillbirth..... 13
- miscarriage..... 14
- termination/abortion..... 15
- currently pregnant..... 16

USE CARD 19

222 a) The card shows various methods of contraception, can you tell me if you have used any of these methods of contraception in the last four years, that is, since the beginning of 1987?

For each method mentioned ask when they started using it and when they finished using it. Block off the calendar as appropriate using the codes below.

NB: If using more than one method for any period of time, record the main method.

- pill/oral contraceptive (specify type)..... 21
- IUD/coil..... 22
- cap/diaphragm..... 23
- condom/sheath..... 24
- sponge/'Today'..... 25
- spermicidal creams or foams alone
- safe period/rhythm method..... 27
- withdrawal..... 28
- hysterectomy..... 29
- menopause..... 30
- partner's vasectomy..... 31
- own sterilisation..... 32

IF STERILISED ASK

b) When did you have an operation for sterilisation?
(code year and month, month not known code 99)

YRSTER-B MSTER B
19

19	20
----	----

 M

21	22
----	----

223

USE CARD 20

I see that there were times when you were not using any type of contraception. The card shows reasons why people might not use contraception – can you tell me why you were not using contraception?

(For each time period code as below).

- trying to get pregnant..... 41
- not sexually active..... 42
- religious or moral reasons..... 43
- other reasons (Write reason on calendar)..... 44
- no particular reason..... 45
- <don't know>..... 46

	CC187-B Jan.	CC287-B Feb.	CC387-B March	CC487-B April	CC587-B May	CC687-B June	CC787-B July	CC887-B Aug.	CC987-B Sept.	CC1087-B Oct.	CC1187-B Nov.	CC1287-B Dec.
1987	23,24	25,26	27,28	29,30	31,32	33,34	35,36	37,38	39,40	41,42	43,44	45,46
1988	47,48	49,50	51,52	53,54	55,56	57,58	59,60	61,62	63,64	65,66	67,68	69,70
1989	71,72	73,74	75,76	77,78	79,80	1, 2	3, 4	5, 6	7, 8	9, 10	11,12	13,14
1990	15,16	17,18	19,20	21,22	23,24	25,26	27,28	29,30	31,32	33,34	35,36	37,38
1991	39,40	41,42	43,44	45,46	47,48	49,50	51,52	53,54	55,56	57,58	59,60	61,62

Check if there are gaps in the calendar.NB: AFTER THE INTERVIEW MAKE SURE THAT EVERY BOX HAS A NUMBER FILLED IN.

55S ONLY ** 35S O → 226

224

Different women go through the menopause at different times and for some women it takes longer than for others. Would you say that for you the menopause...

- has finished..... 1
 - is still happening..... 2
 - hasn't yet happened..... 3
 - other (specify)..... 4
- MENOST-B
63

225 a)

In the last three years, since we last visited you, have you had hormone replacement therapy?

- yes..... 1
 - no..... 2 O → 226
- HRT3YR-B
64

b)

Are you taking HRT now?

- yes..... 1
 - no..... 2
- HRTNW5-B
65

c)

Over the last three years how long in total have you had HRT?
(code in years and months, month unknown code 99)

HRTYR-B		HRTMT-B	
Yrs	66 | 67	M	68 | 69

- 226 *ASK ALL*
Thinking back, can you tell me how old you were when you had
your first menstrual period?
(code age in years, don't know code 99)

Age

LMPFAG-B

HOUSING, TRANSPORT AND LOCALITY

I would like to ask you a few questions about your house/flat.

- 227 a) Are you the owner/tenant, or is it someone else in the household?
If self or spouse: Is that jointly or in his/her/your name only?

self..... 1
self and spouse..... 2
spouse only..... 3
parent..... 4
parent in law..... 5
child..... 6
child in law..... 7
other relative (specify)..... 8
non relative (specify)..... 9

HSEWHO-B
72

- b) is the house....

privately owned (with mortgage)..... 1
privately owned (owned outright)..... 2
rented from the council..... 3
rented from Scottish Homes..... 4
rented from Housing assoc./charitable trust..... 5
rented from New Town Development corp..... 6
privately rented (unfurnished)..... 7
privately rented (furnished)..... 8
tied to the tenant's job..... 9
other (specify)..... 10

HSEOWN-B
73,74

- 228 Looking at the faces scale, which face shows best how you feel
about your house/flat?
a=1 b=2 c=3 d=4 e=5 f=6 g=7

FHOUSE-B

- 229 a) How long have you lived in this house/flat?
(code in years, 0 to 5 months=97, 6 to 11 months=98)
more than four years O→ 231

HSEYR-B
Yrs

- b) *If four years or less: Were you living here when we last visited you?*

yes..... 1 O→ 231
no..... 2

HERELI-B
78

230 Which rooms do you have for use by your household alone?
(household as defined at household composition earlier)
(Enter number of each, 0 if no exclusive use)

	1) living room	LIVRM-B	79	2) other public (eg. dining, study)	PUBRM-B	80
REC27	<hr/>					
	3) bedrooms	BEDRM-B	1	4) kitchen	KITCHN-B	2
	5) bathroom	BATHRM-B	3	6) w/c (no bath or shower)	TOILET-B	4
	7) bed sit	BEDSIT-B	5	8) other (specify)	OTHRM-B	6

231 Is damp or condensation a problem in your home? (Not just normal condensation on windows).
If yes: Is it....

a serious problem.....	1	HDAMP B
more of a nuisance than a problem.....	2	7
<no problem>.....	3	

232 a) In the winter time, what is the main way you heat the room you live in most of the time?

central heating.....	1	
gas fire.....	2	HLVRHT-B
electric fire.....	3	8
solid fuel fire.....	4	
portable gas heater.....	5	
don't heat it.....	6	
other.....	7	

b) In the winter time, what is the main way you heat your bedroom?

central heating.....	1	
gas fire.....	2	HBEDHT-B
electric fire.....	3	9
solid fuel fire.....	4	
portable gas heater.....	5	
don't heat it.....	6	
other.....	7	

c) Are there times in the winter when you can't keep your house warm enough?

If yes: Is that....

most of the time.....	1	HCOLD-B
quite often.....	2	10
only occasionally.....	3	
<never>.....	4	

233 In your house do you ever have a problem with noise from outside?
If yes: Is that....

most of the time.....	1	HNOISE-B
quite often.....	2	11
only occasionally.....	3	
<never>.....	4	

234 a) Thinking about the space you have in your house, would you say it is....

	1	
very crowded.....	1	HCROWD B
slightly crowded.....	2	12
just about right.....	3	
rather too large.....	4	
much too large.....	5	

b) Is there somewhere in your house you can go when you want to be by yourself?

	1	
yes.....	1	HALONE-B
no.....	2	13
never want to be alone.....	3	

235 Does your accommodation have...

	1	
its own garden.....	1	
a shared garden.....	2	GARDEN-B
its own backyard (but not garden).....	3	14
a shared backyard.....	4	
a shared public area you can sit in.....	5	
none of these.....	6	

236 a) At home do you usually have to walk up and down stairs at least once a day?

	1	
yes.....	1	HWLKST-B
no.....	2	15
not applicable, no stairs.....	3	O → 237

b) On an average day how many stairs in all do you climb at home?

		HNSTDY-B
	16	17
	18	

Now I would like to ask about the area you live in.

237 What do you call this local area where you live?
 AREA
 area _____

238 Looking at the faces scale, which face shows best how you feel about living in ..(area)..?
 a=1 b=2 c=3 d=4 e=5 f=6 g=7

		FAREA-B
	19	

239 How do you feel about walking around the area after dark? Would you say that you....

	1	
never do it under any circumstances.....	1	
try to avoid doing it.....	2	AWDARK-B
do it but feel uncomfortable.....	3	20
have no worries about doing it.....	4	

I would like to ask a few questions about transportation.

- 244 a) Do you or your household own a car or van?
- | | | |
|----------|--------|----------|
| yes..... | 1 O→ c | CAROWN-B |
| no..... | 2 | 32 |
- b) Do you or your household normally have the use of a car or van?
- | | | |
|----------|----------|----------|
| yes..... | 1 | CARUSE-B |
| no..... | 2 O→ 245 | 33 |
- c) How many cars/vans do you own or have the use of?
- | | |
|----------|----|
| NCARAV-B | 34 |
|----------|----|
- d) Do you personally ever drive the/one of the car/van(s)?
- | | | |
|----------|---|----------|
| yes..... | 1 | CARDRI-B |
| no..... | 2 | 35 |

INCOME (part 2)

I would like to ask a few more questions about your household finances. By this I mean the finances which you and your husband/wife/partner have available to you from all different sources like earnings, benefits, private sources or contributions from other people.

Before I start I would like to emphasise again that the information is completely private to the Medical Research Council. If there are any particular questions which you would rather not answer we can miss them out.

245	Does it ever happen that you find it difficult to meet the cost of ..A/B/C..? (Read items one by one) If yes: Is that....		
	very frequently.....	1	
	quite often.....	2	
	only occasionally.....	3	
	never.....	4	
	<refused>.....	5	
	N/A – (ie HOUSE OWNED OUTRIGHT)	6	
	A) Food and other necessities which you have to buy often?	INCFD B	36
	B) Your rent or mortgage?	INCRNT-B	37
	C) Bills for things like poll tax or heating that come up from time to time?	INCBLL-B	38
	D) Treats and luxuries such as having a night out or presents for the family?	INCLUX-B	39
246 a)	Suppose you needed to find a lump sum of money, for example suppose a cooker or washing machine broke down and you needed £200 for a new one straight away, would it be....?		
	impossible.....	1	INC200 B
	difficult.....	2	40
	inconvenient but not impossible.....	3	
	no problem.....	4	O → 248
	<refused>.....	5	
247 a)	Suppose you needed to find a smaller sum of money, for example suppose you needed £50. How difficult would that be to find?		
	impossible.....	1	INC50-B
	difficult.....	2	41
	inconvenient but not impossible.....	3	
	no problem.....	4	
	<refused>.....	5	

There are a lot of different ways in which people get their income. I am going to show you a card with a list of possible sources of income.

SHOW CARD 21

248 a) Looking at this card, does your household have any income from any of these sources?

yes.....	1	INCANY-B
no.....	2	42
refused.....	3	] O→ 249
don't know.....	4	

For each mentioned ask:

b) Can I ask how much income your household receives from ... (source)?

USE INCOME CARD IF THEY REFUSE

code A=1 B=2 C=3 D=4 E=5 F=6 G=7 H=8 I=9 J=10 K=11

c) *In 'per' column code per week=1 fortnight=2 month=3 year=4 card used=5 refused=8 don't know=9*

d) Who is the income from..(source) paid to? Is it you only, your husband/wife/partner only or both of you?

(If both ask do you both have separate income from ... (source)... or is it a joint income)

respondent only.....	1	
spouse/partner only.....	2	O→ next source
both separately have income from this.....	3	
both jointly have income from this.....	4	O→ next source

If both separately ask

e) Can I ask you how much income you personally receive from ..(source)?

USE INCOME CARD IF THEY REFUSE

card A=1 B=2 C=3 D=4 E=5 F=6 G=7 H=8 I=9 J=10 K=11

f) *In 'per' column code per week=1 fortnight=2 month=3 year=4 card used=5 refused=8 don't know=9*

Income and earnings

- 1...your main job/business/work
- 2...your spouse/partner's main job/business/work
- 3...other work/casual earnings
- 4...occupational pension (not state retirement pension)
- 5...private pension scheme
- 6...maintenance from ex-spouse
- 7...investment/private income
- 8...contributions from other household members' earnings

Contributory benefits (not sickness)

- 9...unemployment benefit
- 10...state retirement pension
- 11...invalidity pension, benefit or allowance
- 12...widows pension
- 13...maternity allowance or statutory maternity pay (SMP)

28...Any other source not mentioned

Sickness benefits

- 14..sickness benefit/statutory sick pay
- 15..invalidity benefit
- 16..community charge benefit
- 17..severe disablement allowance
- 18..industrial injury or disablement allowance
- 19..attendance allowance
- 20..invalid care allowance
- 21..mobility allowance
- 22..other mobility/disability allowances

Non Contributory benefits

- 23..income support
- 24..family credit
- 25..child benefit
- 26..one parent benefit
- 27..housing benefit

	source number INCSN1-B		household amount £s INCHA1-B				per INCHP1 B	who gets INCWG1-B	own income £s INCOA1-B					per INCOP1-B	
Source 1	43	44	45	46	47	48	49	50	51	52	53	54	55	56	57
Source 2	58	59	60	61	62	63	64	65	66	67	68	69	70	71	72
Source 3	73	74	75	76	77	78	79	80	1	2	3	4	5	6	7
REC 28															
Source 4	8	9	10	11	12	13	14	15	16	17	18	19	20	21	22
Source 5	23	24	25	26	27	28	29	30	31	32	33	34	35	36	37
Source 6	38	39	40	41	42	43	44	45	46	47	48	49	50	51	52
Source 7	53	54	55	56	57	58	59	60	61	62	63	64	65	66	67
Source 8	68	69	70	71	72	73	74	75	76	1	2	3	4	5	6
REC 29															
	INCSN8-B		INCHA8-B					INCHP8-B	INCWG8 B	INCOA8-B					INCOP8-B

USE CARD 22

249

Finally, some people have savings they can fall back on while others do not. Looking at the card, can you tell me which letter shows how much money you have saved or invested?
(If R says it falls exactly on one of the boundaries code to the smaller figure).

7

- A (none)..... 1
- B (£500 or less)..... 2
- C (£501 to £3,000)..... 3
- D (£3,001 to £5,000)..... 4 INCSAV-B
- E (£5,001 to £8,000)..... 5
- F (£8,001 to £20,000)..... 6
- G (more than £20,000)..... 7
- <refused>..... 8

PHYSICAL MEASURES

NOW ASK THE RESPONDENT TO MOVE TO A TABLE FOR THE NEXT PART

While you set up the instruments for the physical measurement ask the respondent to fill in the GENERAL HEALTH QUESTIONNAIRE (the GHQ is the last part of the SELF COMPLETION QUESTIONNAIRE.)

250 a) Have you taken any medications today to help your breathing, or for high blood pressure, angina or some other heart problem?

yes.....
no.....
don't know.....

1
2
9

O → 251

PMMED-B
8

b) What was that?
(write name of medicines below)

MEDTODY1
med 1 _____
MEDTODY2
med 2 _____
MEDTODY3
med 3 _____

PMMED1-B
PMMED2-B
PMMED3-B

251 a) Do you have any medical conditions affecting you today which might affect the measures I am going to take, a cold or anything like that?

yes.....
no.....

1
2 O → 252

PMCOND-B
9

b) What condition(s) do you have?

CONTODY1
Cond 1 _____
CONTODY2
Cond 2 _____
CONTODY3
Cond 3 _____

NURSE MEASUREMENTS

252 Room temperature
(degrees centigrade)

PMRTMP B

10	11
----	----

253 Clothes worn.

light.....
medium.....
heavy.....

1
2
3

PMCLTH-B
12

254 Resting pulse rate.
(Beats in 15 seconds)

PMPULS-B

13	14
----	----

255 Blood pressure.
(to nearest 2mm below)

1ST READING

RAW		CORRECTED	
	BPS1-B		
systolic	15 | 16 | 17	systolic minus zero	24 | 25 | 26
			BPCS1-B
	BPD1-B		
diastolic	18 | 19 | 20	diastolic minus zero	27 | 28 | 29
			BPCD1-B
	BPZ1-B		
zero	21 | 22 | 23		

2ND READING

RAW		CORRECTED	
	BPS2-B		
systolic	30 | 31 | 32	systolic minus zero	39 | 40 | 41
			BPCS2-B
	BPD2-B		
diastolic	33 | 34 | 35	diastolic minus zero	42 | 43 | 44
			BPCD2-B
	BPZ2-B		
zero	36 | 37 | 38		

MEAN VALUES

systolic
(corrected 1st systolic + corrected 2nd systolic/2)

45	46	47
----	----	----

diastolic
(corrected 1st diastolic + corrected 2nd diastolic/2)

48	49	50
----	----	----

355
If the mean blood pressure is greater than 180/105 (either figure) advise the respondent to seek medical advice as instructed in the manual. If the reading is greater than 200/115 strongly advise the respondent.

555
If the mean blood pressure is greater than 190/110 (either figure) advise the respondent to seek medical advice as instructed in the manual. If the reading is greater than 210/120 strongly advise the respondent.

not advised.....	1	BPADV-B 51
advised.....	2	
strongly advised.....	3	

256 Standing height
(code centimetres and millimetres)

PMHTCM-B	PMHTMM-B
cms	mms
52 | 53 | 54	55 | 56

257 Weight

(Code kilograms and grams. NB: grams (rightmost figure) will always be either 0 or 5 – if you have anything else the scales are probably set to pounds and ounces and should be altered).

PMWTKG-B			PMWTGM-B	
Kgs			gms	
57	58	59	60	

258 a) Waist circumference.
(code centimetres and millimetres)

PMWCCM-B			PMWCMM-B	
cms			mms	
61	62	63	64	65

258 b) Hip circumference.
(top of iliac crest, code centimetres and millimetres)

PMHCCM-B			PMHCMM-B	
cms			mms	
66	67	68	69	70

259 a) Respiratory function.

	RFFEVEV1-B			RFPEF1-B			RFFVC1-B		
	FEV1			PEF			FVC		
1 st trial	71	72	73	74	75	76	77	78	79
REC 30	-----								
	RFFEVEV2-B			RFPEF2-B			RFFVC2-B		
2 nd trial	1	2	3	4	5	6	7	8	9
	RFFEVEV3-B			RFPEF3-B			RFFVC3-B		
3 rd trial	10	11	12	13	14	15	16	17	18

b) Record whether you felt the respondent followed instructions correctly.

	yes	no	
trial 1.....	1	2	19 RFFIC1-B
trial 2.....	1	2	20 RFFIC2-B
trial 3.....	1	2	21 RFFIC3 B

INTERVIEWER QUESTIONS (to be completed after the interview)

260	What type of accommodation does the respondent occupy? detached house..... 1 semi detached house..... 2 terraced house..... 3 flat, 'four in a block'..... 4 tenement flat (sandstone)..... 5 low rise flat (less than 5 floors)..... 6 high rise flat (5 or more floors)..... 7 flat in a conversion..... 8 other (specify)..... 9	HOMTYP-B 22		
261	Is the house/flat all on one level or are there internal stairs? one level..... 1 with stairs..... 2	HSTAIR-B 23		
262	What is the floor of entry to the accommodation? <i>(code floor of entry. basement=98 ground floor=00)</i> <i>(ignore a few external steps up to front door)</i> <i>If entry is at ground level O→ 264</i>	HFLOOR-B <table border="1" style="margin-left: auto; margin-right: auto;"> <tr> <td style="padding: 2px 10px;">24</td> <td style="padding: 2px 10px;">25</td> </tr> </table>	24	25
24	25			
263	What is the main means of access? internal stairwell..... 1 lift..... 2 external stair and deck..... 3 external stair without deck..... 4 other (specify)..... 5	HACCES-B 26		
** O→ 265				
264	Does the main door of the accommodation open... on to a private garden..... 1 on to a common landscaped area..... 2 directly on to a roadway..... 3	HDOOR B 27		
265	Is access from... a busy trunk road..... 1 a minor road with through traffic..... 2 a residential road (eg in estate)..... 3 non vehicular lane etc..... 4 other (specify)..... 5	HROAD-B 28		
266	Is there any sign of mould, damp or condensation? <i>If yes: Does it appear to be...</i> severe..... 1 moderate..... 2 light..... 3 <none>..... 4	HMOULD-B 29		

267	Was the internal state of repair....			
	excellent.....	1		
	very good.....	2		
	good.....	3	HREPAR-B	
	fair.....	4	30	
	poor.....	5		
	very poor.....	6		
268	Was the external condition (outside of building and/or common areas)....			
	excellent.....	1		
	very good.....	2		
	good.....	3	HEXTER-B	
	fair.....	4	31	
	poor.....	5		
	very poor.....	6		
269 a)	Was a spouse/partner present through most of the interview?			
	yes.....	1	IVSPPR B	
	no.....	2	32	
(b)	How many other people were present? <i>(If none code 0)</i>		IVNOOP-B	33
270	Thinking about the respondent's appearance, would you say that he/she was....			
	considerably overweight.....	1		
	slightly overweight.....	2	NWGHTA-B	
	about correct for his/her height.....	3	34	
	slightly thin.....	4		
	unusually thin.....	5		
271	How long did the interview take? (from the time of entering the house to completing the schedule) <i>(code in hours and minutes)</i>		IVHR-B	IVMN B
	Hrs		35	36
			M	37
				38

REMEMBER TO CHECK THROUGH THE QUESTIONNAIRE FOR ERRORS SOON AFTER THE INTERVIEW. PLEASE USE THE INSIDE OF THE FRONT COVER FOR COMMENTS OR INFORMATION WHICH MIGHT HELP FUTURE INTERVIEWERS WHO CONTACT THIS RESPONDENT

Conditions cards

Card 1

01	Bronchitis and respiratory disease		11	High blood pressure
02	Arthritis and Rheumatism		12	Angina
03	Cancer	14	13	Other heart trouble
04	Asthma			Stroke
05	Stomach ulcers and gastric problems		15	Circulatory problems eg. 'hardening of the arteries'
06	Gall bladder problems		16	Liver problems
07	Hernias		17	Migraine
08	Epilepsy		18	Thyroid problems
09	Diabetes		19	Cystitis
10	Problems with the nervous System. eg Multiple Sclerosis or Parkinsons Disease		20	Other kidney, Urinary or Prostate problems

Card 2

21	Spondylitis		39	Skin problems
22	Sciatica		40	Allergy
23	Other back problems		41	Tinnitus
24	Colitis		42	Other problems with ears or hearing
25	Diverticulitis		43	Problems with eyes or sight
26	Hay fever		44	Problems with alcohol
27	Sinusitis		45	Anxiety or Depression
28	Anaemia			