

Main schedule

1995 visit

(40s and 60s cohorts)

Official use only					
Respondent Serial Number		CHTID.C	Cohort (3 or 5) <input style="width: 30px; height: 20px;" type="text"/>	ID	IDNO.C
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Interviewer Number					NIVNO.C
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Date of Birth	Day	DOBDY.C	Month	DOBMT.C	DOBYR.C
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Post code		NPCD1.C	NPCD2.C	NPCD3.C	NPCD4.C
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Sex					
SEX.C		male	1		
		female	2		
Date of interview	Day	NIVDY.C	Month	NIVMT.C	NIVYR.C
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Medical Research Council 6 Lilybank Gardens Glasgow G12 8RZ Telephone 0141 357 3949					

CURRENT HEALTH

I am going to give you a copy of a measure which we call the 'faces scale' (Card 1), 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.

FHLTH.C

Q1 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

SANNG.C

Q2 Comparing yourself with most people your age, would you say that you had....

- much more energy..... 1
- a little more energy 2
- about the same amount of energy 3
- a little less energy..... 4
- much less energy 5
- <don't know> 9

SAWELL.C

Q3 Comparing yourself with most people your age, how often would you say that you felt really healthy and well? Would you say


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

SAFIT.C

Q4 Comparing yourself with most people your age, would you rate your level of fitness as.....

- very good 1
- good..... 2
- moderate..... 3
- poor 4
- very poor..... 5
- <don't know> 9

NYRBED.C

Q5 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)  6

--	--

NDYBED.C

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

--	--	--

NOPYR.C

Q6 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)

--	--

NIPYR.C

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) 7

--	--

NIPNYR.C

c) How many nights would that be in all?

--	--	--

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

GPYR.C

Q7 a) Over the last 12 months have you consulted a GP or family doctor on your own behalf?

yes 1
no..... 2
<don't know> 9 8

NGPYRS.C

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)

--	--

NGPYRH.C

c) Secondly, how many times has the doctor visited you at home on your own behalf?

(none code 00, don't know 99)

--	--

Q8 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) 9

Doctor _____

DOC

Practice _____

PRACTICE

PRIVHI.C

Q9 a) Some people have private health insurance which covers the cost of private treatment. Do you have insurance of this sort?

yes 1
no..... 2
<don't know> 9 10

PRIVSB.C

b) Who pays the subscription?

self (or spouse) 1
own employer..... 2
spouse's employer..... 3
trade union scheme 4
other (specify) 5
don't know 9

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

SAHLYR.C

Q10 Over the last 12 months would you say that your health on the whole has been....

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

SAHAGE.C

Q11 Would you say that for someone of your age your own health in general is....

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

SAILL.C

Q12 Comparing yourself with most people your age, would you say that you were ill or unwell....

- much more often than others..... 1
- a little more often than others..... 2
- 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.

Q13 a) How tall are you, that is with your shoes off?

SAHTFT.C SAHTIN.C SAHTCM.C

Ft. in. cm.

			OR			
--	--	--	----	--	--	--

b) How much do you weigh in light indoor clothes?

	SAWTST.C	SAWTLB.C
	St.	Lbs.
	SAWTK.C	SAWTGM.C
	Kilos	gms
OR		

Sometimes people have times when they feel sad or depressed.

SADYR.C

Q14 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
- sometimes 3
- almost never 4
- <never> 5
- <don't know> 9

ANXYR.C

Q15 During the past 12 months have you ever been bothered by feelings of anxiety ?

If yes: Was that...

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

SUIC4Y.C

Q16 Since we last visited you in 1991 have you ever felt that life was not worth living?

- yes 1
- no 2

SUTH4.C

Q17 a) Since we last visited you in 1991 have you ever seriously thought about taking an overdose of drugs or injuring yourself deliberately?

- yes 1
- no 2

SUTHYR.C SUTHMT.C

b) When was the last time you felt like that?
(Code year and month, month unknown code 99)

19 M

SUOD4Y.C

Q18 a) Since we last visited you in 1991 have you ever actually taken an overdose of drugs or injured yourself deliberately?

- yes 1
- no 2

SUODYR.C SUODMT.C

b) When was the last time that happened?
(Code year and month, month unknown code 99)

19 M

LONG-STANDING / CHRONIC ILLNESS

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

Interviewers:

First read out prompt a). For each condition mentioned fill in the name or details of the condition in the box on the first blank condition sheet and ring the appropriate 'prompt' code at question b). In this case **ring code 1. (Don't forget to do this).**

Then ask: '**Does ...(condition)... normally limit your activities in any way?**' if yes '**is that...**' and read out the prompts at question c)

Leave parts d to l for now and 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 stop telling you about new conditions.

Then read out prompt b) and follow the same procedure. Remember to **ring code 2 for prompt code.**

Then read out prompt c) and follow the same procedure. Remember to **ring code 3 for prompt code.**

Finally, read out prompt d) and show the respondents cards 2 and 3. Remember to **ring code 4 for prompt code.**

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

Q19 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?

d) I'm going to show you two cards containing lists of common conditions people suffer from. Could you tell me if there are any of these conditions which you suffer from now and which you haven't already told me about?

For each condition mentioned 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.

CONDITION SHEET 1

a) What is the matter with you?
(i.e. name or description of condition)
CONDI

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

- c) Does ...(cond.)... normally limit your activities in any way?** **CILIM.C**
if yes is that....
- 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

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

C1YR.C Yrs **C1MT.C** M

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

- C1PNS.C**
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? **CIDREV.C**

- yes 1
- no 2 g **C1FNAB.C**

i) 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
- no..... 2
- don't know 9 k

f) 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)

C1GPYR.C

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

C1DYL.C

g) 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
- only occasionally 4
- never..... 5
- <not applicable>(eg mental) 6 i
- <don't know> 9

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

- yes 1 **C1MED.C**
- no 2 next cond

l) did a doctor prescribe this for you?

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

C1M1 med.1	C1M1PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C1M2 med.2	C1M2PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C1M3 med.3	C1M3PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

CONDITION SHEET 2

a) What is the matter with you?
(i.e. name or description of condition)
COND2

- b) Prompt code** **C2PMPT.C**
- Longstanding prompt..... 1
 - serious prompt 2
 - mental prompt..... 3
 - card prompt..... 4
 - other (specify)..... 5

- c) Does ...(cond.)... normally limit your activities in any way?** **C2LIM.C**
if yes is that....
- 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

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

C2YR.C Yrs **C2MT.C** M

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

- C2PNS.C**
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? **C2DREV.C**

- yes 1
- no 2 g

i) 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? **C2FNAB.C**

- yes 1
- no..... 2
- don't know 9 k

f) 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)

C2GPYR.C

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

C2DYL.C

g) 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
- only occasionally 4
- never..... 5
- <not applicable>(eg mental) 6 i
- <don't know> 9

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

- yes 1 **C2MED.C**
- no 2 next cond

l) did a doctor prescribe this for you?

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

C2M1 med.1	C2M1PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C2M2 med.2	C2M2PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C2M3 med.3	C2M3PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

CONDITION SHEET 3

a) What is the matter with you?
(i.e. name or description of condition)
COND3

b) Prompt code **C3PMPT.C**
 Longstanding prompt..... **1**
 serious prompt **2**
 mental prompt..... **3**
 card prompt..... **4**
 other (specify) **5**

c) Does ...(cond.)... normally limit your activities in any way? **C3LIM.C**
 if yes is that....
 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**

d) How long have you had ...(cond.)...?
(years and months, months unknown code 99)
C3YR.C Yrs **C3MT.C** M

h) When it gives you pain or discomfort is it.... **C3PNS.C**
 severe **1**
 moderate **2**
 slight **3**
 <don't know> **9**

e) Have you ever consulted a doctor about ...(cond.)...? **C3DREV.C**
 yes **1**
 no **2** **g**

i) 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? **C3FNAB.C**
 yes **1**
 no **2**
 don't know **9** **k**

f) 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)
C3GPYR.C

j) For how many days were your activities limited?
(record number of days, don't know code 99)
C3DYL.C

g) How often does ...(cond.)... cause you pain or discomfort? Does it trouble you.... **C3PNF.C**
 all the time **1**
 quite a lot of the time..... **2**
 regularly but not often **3**
 only occasionally **4**
 never..... **5**
 <not applicable>(eg mental) **6** **i**
 <don't know> **9**

k) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
 yes **1** **C3MED.C**
 no **2** **next cond**

l) did a doctor prescribe this for you?
 yes..... **1**
 no **2**
 <don't know> **9**

C3M1 med.1	C3M1PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C3M2 med.2	C3M2PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C3M3 med.3	C3M3PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

CONDITION SHEET 4

a) What is the matter with you?
(i.e. name or description of condition)
COND4

- b) Prompt code** **C4PMPT.C**
- Longstanding prompt..... 1
 - serious prompt 2
 - mental prompt..... 3
 - card prompt..... 4
 - other (specify) 5

- c) Does ...(cond.)... normally limit your activities in any way?** **C4LIM.C**
if yes is that....
- 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

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

C4YR.C Yrs **C4MT.C** M

- h) When it gives you pain or discomfort is it....** **C4PNS.C**
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? **C4DREV.C**

- yes 1
- no 2 g

- i) 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?** **C4FNAB.C**
- yes 1
 - no..... 2
 - don't know 9 k

f) 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)

C4GPYR.C

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

C4DYL.C

g) How often does ...(cond.)... cause you pain or discomfort? Does it trouble you.... **C4PNE.C**

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

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

- yes 1 **C4MED.C**
- no 2 next cond

l) did a doctor prescribe this for you?

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

C4M1 med.1 _____	C4M1PR.C _____ prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C4M2 med.2 _____	C4M2PR.C _____ prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C4M3 med.3 _____	C4M3PR.C _____ prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

CONDITION SHEET 5

a) What is the matter with you?
(i.e. name or description of condition)
COND5

b) Prompt code **C5PMPT.C**
 Longstanding prompt..... 1
 serious prompt 2
 mental prompt..... 3
 card prompt..... 4
 other (specify) 5

c) Does ...(cond.)... normally limit your activities in any way? **CSLIM.C**
 if yes is that....
 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

d) How long have you had ...(cond.)...?
(years and months, months unknown code 99)
C5YR.C **C5MT.C**
 Yrs M

h) When it gives you pain or discomfort is it.... **C5PNS.C**
 severe 1
 moderate 2
 slight 3
 <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? **C5DREV.C**
 yes 1
 no 2 g **C5FNAB.C**

i) 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
 no 2
 don't know 9 k

f) 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)
C5GPYR.C

j) For how many days were your activities limited?
(record number of days, don't know code 99)
C5DYL.C

g) How often does ...(cond.)... cause you pain or discomfort? Does it trouble you.... **C5PNE.C**
 all the time 1
 quite a lot of the time..... 2
 regularly but not often 3
 only occasionally 4
 never..... 5
 <not applicable>(eg mental) 6 i
 <don't know> 9

k) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself?
 yes 1 **C5MED.C**
 no 2 next cond

l) did a doctor prescribe this for you?
 yes..... 1
 no 2
 <don't know> 9

C5M1 med.1	C5M1PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C5M2 med.2	C5M2PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C5M3 med.3	C5M3PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

CONDITION SHEET 6

a) What is the matter with you?
(i.e. name or description of condition)
COND6

- b) Prompt code** **C6PMPT.C**
- Longstanding prompt..... 1
 - serious prompt 2
 - mental prompt..... 3
 - card prompt..... 4
 - other (specify) 5

- c) Does ...(cond.)... normally limit your activities in any way?** **C6LIM.C**
if yes is that....
- 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

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

C6YR.C Yrs **C6MT.C** M

- h) When it gives you pain or discomfort is it....** **C6PNS.C**
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? **C6DREV.C**

- yes 1
- no 2 g

- i) 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?** **C6FNAB.C**
- yes 1
 - no 2
 - don't know 9 k

f) 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)

C6GPYR.C

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

C6DYL.C

g) How often does ...(cond.)... cause you pain or discomfort? Does it trouble you.... **C6PNF.C**

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

k) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? **C6MED.C**

- yes 1
- no 2 next cond

l) did a doctor prescribe this for you?

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

C6M1 med.1	C6M1PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C6M2 med.2	C6M2PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C6M3 med.3	C6M3PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

CONDITION SHEET 7

a) What is the matter with you?
(i.e. name or description of condition)
COND7

- b) Prompt code** **C7PMPT.C**
- Longstanding prompt..... 1
 - serious prompt 2
 - mental prompt..... 3
 - card prompt..... 4
 - other (specify) 5

- c) Does ...(cond.)... normally limit your activities in any way?** **C7LIM.C**
if yes is that....
- 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

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

C7YR.C Yrs **C7MT.C** M

- h) When it gives you pain or discomfort is it....** **C7PNS.C**
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? **C7DREV.C**

- yes 1
- no 2 g

- i) 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?** **C7FNAB.C**
- yes 1
 - no..... 2
 - don't know 9 k

f) 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)

C7GPYR.C

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

C7DYLC

g) How often does ...(cond.)... cause you pain or discomfort? Does it trouble you.... **C7PNF.C**

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

k) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? **C7MED.C**

- yes 1
- no 2 next cond

l) did a doctor prescribe this for you?

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

C7M1 med.1	C7M1PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C7M2 med.2	C7M2PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C7M3 med.3	C7M3PR.C prescribe	<input type="text"/> <input type="text"/> <input type="text"/>

I'd like to ask you a few questions about your health since we last visited you, that is, over the last 4 years.
 RECSAH.C

- Q20** Thinking about your health in general as it is now compared with 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
 - a little worse now..... 4
 - a lot worse now 5
 - <don't know> 9

RECOP.C

- Q21 a)** During the last 4 years have you had any operations or surgical procedures?
- yes 1
 - no..... 2 22

40s men only Ask: **Can I just check, have you had a vasectomy since we last visited you in 1991?**
 40s women only Ask: **Can I just check, have you had an operation for sterilisation since we last visited you in 1991?**

- b) What was the operation or procedure?**
- 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 deal1
 - quite a lot.....2
 - to a moderate degree.....3
 - only a little.....4
 - <not at all>.....5
 - <don't know>9

OP1

operation 1 _____

when had 19

--	--

^{OP1YR.C} M

--	--

^{OP1MT.C} health now

--

^{OP1EFF.C}

OP2

operation 2 _____

when had 19

--	--

^{OP2YR.C} M

--	--

^{OP2MT.C} health now

--

^{OP2EFF.C}

OP3

operation 3 _____

when had 19

--	--

^{OP3YR.C} M

--	--

^{OP3MT.C} health now

--

^{OP3EFF.C}

OP4

operation 4 _____

when had 19

--	--

^{OP4YR.C} M

--	--

^{OP4MT.C} health now


--

^{OP4EFF.C}

RECS1.C

Q22 a) During the last 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?

AFTER THE RESPONDENTS HAVE ANSWERED FROM MEMORY
If you would look at these cards again it might remind you of problems you had forgotten to mention.
(use cards 2 and 3)

respondent had some illness..... 1
no illness..... 2  23

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

c) When did it start?

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

If yes: Has it affected your health ...
a very great deal1
quite a lot.....2
to a moderate degree.....3
only a little4
<not at all>.....5
<don't know>9

ILL1
illness 1 _____

first started 19 ^{S11YR.C} M ^{S11MT.C} health now ^{S11EFF.C}

ILL2
illness 2 _____

first started 19 ^{S12YR.C} M ^{S12MT.C} health now ^{S12EFF.C}

ILL3
illness 3 _____


first started 19 ^{S13YR.C} M ^{S13MT.C} health now ^{S13EFF.C}

ILL4
illness 4 _____

first started 19 ^{S14YR.C} M ^{S14MT.C} health now ^{S14EFF.C}


RECACC.C

Q23 a) During the last 4 years since we last visited you, have you had any accidents or injuries that required medical or surgical attention?

yes 1
no.....2  24

ACCSER.C

b) Were any of these serious? By serious I mean accidents which caused you to go to hospital or which seriously limited your activities for a period.

yes 1
no.....2  24

c) What injury did you have?

(This is the nature of the injury, eg. 'fractured left forearm', not how it happened).

d) What sort of accident was it? That is, how did it happen?

(Code in grid)

a domestic accident at home1
a work accident2
driving in a vehicle (driver or passenger)3
as a pedestrian4
while taking part in sport.....5
as a result of violence.....6
self inflicted.....7
other (specify)8

e) When did that happen?

f) Has it had any lasting bad effect on your health?

If yes: **Has it affected your health ...**

a very great deal1
quite a lot.....2
to a moderate degree.....3
only a little4
<not at all>.....5
<don't know>9

INJURY1

injury 1 _____

sort AC1SRT.C when had AC1YR.C 19 M AC1MT.C health now AC1EFF.C

INJURY2

injury 2 _____

sort AC2SRT.C when had AC2YR.C 19 M AC2MT.C health now AC2EFF.C

INJURY3

injury 3 _____

sort AC3SRT.C when had AC3YR.C 19 M AC3MT.C health now AC3EFF.C

Turning back again to your health now...

Q24 a) Do you take any sedatives, tranquillisers or sleeping pills to help you sleep?

If yes, ask for each type mentioned: How often do you use them?

- every day1
- most days2
- at least once a week3
- at least once a month4
- less than monthly5
- have them but never use6
- <don't have any>7

25

b) What are they called?

(record name of pills/sedative)

<p>SED1F.C sed.1 _____</p>	<p>SED1</p>	<p>freq. <input type="checkbox"/></p>
<p>SED2F.C sed.2 _____</p>	<p>SED2</p>	<p><input type="checkbox"/></p>
<p>SED3F.C sed.3 _____</p>	<p>SED3</p>	<p><input type="checkbox"/></p>

Q25 a) Do you take any vitamins or other dietary supplements?

If yes, ask for each type mentioned: How often do you take them?

- every day1
- most days2
- at least once a week3
- at least once a month4
- less than monthly5
- <don't take>6

26


b) What are they called?

(record name of vitamins)

<p>VIT1F.C vit.1 _____</p>	<p>VIT1</p>	<p>freq. <input type="checkbox"/></p>
<p>VIT2F.C vit.2 _____</p>	<p>VIT2</p>	<p><input type="checkbox"/></p>
<p>VIT3F.C vit.3 _____</p>	<p>VIT3</p>	<p><input type="checkbox"/></p>
<p>VIT4F.C vit.4 _____</p>	<p>VIT4</p>	<p><input type="checkbox"/></p>

OTHMED.C

Q26 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
no..... 2  27

ASK FOR EACH

b) What is the medicine called?

c) What condition do you take it for?

d) Did a doctor prescribe it for you?

yes 1
no..... 2

OTHMED1

med.1 _____

OMED1FOR

taken for _____

OM1PR.C

prescribed

OTHMED2

med.2 _____

OMED2FOR

taken for _____

OM2PR.C

prescribed

OTHMED3

med.3 _____

OMED3FOR

taken for _____

OM3PR.C

prescribed

OTHMED4

med.4 _____

OMED4FOR

taken for _____

OM4PR.C

prescribed

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 4 weeks and also whether it is something you tend to suffer from (even if you have not had it in the last 4 weeks).

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

Q27 SHOW CARD 4 to CARD 10 ONE BY ONE

FOR EACH CARD ASK...

a) Have you suffered from any of these symptoms in the last four weeks?


If yes, ask for each: **Is it something you tend to have?**

(Prompt: **Any others?**)


last four weeks and tend to.....1
last four weeks but don't tend to2

THEN ASK...

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

not in last four weeks, but tend to.....3  next symp.
(code 1,2 or 3 in the first column)

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?

yes1
no.....2  d

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

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

yes1
no.....2

symptom card 1 (Card 4) none (tick)

		S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Headaches	HED	1 2 3	1 2		1 2
Difficulty sleeping	DSL	1 2 3	1 2		1 2
Constipation	CSP	1 2 3	1 2		1 2
Feeling generally run down	RDW	1 2 3	1 2		1 2
Back trouble	BCK	1 2 3	1 2		1 2
Trembling hands	TRH	1 2 3	1 2		1 2

symptom card 2 (Card 5) none (tick)

		S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Always feeling tired	TRD	1 2 3	1 2		1 2
Nerves or tension	NRV	1 2 3	1 2		1 2
Colds or flu	FLU	1 2 3	1 2		1 2
Stomach pain or cramps	STM	1 2 3	1 2		1 2
Persistent cough	CGH	1 2 3	1 2		1 2
Hot and sweating a lot	HSW	1 2 3	1 2		1 2

symptom card 3 (Card 6) none (tick)

	S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Kidney or bladder problems	BLD 1 2 3	1 2		1 2
Stiff or painful joints	JNT 1 2 3	1 2		1 2
Difficulty concentrating	DCN 1 2 3	1 2		1 2
Palpitations or breathlessness	PLP 1 2 3	1 2		1 2
Diarrhoea	DRR 1 2 3	1 2		1 2
Muscle tightness or tension	MTN 1 2 3	1 2		1 2

symptom card 4 (Card 7) none (tick)

	S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Worrying over every little thing	WOR 1 2 3	1 2		1 2
Indigestion	IND 1 2 3	1 2		1 2
Sinus, catarrh or blocked nose	NSE 1 2 3	1 2		1 2
Feeling depressed	DEP 1 2 3	1 2		1 2
Fainting or dizziness	DIZ 1 2 3	1 2		1 2
Poor appetite	APP 1 2 3	1 2		1 2

symptom card 5 (Card 8) none (tick)

	S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Sore throat	STH 1 2 3	1 2		1 2
Trouble with teeth or mouth	TTH 1 2 3	1 2		1 2
Wheezy chest	WHZ 1 2 3	1 2		1 2
Skin rash or skin problems	SKR 1 2 3	1 2		1 2
Piles or Haemorrhoids	HAE 1 2 3	1 2		1 2
Sickness or nausea	SCK 1 2 3	1 2		1 2

symptom card 6 (Card 9) none (tick)

	S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Cold sweats	CSW 1 2 3	1 2		1 2
Trouble with eyes	EYE 1 2 3	1 2		1 2
Trouble with ears	EAR 1 2 3	1 2		1 2
Allergy (eg hay fever)	ALG 1 2 3	1 2		1 2
Difficulties eating	EAT 1 2 3	1 2		1 2

symptom card 7 (Card 10) (ASK 40s WOMEN ONLY) none (tick)

	S---MT.C 4 weeks/tend	S---CD.C cut down	S---DL.C days limited	S---DR.C consult
Painful periods	PMS 1 2 3	1 2		1 2
Pre-menstrual tension	PMT 1 2 3	1 2		1 2
Vaginal infection or discharge	VAG 1 2 3	1 2		1 2

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.

DSSA.C

Q28 a) Do you consider yourself disabled or handicapped?

If yes: **Would you say your disability is...**

- severe 1
- moderate 2
- slight 3
- <not disabled> 4

DSREG.C

ASK ALL

b) Are you registered as disabled?

- yes 1
- no 2

DSAGE.C

c) If yes to a) or b): At what age did you first become disabled?
(from birth code 00)

Age

--	--

Walking

DSW1A.C

Q29 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 (has difficulty) 1
- no 2

DSW1B.C

b) Can I just check, can you walk that distance on your own without stopping and without severe discomfort?

- no (can't do it) 1
- yes 2

31

DSW2.C

Q30 What is the furthest you can walk on your own without stopping and without severe discomfort?

- 200 yards, less than quarter mile. 1
(more than half Buchanan Street)
- 50 yards, less than 200 yards. 2
(across St Enochs Square)
- a few steps, but not 50 yds. 3
(not across St Enochs Square)
- cannot walk at all 4

Steps

DSST1A.C

Q31 a) Do you have great difficulty walking up or down steps or stairs?

- yes (has difficulty) 1
- no 2

DSST1B.C

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?

- no (can't do it) 1
- yes 2

d

DSST1C.C

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
not normally.....2 } 32

DSST1D.C

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 32
no..... 2

DSST1E.C

e) If you stop for a rest can you walk up and down a flight of 12 stairs on your own?

yes 1 32
no..... 2

DSST1F.C

f) Could you walk up and down one step on your own?

yes 1
no..... 2

Bending

DSBE1A.C

Q32 a) Do you have difficulty bending down and straightening up again, even if you hold on to something?

yes (has difficulty) 1
no..... 2

DSBE1B.C

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?

no (can't do it)..... 1
yes 2 33

DSBE1C.C

c) Can/could you bend down and pick something up from the floor and straighten up again, holding on if necessary?

yes 1 33
no..... 2

DSBE1D.C

d) Can/could you bend down far enough to touch your knees and straighten up again, holding on if necessary?

yes 1
no..... 2

Balance

DSB1A.C

Q33 a) Do you suffer from falls or have great difficulty in keeping your balance?

yes 1
no..... 2

DSB1B.C

b) Can I just check, in the past twelve months have you ever lost your balance and fallen?

yes 1
no..... 2 d

DSB1C.C

c) How many times have you fallen in the past twelve months?

--	--

DSB1D.C

- d) Do you need to hold on to something to keep your balance...
- all the time 1
 - quite often 2
 - only occasionally 3
 - not at all 4

Reaching and Stretching

DSR1A.C

- Q34** a) Do you have difficulty using your arms to reach and stretch for things?
- yes (has difficulty) 1
 - no 2

DSR1B.C

- b) Can I just check, can you stretch both arms above your head at the same time to reach for something above you?
- no (can't do) 1
 - yes 2
- 👉 36

- Q35** 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
1	2	3	4	a) Hold your arm out in front of you to shake hands with someone?	1	2	3	4
DSR2AL.C					DSR2AR.C			
1	2	3	4	b) Hold your arm out to the side and put it in the sleeve of a jacket?	1	2	3	4
DSR2BL.C					DSR2BR.C			
1	2	3	4	c) Put your hand up to your head to put a hat on?	1	2	3	4
DSR2CL.C					DSR2CR.C			
1	2	3	4	d) Put your hand behind your back to tuck in a blouse/shirt?	1	2	3	4
DSR2DL.C					DSR2DR.C			
1	2	3	4	e) Put your arm above your head to reach for something above you?	1	2	3	4
DSR2EL.C					DSR2ER.C			

Holding, Gripping or Turning

HANDED.C

- Q36** Can I just check, are you mainly right handed, left handed or do you use both equally?
- right 1
 - left 2
 - ambidextrous 3

DSG1.C

- Q37** Do you have any difficulty holding, gripping or turning things?
- yes (has difficulty) 1
 - no 2
- 👉 40

Q38 Using your right/left hand only can you ...?
ASK EACH ITEM FOR RIGHT AND THEN LEFT HANDS

LEFT

Yes	No
1 DSG2AL.C	2
1 DSG2BL.C	2
1 DSG2CL.C	2
1 DSG2DL.C	2
1 DSG2EL.C	2
1 DSG2FL.C	2

- a) Pick up and carry a 5 lb bag of potatoes?
- b) Turn a tap on and off?
- c) Pick up a small object such as a safety pin?
- d) Pick up and carry a pint of milk?
- e) Pick up and hold a mug of tea or coffee?
- f) Squeeze out the water from a sponge?

RIGHT

Yes	No
1 DSG2AR.C	2
1 DSG2BR.C	2
1 DSG2CR.C	2
1 DSG2DR.C	2
1 DSG2ER.C	2
1 DSG2FR.C	2

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.

Q39 How difficult would it be for you to ...

- not at all difficult1
- quite difficult.....2
- very difficult3
- impossible4

- DSG3A.C a) Wring out light washing? (eg a tea towel).
- DSG3B.C b) Unscrew the lid of a coffee jar?
- DSG3C.C c) Pick up and pour from a full kettle?
- DSG3D.C d) Serve food from a pan using a spoon or ladle?
- DSG3E.C e) Use a pen or pencil?
- DSG3F.C f) Use a pair of scissors?
- DSG3G.C g) Tie a bow in laces or string?

Not	Quite	Very	Imp
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4
1	2	3	4

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.

DSDEV.C


Q40 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
- bladder device only 2
- bowel device only 3
- device for both 4

DSCBLA.C

Q41 a) Do you ever lose control of your bladder?

- yes 1
- no..... 2  42


DSCBLF.C

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

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

DSCBOW.C

Q42 a) Do you ever lose control of your bowels?

- yes 1
- no..... 2  43

DSCBOF.C


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

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

SIGHT


DSSREG.C

Q43 a) May I just check, are you registered as blind or partially sighted?

- blind 1
- partially sighted 2
- neither..... 3  44

DSSWIN.C

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

- yes 1
- no..... 2  47

DSSGLA.C


Q44 Do you ever wear glasses or contact lenses?

If yes: Is that...

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

DSSNRD.C

Q45 a1) (If you are not wearing your glasses or contact lenses) do you have difficulty recognising a friend across the road?

- yes 1
- no..... 2  46a1

DSSGRD.C

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

a2) If you are wearing your glasses or lenses do you have difficulty recognising a friend across the road?

- yes 1
- no..... 2

DSSNRM.C

b1) (If you are not wearing your glasses or lenses) can you see well enough to recognise a friend across the room?

- yes 1 46a1
- no..... 2

DSSGRM.C

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

b2) If you are wearing your glasses or lenses can you see well enough to recognise a friend across the room?

- yes 1
- no..... 2

DSSNAR.C

c1) (If you are not wearing your glasses or lenses), can you see well enough to recognise a friend who is an arm's length away?

- yes 1 46a1
- no..... 2

DSSGAR.C

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

c2) If you are wearing your glasses or lenses can you see well enough to recognise a friend who is an arm's length away?

- yes 1
- no..... 2

DSSNFC.C

d1) (If you are not wearing you glasses or lenses) can you see well enough to recognise a friend if you get close to his or her face ?

- yes 1 46a1
- no..... 2

DSSGFC.C

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

d2) If you are wearing your glasses or lenses can you see well enough to recognise a friend if you get close to his or her face?

- yes 1
- no..... 2

DSSNSH.C

e1) (If you are not wearing your glasses or lenses) can you see the shapes of the furniture in this room?

- yes 1 46a1
- no..... 2

DSSGSH.C

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

e2) If you are wearing your glasses or lenses can you see well enough to see the shapes of the furniture in this room?

- yes 1
- no..... 2

DSSNNP.C

Q46 a1) (If you are not wearing your glasses or lenses) do you have difficulty seeing to read ordinary newspaper print?

- yes 1
- no..... 2 47

DSSGNP.C

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

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

- yes 1
- no..... 2

DSSNLG.C

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 47
- no..... 2

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

DSSGLG.C

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
 no..... 2

DSSNHD.C

c1) (If you are not wearing your glasses or lenses) can you see well enough to read newspaper headlines?
 yes 1 47
 no..... 2

DSSGHD.C

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
 no..... 2

HEARING

DSHTD.C

Q47 Respondent is-
 totally deaf 1 51
 not totally deaf 2
 (Do NOT ask this, it ought to be apparent by this stage if the respondent is completely deaf.)

DSHAID.C

Q48 Do you ever wear a hearing aid?
 If yes: Is that...
 all the time 1
 a lot of the time 2
 only for special activities (eg. telephoning or listening to TV) 3
 <never> 4

DSHNBK.C

Q49 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
 no..... 2 b1

DSHHBK.C

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
 no..... 2

DSHNQN.C

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
 no..... 2

If no to both a1 and b1 51

DSHHQN.C

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
- no..... 2

DSHNQL.C

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
- no..... 2

51

DSHHQL.C

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
- no..... 2

Q50 **DSHALM.C**
(Wearing your hearing aid) can you...

a) ..hear an alarm clock or telephone?

- yes 1
- no..... 2

DSHTEL.C

b) ..hear well enough to use the telephone?

- yes 1
- no..... 2

DSHVOL.C

c) ..follow a TV program at a volume most people find acceptable?

- yes 1
- no..... 2

51

DSHHIV.C

d) ..follow a TV program with the volume turned up?

- yes 1
- no..... 2

RETROSPECTIVE QUESTIONS

Childhood

Now I'd like to ask you a set of questions about your childhood.

Q51 **RBORN.C**
a) Where were you born, was it...

- in a hospital 1
- at home..... 2
- don't know 9

52

HOSPBORN

b) Do you know which hospital it was?

hospital _____

RRBORN.C

Q52 What religious group or church were you born into?

DO NOT PROBE FOR RESPONSE, ACCEPT FIRST RESPONSE

- Protestant (unspecified) 1
- Church of Scotland..... 2
- Episcopal/Church of England 3
- Free Church 4
- Free Presbyterian 5
- Methodist 6
- Baptist 7
- Other Protestant (specify) 8

- Roman Catholic 9
- Other Christian (specify) 10
- Christian unspecified 11
- Jewish 12
- Muslim/Islam 13
- Hindu 14
- Buddhist..... 15
- Sikh 16
- Atheist/Agnostic/None 17
- Other (specify) 18

R15MA.C

Q53 a) Was your natural mother part of your family when you were 15?

- yes 1 54
- no..... 2

R15NOM.C

b) Why was that?

- parents divorced/separated 1
- mother dead 2
- other(specify) 3

RAGLMA.C

c) How old were you when you last lived with your natural mother?

(code 00 if never lived with)

age

--	--

RSUBMA.C

d) Was there someone you thought of as a substitute for your mother?

If yes: Who was that?

- grandmother 1
- stepmother 2
- aunt 3
- sister 4
- adoptive mother 5
- other(specify) 6
- <no one> 7

R15FA.C

Q54 a) Was your natural father part of your family when you were 15?

- yes 1 55
- no..... 2

R15NOF.C

b) Why was that?

- parents divorced/separated 1
- father dead 2
- other(specify) 3

RAGLFA.C

c) How old were you when you last lived with your natural father?

(code 00 if never lived with)

age

--	--

RSUBFA.C

d) Was there someone you thought of as a substitute for your father?

If yes: Who was that?

- grandfather 1
- stepfather 2
- uncle 3
- brother 4
- adoptive father 5
- other(specify) 6
- <no one> 7

★★ 40s cohort 56

REVAC.C

Q55 a) During the war, were you evacuated from your home or the place where you normally lived?

- yes 1
- no 2 56

REVPAR.C

b) Did either of your parents go with you?

- yes 1
- no 2
- N/A (no parents or parent substitutes) 3

R15RES.C

Q56 a) Throughout your childhood, up to the age of 15, did you ever live in a residential home or institution?

(exclude public schools)

- yes 1
- no 2 57

RRESAG.C

b) how old were you when that first happened?

age

--	--

RRESYR.C

c) for how many years in all did you live in a home or institution?

years

--	--

(code in years. 0 to 5 months=97, 6 to 11 months=98)

Q57 R15FOS.C a) Throughout your childhood, up to the age of 15, did you ever live with foster parents?

- yes 1
- no 2 58

RFOSAG.C

b) how old were you when that first happened?

age

--	--

RFOSYR.C

c) for how many years in all did you live with foster parents?

years

--	--

(code in years. 0 to 5 months=97, 6 to 11 months=98)

material factors

Now I would like to ask you a few questions about your living conditions when you were a child. In the past people's standard of housing was often lower than it is now.

Q58 Throughout your childhood did you ever live in a house or home which did not have:

RWC.C

a) An inside W/C?

- yes 1
- no (always had an inside W/C) 2

RHOTW.C

b) A regular fixed supply of hot water?

- yes 1
- no (always had a hot water supply) 2

RBATH.C

c) A bath or shower?

- yes 1
- no (always had a bath or shower) 2

RROOM.C

Q59 a) Throughout your childhood, were there times when you regularly had to share a bedroom or dormitory with a brother or sister or some other person?

- yes 1
- no 2 60

RBED.C

b) Throughout your childhood, were there times when you regularly had to share a bed with a brother or sister or some other person?

- yes 1
- no 2

RLIVE.C

Q60 Throughout your childhood where did you mainly live, was it....

- In the countryside 1
- in a village 2
- in a small town 3
- in the city suburbs 4
- in a large peripheral council housing estate 5
- in an inner city area or scheme 6
- other (specify) 7
- don't know 9

★★ those institutionalised throughout childhood 65

RNROOM.C

(NB. emphasise that for this Question only the age is 10)

Q61 a) I'd like you to think about the house you lived in when you were about 10 years old. How many rooms did your family have for their own use?

(exclude W/C and bathrooms, and small sculleries)

rooms

--	--

RNADLT.C

b) When you were about 10 years old, how many adults normally lived in the house?

adults

--	--

RNCHDN.C

c) When you were about 10 years old, how many children normally lived in the house, excluding yourself?

children

--	--

Thinking more generally about your way of life throughout your childhood, up to the age of 15

RFINAN.C

Q62 In general, how well off would you say your family was, would you say they were...?

- financially very well off 1
- financially quite well off 2
- usually had just enough money 3
- were sometimes short of money 4
- were often very short of money 5
- don't know 9

RCAR.C

Q63 Did your family ever own a car?

- yes 1
- no 2

REVHOL.C

Q64 a) Did you ever have family holidays away from home?

If yes: Was that...

- every year 1
- most years 2
- only occasionally 3
- <never> 4
- don't know 9

RHOLAB.C

b) Did you ever have a holiday abroad?

If yes: Was that...

- every year 1
- most years 2
- only occasionally 3
- <never> 4
- don't know 9

65

RILL.C

Q65 a) When you were a child, did you ever miss out on going to school for a considerable length of time because of illness?

(by considerable we mean a number of months, most of a school term)

- yes 1
- no 2

RFRILL.C

b) How many times did that happen?

--	--

66

Psychosocial Factors

Some people look back on their childhood as a happy time while others do not. I'd like to ask you some questions about your experience of childhood

RPGFS.C

Q66 a) I would like you to think in general about how happy you were as a child. Thinking about the time when you were a young child of primary school age, which face shows best how happy you were overall?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

RPSFS.C

b) What about the time you spent in school. When you were in primary school, which face best shows how you felt about school?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

RTGFS.C

Q67 a) Thinking now about when you were older, a teenager, Which face shows best how happy you were overall as a teenager?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

RTSFS.C

b) Thinking again about the time you spent in school. When you were in secondary school, as a teenager, which face best shows how you felt about school?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

RTROUB.C

Q68 Did you ever get in serious trouble when you were a child or teenager. I'm thinking about things like trouble with the police, running away from home or being expelled from school?
If yes: Was that....

- many times 1
- quite often 2
- occasionally 3
- very rarely 4
- <never> 5
- don't know 9

★★ those institutionalised throughout childhood  72

RADROW.C

Q69 While you were a child, up to the age of 15, were there any serious rows between adults in the family?
If yes: Was that....

- many times 1
- quite often 2
- occasionally 3
- very rarely 4
- <never> 5
- don't know 9

RRROW.C

Q70 While you were a child, up to the age of 15, did you have serious rows with adults in the family?

If yes: Was that....

- many times 1
- quite often 2
- occasionally 3
- very rarely 4
- <never> 5
- don't know 9

Q71 Thinking about your parent/s or the people you thought of as parent/s during your childhood.

Father

a) Did your father (father substitute) have any serious problems with....

RFAHLT.C

i) his physical health?

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

RFAALC.C

ii) the amount of alcohol he drank?

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

RFAMTL.C

iii) his mental health or wellbeing?

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

RFALAW.C

iv) with the law?

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

RFAWRK.C

v) Was your father ever unemployed for a significant length of time?

(significant means 6 months or more)

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

mother

b) What about your mother (mother substitute), did she have any serious problems with....

RMAHLT.C

i) her physical health?

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

RMAALC.C

ii) the amount of alcohol she drank?

- yes 1
- no..... 2
- not applicable (eg. dead.) 3

RMAMTL.C

iii) her mental health or wellbeing?

- yes 1
- no..... 2
- not applicable (eg. dead) 3

RMALAW.C

iv) with the law?

- yes 1
- no..... 2
- not applicable (eg. dead) 3

Adult lifetime retrospective questions

Background

RLVHOM.C

Q72 How old were you when you first lived away from your childhood family home?

age

--	--

(Never left home code 96, never lived in family home (eg. institutionalised) code 97) 74
 (Exclude periods as student, national service etc. if they returned to family home afterwards but include if they didn't)

RWHYLV.C

Q73 When you first left home, why did you leave, what was the main reason?

- Death of parent/s..... 1
- to get married or to live with a partner..... 2
- education 3
- for a job 4
- national service 5
- rows and problems 6
- personal choice..... 7
- other (specify) 8
- don't know 9

Material factors

Now I'd like you to stop thinking about your childhood and turn your attention to your adult life.

Q74 As an adult, did you ever live in a house which did not have.....

RADWC.C

a1) An inside W/C?

- yes 1
- no (Always had it) 2 b1

RAGEWC.C

a2) if yes: How old were you when you last lived in a house without an inside W/C?

age

--	--

RADHW.C

b1) a regular fixed supply of hot water?

- yes 1
- no (Always had it) 2 c1

RAGEHW.C

b2) if yes: How old were you when you last lived in a house without a regular fixed supply of hot water?

age

--	--

RADBTS.C

c1) a bath or shower?

yes 1
 no (Always had it) 2 75

RAGEBS.C

c2) If yes: How old were you when you last lived in a house without a bath or shower?

age

Q75

I'd like you to think about how well off you were throughout your adult life. Taking each decade in turn, thinking first about your twenties, would you say in general, compared to other people in Britain at the time, you were....

(repeat for their thirties, for the 60s cohort only their forties and fifties)

financially very well off1
 financially quite well off2
 usually had just enough money3
 were sometimes short of money4
 were often very short of money5
 don't know9

RF20S.C
 Twenties

RF30S.C
 Thirties

RF40S.C
 Forties

RF50S.C
 Fifties

Still thinking of your adult life , not your childhood

Q76 Does your household now have....

RTV.C

a1) A Television?

(black and white or colour)

yes 1
 no..... 2 b1

RTVAGE.C

a2) If yes: How old were you when you first had a Television?

(black and white or colour)

age

RFRIG.C

b1) A refrigerator?

yes 1
 no..... 2 c1

RFRAGE.C

b2) If yes: How old were you when you first had a refrigerator?

age

RDF.C

c1) A deep freezer?

yes 1
 no..... 2 d1

RDFAGE.C

c2) If yes: How old were you when you first had a deep freezer?

age

RWM.C

d1) A washing machine?

yes 1
 no..... 2 e1

RWMAGE.C

d2) If yes: How old were you when you first had a washing machine?

age

RPH.C

e1) A Telephone?

yes 1
no..... 2 77

RPHAGE.C

e2) If yes: How old were you when you first had a telephone?

age

RADHOL.C

Q77 a) Thinking about your adult life, how often have you had holidays away from home, would you say....

every year 1
most years 2
only occasionally 3
never 4
don't know 9 78

RADHAR.C

b) How often have you had holidays abroad, would you say....

every year 1
most years 2
only occasionally 3
never 4
don't know 9 78

RADAAG.C

c) How old were you when you first had a holiday abroad?

age

★★ 60s cohort  80

EDUCATION

SHOW THE RESPONDENT CARD 11 AND ASK Q78 THEN A TO D FOR EACH MENTIONED. SHOW CARD 12 AND ASK Q79 THEN A TO D FOR EACH MENTIONED. (IF MORE THAN 6 CODE 6 HIGHEST)
 EDCD11.C EDCD12.C

Q78 Please have a look at the qualifications on card 11. Have you got any of these since leaving school?
 yes..... 1
 no..... 2
 <don't know>..... 9

Q79 Please have a look at the qualifications on card 12. Have you got any of these since leaving school?
 yes 1
 no..... 2
 <don't know>..... 9

a) What age were you when you got that qualification?

c) How many years did it take you to get that qualification?

b) How many of these qualifications do you have?

d) Did you take that qualification full or part-time?
 Full-time..... 1
 Part-time 2

card 11			card 12		
01	First/Higher Degree, or degree level qualification	19	HNC/HND, BEC/TEC Higher, BTEC Higher		
02	SCE Higher/A-levels	20	ONC, OND, BEC/TEC Not higher		
03	SCE Ordinary (band A-C)	21	City and Guilds Full technological certificate		
04	Standard Grade (level 1-3)	22	City and Guilds Advanced/Final Level		
05	SLC Lower	23	City and Guilds Craft/Ordinary level		
06	SUPE Lower or Ordinary	24	Nursing qualifications (SRN, RGN, RMN, SEN, RSCN, RM, RHV)		
07	'O' Level passes (Grade A-C if after 1975)	25	Teaching qualification		
08	GCSE (grade A-C)	26	SVQ/NVQ Level V		
09	CSE Grade 1	27	SVQ/NVQ Level IV		
10	School Certificate or Matric	28	SVQ/NVQ Level iii/Advanced level GNVQ		
11	SCE Ordinary (Bands D and E)	39	SVQ/NVQ Level ii/Intermediate level GNVQ		
12	Standard Grade (Levels 4 and 5)	30	SVQ/NVQ Level I/Foundation level GNVQ		
13	CSE Grades 2-5	31	SCOTVEC National certificate modules		
14	GCE 'O' Grades D and E (if after 1975)	32	Clerical or commercial qualifications(eg typing, bookkeeping, commerce)		
15	GCSE (Grades D, E, F, G)		Recognised Trade Apprenticeship completed		
16	CSE ungraded	33	Other vocational or professional qualification		
17	Foreign qualifications	34			
18	Other academic qualifications				

	EDQ-.C	EDAGE-.C	EDNO-.C	EDYRS-.C	EDFPT-.C
	Code	Age	Number	Years taken	Full/part-time
Qualification 1	1 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 2	2 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 3	3 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 4	4 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 5	5 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Qualification 6	6 <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

HOUSEHOLD COMPOSITION

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

NOPHSE.C

Q80 Could you tell me how many other people live in this household?

--	--

(include spouse) none code 00 81

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 partner's)
- 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)

if no job **Is he/she...**

- 3 unemployed
- 4 disabled/ill
- 5 retired
- 6 "housewife"
- 7 child/student
- 8 other (specify)

col.4 How would you describe his/her health?

- 1 excellent
- 2 good
- 3 fair
- 4 poor

Ask for all over 16:

What is his/her job now?

If they are not working now ask

What was his/her main lifetime" job?

(never worked write 'none')

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, Leave blank if no spouse/partner)

SPSEX.C

sex

1

--

SPREL.C

relation

2

--	--

SPAGE.C

age

3

--	--

SPHLTH.C

health

4

--

SPRES.C

co-res

5

--	--

SPCLOS.C

close

6

--

SPWORK.C

work

7

--

SPJOB

job _____

SPJOBIND

industry _____

employment status

SPEMPS.C

--

size of firm (ask this only for spouse) **SPFIRM.C**

24 or less employees in the U.K..... 1

25 or more employees in the U.K. 2

SPFT.C

If spouse/partner not currently working

How long is it since your ...spouse/partner... last had a full time job?

Years

--	--

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

Person 1

P1SEX.C sex 1 <input type="text"/>	P1REL.C relation 2 <input type="text"/> <input type="text"/>	P1AGE.C age 3 <input type="text"/> <input type="text"/>	P1HLTH.C health 4 <input type="text"/>	P1RES.C co-res 5 <input type="text"/> <input type="text"/>	P1CLOS.C close 6 <input type="text"/>	P1WORK.C work 7 <input type="text"/>
--	--	---	--	--	---	--

P1JOB
job _____

P1JOBIND
industry _____

employment status

P1EMPS.C

Person 2

P2SEX.C sex 1 <input type="text"/>	P2REL.C relation 2 <input type="text"/> <input type="text"/>	P2AGE.C age 3 <input type="text"/> <input type="text"/>	P2HLTH.C health 4 <input type="text"/>	P2RES.C co-res 5 <input type="text"/> <input type="text"/>	P2CLOS.C close 6 <input type="text"/>	P2WORK.C work 7 <input type="text"/>
--	--	---	--	--	---	--

P2JOB
job _____

P2JOBIND
industry _____

employment status

P2EMPS.C

Person 3

P3SEX.C sex 1 <input type="text"/>	P3REL.C relation 2 <input type="text"/> <input type="text"/>	P3AGE.C age 3 <input type="text"/> <input type="text"/>	P3HLTH.C health 4 <input type="text"/>	P3RES.C co-res 5 <input type="text"/> <input type="text"/>	P3CLOS.C close 6 <input type="text"/>	P3WORK.C work 7 <input type="text"/>
--	--	---	--	--	---	--

P3JOB
job _____

P3JOBIND
industry _____

employment status

P3EMPS.C

Person 4

P4SEX.C sex 1 <input type="text"/>	P4REL.C relation 2 <input type="text"/> <input type="text"/>	P4AGE.C age 3 <input type="text"/> <input type="text"/>	P4HLTH.C health 4 <input type="text"/>	P4RES.C co-res 5 <input type="text"/> <input type="text"/>	P4CLOS.C close 6 <input type="text"/>	P4WORK.C work 7 <input type="text"/>
--	--	---	--	--	---	--

P4JOB
job _____

P4JOBIND
industry _____

employment status

P4EMPS.C

Person 5

P5SEX.C sex 1 <input type="text"/>	P5REL.C relation 2 <input type="text"/> <input type="text"/>	P5AGE.C age 3 <input type="text"/> <input type="text"/>	P5HLTH.C health 4 <input type="text"/>	P5RES.C co-res 5 <input type="text"/> <input type="text"/>	P5CLOS.C close 6 <input type="text"/>	P5WORK.C work 7 <input type="text"/>
--	--	---	--	--	---	--

P5JOB
job _____

P5JOBIND
industry _____

P5EMPS.C
employment status

P6REL.C "EXTRA" household members' relationship to Respondent 6 <input type="text"/> <input type="text"/>	P7REL.C 7 <input type="text"/> <input type="text"/>	P8REL.C 8 <input type="text"/> <input type="text"/>
---	--	--

MARITAL STATUS

MSCMAR.C

Q81 a) Are you married at the present moment?

yes 1
no..... 2 82

MSCMYR.C

b) When did you get married?
(code last two digits of year)

19

MSCMLV.C

c) Do you live with your husband/wife?

yes 1 87
no..... 2 84

MSUMST.C

Q82 a) Are you....

widowed 3
divorced..... 4 83
never married..... 5

MSNMLV.C

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?

yes 1 86b
no..... 2 89

MSPMYM.C

Q83 When did you get married?
(most recent marriage, code last two digits of year)

19

MSPMYR.C


Q84 When were you widowed/divorced/separated?
(code last two digits of year)

19

MSPMFC.C

Q85 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

MSPMLV.C

- Q86** 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?
- yes 1
 no..... 2  89

MSLVYR.C

- b) How long have you lived together?
 (code in years. 0 to 5 months=97, 6 to 11 months=98)
- Yrs

--	--

We are interested in religion within families.

RELSPB.C

- Q87** What religious group or church was your spouse/partner born into?
 DO NOT PROBE FOR RESPONSE, ACCEPT FIRST RESPONSE
- Protestant (unspecified) 1
 - Church of Scotland..... 2
 - Episcopal/Church of England 3
 - Free Church 4
 - Free Presbyterian 5
 - Methodist 6
 - Baptist 7
 - Other Protestant (specify) 8
 - Roman Catholic 9
 - Other Christian (specify) 10
 - Christian unspecified 11
 - Jewish 12
 - Muslim/Islam 13
 - Hindu 14
 - Buddhist 15
 - Sikh 16
 - Atheist/Agnostic/None 17
 - Other (specify) 18
 - Don't know 19

RELSPN.C

- Q88** What religious group or church does your spouse/partner belong to now, if any?
 DO NOT PROBE FOR RESPONSE, ACCEPT FIRST RESPONSE
- Protestant (unspecified) 1
 - Church of Scotland..... 2
 - Episcopal/Church of England 3
 - Free Church 4
 - Free Presbyterian 5
 - Methodist 6
 - Baptist 7
 - Other Protestant (specify) 8
 - Roman Catholic 9
 - Other Christian (specify) 10
 - Christian unspecified 11
 - Jewish 12
 - Muslim/Islam 13
 - Hindu 14
 - Buddhist 15
 - Sikh 16
 - Atheist/Agnostic/None 17
 - Other (specify) 18
 - Don't know 19


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.

FMDIED.C

Q89 a) Firstly, can you tell me whether anyone in your close family has died since we last talked to you in 1991? By close family I mean your spouse or partner, children, parents, brothers and sisters or grandparents.

(do not include inlaws).

yes 1
no..... 2  90

ASK FOR EACH (CODE B TO E 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 grandparent fifth).

- spouse/partner1
- male child (own blood)2
- male child (adopted/step)3
- female child (own blood)4
- female child (adopted/step).....5
- mother6
- father7
- brother (full or half blood).....8
- Brother (adopted/step non blood)9
- sister (full or half blood)10
- sister (adopted/step non blood)11
- grandparent.....12

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?

P1DEATH

Person 1 cause of death _____

FM1REL.C

relationship

--	--

FM1YRD.C

when died

19

--	--

FM1MTD.C

M

--	--

FM1AGD.C

age died

--	--

P2DEATH

Person 2 cause of death _____

FM2REL.C

relationship

--	--

FM2YRD.C

when died

19

--	--

FM2MTD.C

M

--	--

FM2AGD.C

age died

--	--

P3DEATH

Person 3 cause of death _____

FM3REL.C

relationship

--	--

FM3YRD.C

when died

19

--	--

FM3MTD.C

M

--	--

FM3AGD.C

age died

--	--

P4DEATH

Person 4 cause of death _____

FM4REL.C
relationship

--	--

FM4YRD.C **FM4MTD.C**
when died
 19

--	--

 M

--	--

FM4AGD.C
age died

--	--

Family health background

Q90 Thinking about your relatives, how many of your brothers, sisters and parents, have ever had:

FHCHD.C

a) heart disease

FHCCA.C

b) cancer

FHCRE.C

c) respiratory or lung problems

FHCMH.C

d) mental health problems

Q91 And what about more distant relatives how many of your grandparents, aunts and uncles, (first) cousins have ever had:

FHDHD.C

a) heart disease

FHDCA.C

b) cancer

FHDRE.C

c) respiratory or lung problems

FHDMH.C

d) mental health problems

MALIVE.C

Q92 a) Can I just check, is your mother (or the person you thought of as a mother) still alive?

(N.B. we are interested here in the person R thinks of as mother, who may be a step mother etc. You may know the answer from previous questions).

yes 1
 no 2
 don't know 9] 94

MLIVE.C

b) How far away does she live now?

same household 1
 within walking distance 2
 within five miles 3
 within 30 miles 4
 rest of Scotland 5
 England or Wales 6
 other (specify) 7
 don't know 9 94

SEEMUM.C

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

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

Q93 not included in 40s/60s schedule

DALIVE.C

Q94 a) Is your father (or the person you thought of as a father) still alive?

(N.B. we are interested here in the person R thinks of as father, who may be a step father etc. You may know the answer from previous questions).

- yes 1
 - no..... 2
 - don't know 9
-] 96

DLIVE.C

b) How far away does he live now?

- same household 1
 - within walking distance 2
 - within five miles 3
 - within 30 miles 4
 - rest of Scotland 5
 - England or Wales..... 6
 - other (specify) 7
 - don't know 9
- 96

SEEDAD.C

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

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

Q95 not included in 40s/60s schedule

children, sibs and family


NKIDAL.C

Q96 How many children do you have who are alive now?

(All children, including those still living with R, code number)

None code 00 100


--	--


- Q97** **NKIDDL.C** Can I just check, how many children do you have who don't live here with you?
If none code 00  100

--	--
- Q98** **NKIDWD.C** (Not counting any you live with) how many live...
(none, code 00 in both boxes)
- a) within walking distance?

--	--
- NKIDFA.C**
- b) not within walking distance but within 30 miles?

--	--
- Q99** **NKID4W.C** Thinking about the last four weeks, (apart from children you live with) how many of your children did you see?
(none code 00)


--	--
- Q100** **NSIBAL.C** How many brothers or sisters do you have who are alive now?
None code 00  104

--	--
- Q101** **NSIBDL.C** Can I just check, how many brothers or sisters do you have who don't live here with you?
If none code 00  104

--	--
- Q102** **NSIBWD.C** (Not counting any you live with) how many live...
(none code 00 in both boxes)
- a) within walking distance?

--	--
- NSIBFA.C**
- b) not within walking distance but within 30 miles?

--	--
- Q103** **NSIB4W.C** Thinking about the last four weeks, (apart from brothers or sisters you live with) how many of your brothers or sisters did you see?
(none code 00)

--	--
- Q104** **FFAMILY.C** Thinking about all the people you 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
(if none code 0)  106

--

USE CARD 13

Q105 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 agree1
- agree2
- neither agree nor disagree3
- disagree4
- strongly disagree5
- <don't know>9

<p>A my family causes me to worry a lot</p> <p style="text-align: center; color: red;">CFWOR.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>	<p>F my family is not an important part of my life</p> <p style="text-align: center; color: red;">CFNIMP.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>
<p>B my family can be relied on to help me however big a problem I have</p> <p style="text-align: center; color: red;">CFREL.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>	<p>G my family makes me feel important and worthwhile</p> <p style="text-align: center; color: red;">CFIMPT.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>
<p>C my family sometimes makes unreasonable demands on me</p> <p style="text-align: center; color: red;">CFDEM.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>	<p>H my family pays me less attention than I would like</p> <p style="text-align: center; color: red;">CFAATN.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>
<p>D my family makes me feel loved</p> <p style="text-align: center; color: red;">CFLOVE.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>	<p>I my family and I often argue</p> <p style="text-align: center; color: red;">CFARG.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>
<p>E my family sometimes says or does things that upset me</p> <p style="text-align: center; color: red;">CFUPS.C</p> <div style="border: 1px solid black; width: 100px; text-align: center; margin: 0 auto;">1 2 3 4 5 9</div>	

Q106 NOTHFM.C
 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)

--	--

friends NFRNDS.C

Q107 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) 🗣️ 111

--	--

NCLFR.C
Q108 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) 🗣️ 111

--	--

NCLF4W.C

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

--	--

FFRNDS.C

Q109 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

--

USE CARD 14

Q110 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 agree1
- agree2
- neither agree nor disagree3
- disagree4
- strongly disagree5
- <don't know>9

<p>A my friends cause me to worry a lot</p>	FRWOR.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9	F	<p>my friends are not an important part of my life</p>	FRNIMP.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9
1 2 3 4 5 9								
1 2 3 4 5 9								
<p>B my friends can be relied on to help me however big a problem I have</p>	FRREL.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9	G	<p>my friends make me feel important and worthwhile</p>	FRIMPT.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9
1 2 3 4 5 9								
1 2 3 4 5 9								
<p>C my friends sometimes make unreasonable demands on me</p>	FRDEM.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9	H	<p>my friends pay me less attention than I would like</p>	FRAATN.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9
1 2 3 4 5 9								
1 2 3 4 5 9								
<p>D my friends make me feel loved</p>	FRLOVE.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9	I	<p>my friends and I often argue</p>	FRARG.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9
1 2 3 4 5 9								
1 2 3 4 5 9								
<p>E my friends sometimes say or do things that upset me</p>	FRUPS.C	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="text-align: center;">1 2 3 4 5 9</td> </tr> </table>	1 2 3 4 5 9					
1 2 3 4 5 9								

support

SUPLON.C


Q111 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....

- most of the time 1
- quite often 2
- only occasionally 3
- seldom 4
- <never> 5
- <don't know> 9

SUPWHO.C

Q112 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?

- spouse/partner 1
- boyfriend/girlfriend/fiancee..... 2
- mother 3
- father 4
- mother in law 5
- father in law 6
- female sib 7
- male sib 8
- female child 9
- male child 10
- female child in law 11
- male child in law 12
- male friend 13
- female friend 14
- other (specify) 15
- <no one> 16  113

SUPNPH.C

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)

--	--

SUPWCL.C

Q113 a) Thinking of your family and all the people around you, who would you say you were closest to ?

- spouse/partner 1
- boyfriend/girlfriend/fiancee..... 2
- mother 3
- father 4
- mother in law 5
- father in law 6
- female sib 7
- male sib 8
- female child 9
- male child 10
- female child in law 11
- male child in law 12
- male friend 13
- female friend 14
- other (specify) 15
- <no one> 16  114

SUPSHF.C

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

SUPNSH.C

Q114 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)

--	--

SUPNNE.C

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

life satisfaction

FLIFE.C

Q115 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

MARRIAGE/PARTNER/SINGLE

SPPRES.C

Q116 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 or not living with spouse/partner 1
- spouse/partner not present..... 2
- spouse/partner present..... 3

120

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

RSTDY.C

Q117 a) Do you have a steady relationship with someone you don't live with, a partner, boyfriend or girlfriend?

- yes 1 119
- no..... 2

FSINGL.C

Q118 Looking at the faces scale, which face shows best how you feel about not having a steady relationship now?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

★★ all without a steady relationship 123

RSTRTY.C

RSTRTM.C

Q119 a) When did the relationship first start?

(Code year and month, month unknown code 99)

19

M

RPLAN.C

b) Are you....

- Engaged 1
- planning to live together 2
- thinking of living together 3
- not planning to live together at the moment 4

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

Q120 Looking at the faces scale, which face shows best how you feel about your marriage/relationship?
 code A=1 B=2 C=3 D=4 E=5 F=6 G=7

SPSHFR.C

Q121 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
- some are shared, some not 2
- few are shared..... 3
- has few friends outside marriage 4

SPACTS.C

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

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

SPARGU.C

c) Do you ever have serious arguments with your husband/wife/partner?

If yes: Is that....

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

USE CARD 15

(If anyone else is present use the card and refer to the items only by letters i.e.. "Looking at statement A...etc..").

Q122 On the card there are a number of statements about relationships. For each one I would like you to tell me whether you....

- strongly agree1
- agree2
- neither agree nor disagree3
- disagree4
- strongly disagree5
- <don't know>9

card 15

<p>A my husband / wife / partner causes me to worry a lot</p>	<p>SPWOR.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 5 9</div>	<p>F my husband / wife / partner is not an important part of my life</p>	<p>SPNIMP.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 5 9</div>
<p>B my husband / wife / partner can be relied on to help me however big a problem I have</p>	<p>SPRELY.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 5 9</div>	<p>G my husband / wife / partner makes me feel important and worthwhile</p>	<p>SPIMPT.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 5 9</div>

- C my husband / wife / partner sometimes makes unreasonable demands on me **SPDEM.C** H my husband / wife / partner pays me less attention than I would like **SPATTN.C**
- D my husband / wife / partner makes me feel loved **SPLOVE.C** I my husband / wife / partner and I often argue **SPARG.C**
- E my husband / wife / partner sometimes says or does things that upset me **SPUPS.C**

EMPLOYMENT STATUS

EMPSTA.C

Q123 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
- Government training scheme 6
- full-time education..... 7
- other..... 8

126

If other:

How would you describe yourself now? _____

I would like to ask you a few questions about how you feel about being...(current status)...

FEMPST.C

Q124 Looking at the faces scale, which face shows best how you feel about being?:



_____ (write current status)
 (i.e. retired, caring for the home/being a housewife, unemployed, in full time education, or other)
 (If disabled ask ..."**being unable to work because of ill health or disability**" rather than saying 'how do you feel about being disabled'.)
 code A=1 B=2 C=3 D=4 E=5 F=6 G=7

USE CARDS 16 AND 17

Q125 I am going to show you two cards which have on them a set of statements which might describe how you feel about being

_____ (write current status)
 i.e. retired, caring for the home/being a housewife, unemployed, in fulltime education, or other)
 (If disabled ask ..."**being unable to work because of ill health or disability**" rather than saying 'how do you feel about being disabled'.
For each of them I would like you to tell me whether it is true for you...

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

Card 16

<p>A is boring</p>	<p>NWBORE.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 9</div>	<p>F is interesting and challenging</p>	<p>NWINT.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 9</div>
<p>B prevents me feeling in control of things</p>	<p>NWCONT.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 9</div>	<p>G forces me to do what other people want</p>	<p>NWFORC.C</p> <div style="border: 1px solid black; padding: 5px; display: inline-block;">1 2 3 4 9</div>

C	allows me to be sociable and meet people	NWSOC.C 1 2 3 4 9 NWLONE.C	H	is full of stress	NWSTRS.C 1 2 3 4 9 NWABIL.C
D	can be quite lonely	1 2 3 4 9 NWMTIR.C	I	lets me make full use of my abilities	1 2 3 4 9 NWROUT.C
E	leaves me mentally tired out at the end of the day	1 2 3 4 9	J	is too routine	1 2 3 4 9
K	causes me a lot of worry	NWWORR.C 1 2 3 4 9 NWIMPT.C	Card 17 P	is too frantic and hurried	NWFRAN.C 1 2 3 4 9 NWPACE.C
L	lets me feel important and worth while	1 2 3 4 9 NWHLTH.C	Q	allows me to set my own pace of life	1 2 3 4 9 NWPTIR.C
M	is bad for my health	1 2 3 4 9 NWTIME.C	R	leaves me physically tired out at the end of the day	1 2 3 4 9 NWCOPE.C
N	leaves me plenty of time for myself	1 2 3 4 9 NWSOL.C	S	is more than I can cope with	1 2 3 4 9 NWCONC.C
O	makes me feel isolated	1 2 3 4 9	T	requires me to concentrate hard	1 2 3 4 9

Q126 Employment history since last visit

I would like to find out what you have been doing between the last time we visited you in 1991 and now. You say that you are **...(current status)...** now, have you been **...(current status)...** all the time since 1991?

Work backward from the present filling in the calendar. Use the categories and codes below.

Go back to the beginning of 1991.

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

(Use code 9 for periods of temporary sickness within continuous employment)

- retired.....1
- disabled, invalid or permanently sick.....2
- caring for Home or "Housewife".....3
- unemployed.....4
- employed, a Worker or Self Employed5
- Government training scheme6
- full-time education.....7
- other.....8
- temporarily sick.....9

	Jan	Feb	Mar	April	May	June	July	Aug	Sept	Oct	Nov	Dec
ES---C 1991	191	291	391	491	591	691	791	891	991	1091	1191	1291
ES---C 1992	192	292	392	492	592	692	792	892	992	1092	1192	1292
ES---C 1993	193	293	393	493	593	693	793	893	993	1093	1193	1293
ES---C 1994	194	294	394	494	594	694	794	894	994	1094	1194	1294
ES---C 1995	195	295	395	495	595	695	795	895	995	1095	1195	1295
ES---C 1996	196	296	396	496	596	696	796	896	996	1096	1196	1296

NJOBS.C

c) How many different jobs have you had since 1991?

--	--

(see interviewer's manual for definitions of what counts as a job change)

★★ (No jobs code 00)  127

NOW go on to ask about each different JOB.

Start at job now and work backward. If you are unsure about the minimum eligibility for a 'job', check in the manual.

Main job now is coded in the first reserved space. If they have more than one job ask about the one they think of as their main job, if they have difficulty deciding, the one they spend most hours on.

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.

RJOBNOW

job 1 (main job now) _____

JBIES.C

Are you....

- self employed (with paid employees).....1
- self employed (no paid employees)2
- manager3
- foreman/supervisor.....4
- employee.....5

JB1YRS.C

JB1MTS.C

when did you start this job? 19 M

(month unknown code 99)

RJOBNIND

industry _____

JB1SIZE.C

How many employees does the firm have?

- firm has 24 or less employees in UK1
- firm has 25 or more employees in UK2

JB1FT.C

Do you think of it as...

- part time1
- full time.....2

Subsidiary jobs now

JBSUB.C

Do you have any other jobs now?

- Yes1
- No2

If yes, How many other jobs do you have now?

JBSUBN.C

How many hours in total do you work on these other jobs?

JBSUBH.C

Previous jobs since 1991

RJOB2

job 2 _____

JB2ES.C

Were you....

- self employed (with paid employees).....1
- self employed (no paid employees)2
- manager3
- foreman/supervisor.....4
- employee.....5

JB2FT.C

Was it...

- part time1
- full time2

JB2YRS.C

JB2MTS.C

when did you start that job? 19 M

(month unknown code 99)

RJOB2IND

industry _____

JB2WHL.C

Why did you leave that job?

- ill health1
- retirement.....2
- redundant.....3
- end of contract.....4
- to be better off financially.....5
- family reasons(specify)6
- other(specify)7

JB2OCH.C

Was it your own choice or did you have to leave?

- own choice.....1
- had to leave.....2

JB2YRL.C

JB2MTL.C

when did you leave that job? 19 M

(month unknown code 99)

RJOB3

job 3 _____
JB3ES.C

Were you....

- self employed (with paid employees)..... 1
- self employed (no paid employees)2
- manager3
- foreman/supervisor.....4
- employee.....5

JB3FT.C

Was it...

- part time1
- full time2

JB3YRS.C **JB3MTS.C**

when did you start that job? 19 M
(month unknown code 99)

RJOB3IND

industry _____
JB3WHL.C

Why did you leave that job?

- ill health1
- retirement.....2
- redundant.....3
- end of contract.....4
- to be better off financially.....5
- family reasons(specify)6
- other(specify)7

JB3OCH.C

Was it your own choice or did you have to leave?

- own choice.....1
- had to leave.....2

JB3YRL.C **JB3MTL.C**

when did you leave that job? 19 M
(month unknown code 99)

RJOB4

job 4 _____

JB4ES.C

Were you....

- self employed (with paid employees)..... 1
- self employed (no paid employees)2
- manager3
- foreman/supervisor.....4
- employee.....5

JB4FT.C

Was it...

- part time1
- full time2

JB4YRS.C **JB4MTS.C**

when did you start that job? 19 M
(month unknown code 99)

RJOB4IND

industry _____

JB4WHL.C

Why did you leave that job?

- ill health1
- retirement.....2
- redundant.....3
- end of contract.....4
- to be better off financially.....5
- family reasons(specify)6
- other(specify)7

JB4OCH.C

Was it your own choice or did you have to leave?

- own choice.....1
- had to leave.....2

JB4YRL.C **JB4MTL.C**

when did you leave that job? 19 M
(month unknown code 99)

RJOB5

job 5 _____

JB5ES.C

Were you....

- self employed (with paid employees)..... 1
- self employed (no paid employees)2
- manager3
- foreman/supervisor.....4
- employee.....5

JB5FT.C

Was it...

- part time1
- full time2

JB5YRS.C **JB5MTS.C**

when did you start that job? 19 M

RJOB5IND

industry _____

JB5WHL.C

Why did you leave that job?

- ill health1
- retirement.....2
- redundant.....3
- end of contract.....4
- to be better off financially.....5
- family reasons(specify)6
- other(specify)7

JB5OCH.C

Was it your own choice or did you have to leave?

- own choice.....1
- had to leave.....2

JB5YRL.C **JB5MTL.C**



when did you leave that job? 19 M

**** ALL THOSE DESCRIBING THEMSELVES AS CURRENTLY EMPLOYED**  133

All not currently employed

UNLKWK.C

Q127 At the moment are you

- seriously looking for work..... 1
- not looking for work 2  129
- waiting to start a job 3  131

UNLKYR.C

Q128 How long have you been looking for work?

(code in years. 0 to 5 months=97, 6 to 11 months=98)

Yrs

--	--

**** ALL LOOKING FOR WORK**  131

Not seriously looking for work

UNFUT.C

Q129 Would you like to work at some time in the future if you could find a suitable job?

- yes 1
- no..... 2

UNNLK.C

Q130 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

 131

b) If ill or disabled: What is the illness which prevents you looking for a job?

WORKDISB

illness _____

UNILLY.C

c) How long have you suffered from ...(illness)..?

(code in years. 0 to 5 months=97, 6 to 11 months=98)

Yrs

--	--

UNREG.C

Q131 Are you on the unemployment register at the present moment?

- yes 1
- no..... 2

Q132 **WKNOW.C**
Do you have any paid work now?
 yes 1
 no..... 2 153

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

if yes: **What work do you do?**

PWNOW
Work now _____
JBNES.C
 self employed (with paid employees).....1
 self employed (no paid employees)2
 manager3
 foreman/supervisor.....4
 employee.....5

PWNOWIND
industry _____
JBNSZ.C
 firm has 24 or less employees in UK..... 1
 firm has 25 or more employees in UK2

When did you start that job?

JBNSYR.C
 19

--	--

JBNSMT.C
 M

--	--

ALL CURRENTLY IN PAID WORK

I would like to ask some further questions about the paid work you do now. (If you have more than one job at present, please could you answer the section thinking only of your main job)

Q133 **WK6HRS.C**
Do you work for at least six hours per week in this job?
 Yes 1
 No 2 153

Q134 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.C

--	--

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)

--	--

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)

--	--

d) How long do you spend daily travelling to and from work (i.e. there and back)?
 (code in minutes, if none code 000)

--	--	--

Q135 a) **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) 136

--	--

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

--	--	--

WKFS.C

Q136 Looking at the faces scale, which face shows best how you feel about your current job?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7

USE CARDS 16 AND 17

Q137 I am going to show you two cards which have on them a set of statements which might describe being in your current job. For each of them I would like you to tell me whether it is true for you...

very frequently1
quite frequently2
only occasionally.....3
or never4
<don't know>9

Card 16

<p>A is boring</p> <p>B prevents me feeling in control of things</p> <p>C allows me to be sociable and meet people</p> <p>D can be quite lonely</p> <p>E leaves me mentally tired out at the end of the day</p>	<p>WKBORE.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKCONT.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKSOC.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKLONE.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKMTIR.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div>	<p>F is interesting and challenging</p> <p>G forces me to do what other people want</p> <p>H is full of stress</p> <p>I lets me make full use of my abilities</p> <p>J is too routine</p>	<p>WKINT.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKFORC.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKSTR.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKABIL.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKROUT.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div>
--	--	--	---

Card 17

<p>K causes me a lot of worry</p> <p>L lets me feel important and worth while</p> <p>M is bad for my health</p> <p>N leaves me plenty of time for myself</p> <p>O makes me feel isolated</p>	<p>WKWORR.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKIMPT.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKHLTH.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKTIM.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKISOL.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div>	<p>P is too frantic and hurried</p> <p>Q allows me to set my own pace of life</p> <p>R leaves me physically tired out at the end of the day</p> <p>S is more than I can cope with</p> <p>T requires me to concentrate hard</p>	<p>WKFRAN.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKPACE.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKPTIR.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKCOPE.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div> <p>WKCONC.C</p> <div style="border: 1px solid black; padding: 2px;">1 2 3 4 9</div>
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WKPLAC.C

- Q138** Where do you mainly work?
- in factory/office or similar place 1
 - at home..... 2
 - travelling about, no fixed place..... 3
 - other (specify) 4

WKSEC.C

- Q139** How secure would you say your job is? Would you say that it is...
- very secure 1
 - fairly secure..... 2
 - fairly insecure 3
 - very insecure 4
 - <don't know> 9

WKPAID.C

- Q140** a) In your current job how are you normally paid?
- a fixed wage or salary 1
 - 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 depending on how the Respondent answers).

WKPWK.C

per week

--	--	--	--

OR

WKPMT.C

per month

--	--	--	--	--

OR

WKPYR.C

per year

--	--	--	--	--	--

WKPCD.C

--	--

(if R refuses give income card (card 18) and see if he/she will give a 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)

WKORPS.C

- Q141** a) In your job, does your employer make contributions for you to an Occupational Retirement Pension scheme?
- yes 1
 - no..... 2
 - n/a eg. self employed 3

WKSEPS.C

- b) Do you contribute to a personal occupational pension scheme on your own behalf?**
(if Respondent has an occupational scheme) ...Over and above your occupational pension scheme?
- yes 1
 - no..... 2

WKNIC.C

Q142 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)

--	--	--

Q143 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

WKCONF.C

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

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

WKTIRE.C

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

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

WKTIME.C

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

WKSHFT.C

Q144 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
- permanent back shift (evenings) 4
- other (specify) 5
- <no shifts> 6

WKNHRS.C

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
- no 2

(Code all which apply)

- | | | yes | no |
|----------|--------------------------------|-----|----|
| WAMHRS.C | early morning work1 | 1 | 2 |
| WPMHRS.C | evening work.....1 | 1 | 2 |
| WSTHRS.C | Saturday work1 | 1 | 2 |
| WSNHRS.C | Sunday work.....1 | 1 | 2 |
| WOCHRS.C | 'on call' (no set time)1 | 1 | 2 |

WKPHYA.C

Q145 Thinking about your job in general, would you say that you had to be...

- very physically active 1
- fairly physically active 2
- not very physically active 3

not at all physically active 4

USE CARD 19

Q146 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 time1
- about 3/4 of the time2
- about 1/2 of the time3
- about 1/4 of the time4
- less than a quarter of the time.....5
- <never>6

<p>A work in very noisy conditions</p>	<p>WKNOIS.C all 3/4 1/2 1/4 occ. never</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>H work in a bent or uncomfortable position</p>	<p>WKBENT.C all 3/4 1/2 1/4 occ. never</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>B work in very dusty conditions</p>	<p>WKDUST.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>I work which is monotonous and repetitive</p>	<p>WKMONO.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>C work in very hot conditions</p>	<p>WKHOT.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>J work which is hectic or too fast</p>	<p>WKFAST.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>D work in very cold conditions</p>	<p>WKCOLD.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>K work in uncomfortably dry conditions</p>	<p>WKDRY.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>E work in very wet conditions</p>	<p>WKWET.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>L work in conditions with poor lighting</p>	<p>WKPLT.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>F work with fumes or chemicals</p>	<p>WKFUME.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>M work with a VDU</p>	<p>WKVDU.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>G work with a lot of vibration</p>	<p>WKVIBR.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>		

USE CARD 20

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

<p>A sitting down</p>	<p>WKSITD.C all 3/4 1/2 1/4 occ. never</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>D out of doors</p>	<p>WKOUTD.C all 3/4 1/2 1/4 occ. never</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>B standing but not walking about</p>	<p>WKSTND.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>E lifting or shifting heavy objects</p>	<p>WKLIFT.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>
<p>C walking about</p>	<p>WKWALK.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>	<p>F other hard physical work</p>	<p>WKPHWK.C</p> <div style="border: 1px solid black; padding: 2px; width: fit-content; margin: 0 auto;">1 2 3 4 5 6</div>

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

WKHPW.C

Q147 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) c

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.C WKHPWM.C
Hrs M

WKSTRS.C

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

yes 1
no..... 2 148

WKNSTR.C

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

WKSSLP.C

Q148 a) Looking back over the last year or so, how often has stress from your work upset your sleep?...

frequently 1
sometimes 2
only occasionally..... 3
never..... 4

WKSAPP.C

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

frequently 1
sometimes 2
only occasionally..... 3
never..... 4

Q149 to 152 not included in 40s/60s schedule

Work around the house and garden

I'm going to go on now to ask you some questions about time you spend doing housework and other work around the house like chores and maintenance, childcare and caring for other family and friends who need help.

Housework

HWNDY.C

Q153 a) I would like you now 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) 154

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

HWHRS.C HWMNS.C
Hrs M

HWFS.C

c) Looking at the faces scales, which face shows best how you feel about doing the housework that you do?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7

HWHNDY.C

USE CARD 21

- d) 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) 154

--	--

- e) 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.C **HWHMNS.C**

Hrs

--	--

 M

--	--

Chores and maintenance

CHM4WD.C

- Q154 a) In the last four weeks did you do any other 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) 155

--	--

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

CHMAHR.C **CHMAMN.C**

Hrs

--	--

 M

--	--

CHMFS.C

- c) Looking at the faces scales, which face shows best how you feel about doing the chores and maintenance that you do?
 code A=1 B=2 C=3 D=4 E=5 F=6 G=7

--

CHMHDY.C

USE CARD 22

- d) Some kinds of work around the house is heavier than other kinds: 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) 155

--	--

- e) 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)

CHMHHR.C **CHMHMN.C**

Hrs

--	--

 M

--	--

DWANY.C

- Q155 a) Interviewers, does the respondent do any housework or chores or maintenance?
 (Don't ask this, Q153 and Q154 will already have provided the answer)

yes 1
 no..... 2 156

USE CARD 23

b) I'd like you think in general about all the time you spend on housework and on chores and maintenance around the house. I am going to show you a card (use card 23) which has on it a set of statements which might describe how you feel about all these activities. I would like you to tell me whether each statement is true for you...

very frequently1
 quite frequently2
 only occasionally.....3
 or never4
 <don't know>9

Card 23

<p>1 makes me feel isolated</p> <p>2 is full of stress</p> <p>3 is interesting and challenging</p> <p>4 can be quite lonely</p> <p>5 leaves me mentally tired out at the end of the day</p> <p>6 lets me make full use of my abilities</p>	<p>DWISOL.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWSTRS.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWINT.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWLONE.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWMTIR.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWABIL.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div>	<p>7 leaves me plenty of time for myself</p> <p>8 is too frantic and hurried</p> <p>9 lets me feel important and worth while</p> <p>10 allows me to set my own pace of life</p> <p>11 causes me a lot of worry</p> <p>12 is too routine</p>	<p>DWTIME.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWFRAN.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWIMPT.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWPACE.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWWORR.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div> <p>DWROUT.C</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 2px auto;">1 2 3 4 9</div>
--	--	---	---

Gardening

Q156 ^{GDNLYR.C} a) Have you done any gardening in the last 12 months?

yes 1
 no..... 2 158

^{GDNMYT.C}

b) Thinking back over the last 12 months, in how many of these months did you do any gardening?

^{GDNMDY.C}

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

^{GDNFS.C}

d) Looking at the faces scales, which face shows best how you feel about the gardening that you do?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

Q157 ^{GDN4WD.C} 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) 158


b) On an average day when you did gardening how long did you spend on it?

(Code in hours and minutes)

GDNAHR.C GDNAMN.C
 Hrs M

GDNHDY.C

USE CARD 24

- 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)  158

--	--


- 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)

GDNHHR.C GDNHMN.C

Hrs			M		
-----	--	--	---	--	--

Hard Exercise in the home

SWTDY.C

- Q158 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 0)  159

--

- 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?


SWTHR.C SWTMN.C

Hrs			M		
-----	--	--	---	--	--

Childcare

I would like to ask you now about childcare, but only childcare that you do for your own children, or for family and friends unpaid. I'm not thinking of any childcare that you get paid for.

CCHDY.C

- Q159 a) In the last four weeks on how many days have you done childcare for children who live in your household?
(none code 00)  160

--	--

- b) On an average day when you did this type of childcare how long did you spend on it?
(code in hours and minutes)

CCHAHR.C CCHAMN.C


Hrs			M		
-----	--	--	---	--	--

CCHFS.C

- c) Looking at the faces scales, which face shows best how you feel about doing this type of childcare?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7

--

CCODY.C

- Q160 a) In the last four weeks on how many days have you done childcare unpaid for children who do not live in your household?
(none code 00)  161

--	--

- b) On an average day when you did this type of childcare how long did you spend on it?
(code in hours and minutes)

CCOHR.C CCOAMN.C

Hrs			M		
-----	--	--	---	--	--


CCOFS.C

- c) Looking at the faces scales, which face shows best how you feel about doing this type of childcare?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7

--

CCANY.C

Q161 Interviewers, does the respondent do any unpaid childcare, for their own or other children?
 (Don't ask this, Q159 and Q160 will already have provided the answer)

yes 1
 no..... 2  163

USE CARD 23

Q162 I'd like you think in general about all the time you spend on unpaid caring for children. I am going to show you a card which has on it a set of statements which might how you feel about all these activities. I would like you to tell me whether each statement is true for you...

very frequently1
 quite frequently2
 only occasionally.....3
 or never4
 <don't know>9

Card 23

	CCISOL.C		CCTIME.C
1 makes me feel isolated	1 2 3 4 9	7 leaves me plenty of time for myself	1 2 3 4 9
	CCSTRS.C		CCFRAN.C
2 is full of stress	1 2 3 4 9	8 is too frantic and hurried	1 2 3 4 9
	CCINT.C		CCIMPT.C
3 is interesting and challenging	1 2 3 4 9	9 lets me feel important and worth while	1 2 3 4 9
	CCLONE.C		CCPACE.C
4 can be quite lonely	1 2 3 4 9	10 allows me to set my own pace of life	1 2 3 4 9
	CCMTIR.C		CCWORR.C
5 leaves me mentally tired out at the end of the day	1 2 3 4 9	11 causes me a lot of worry	1 2 3 4 9
	CCABIL.C		CCROUT.C
6 lets me make full use of my abilities	1 2 3 4 9	12 is too routine	1 2 3 4 9


Other caring

HOANY.C

Q163 a) 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? Please don't include any childcare you have just told me about

(Only include things done for spouse if they are due to illness etc. 'Normal' helping doesn't count.)

yes 1
no..... 2  165

(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.

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 in law/sister in law 5
- own child 6
- child (step, adopted etc.) 7
- friend..... 8
- other (specify)..... 9

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 strain 4
- no strain at all..... 5

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 7 Does this person live in the same household as you?

- Resident in same household 1
- Lives in another household... 2
- Lives in an institution 3

	HO-REL.C relationship	HO-HP1.C help 1	HO-HP2.C help 2	HO-HP3.C help 3	HO-HRS.C hours	HO-STR.C strain	HO-RES.C residence
person 1	1	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
person 2	2	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
person 3	3	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
person 4	4	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>


HOFS.C

b) Looking at the faces scales, which face shows best how you feel about doing the caring work that you've just told me about?

HO4WDY.C

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

c) Thinking overall about all the help or caring you give, excluding childcare, in the last four weeks on how many

(none code 00)  164

d) On an average day when you did this type of caring how long did you spend on it (including travelling)?

(code in hours and minutes)

Hrs M
 HOAHR.C HOAMN.C

USE CARD 23

Q164

I'd like you think in general about all the time you spend on caring for other people, not including children. I am going to show you a card which has on it a set of statements which might describe how you feel about all these activities. I would like you to tell me whether each statement is true for you...

- very frequently1
- quite frequently2
- only occasionally.....3
- never.....4
- <don't know>9

Card 23

<p>1 makes me feel isolated</p> <p>2 is full of stress</p> <p>3 is interesting and challenging</p> <p>4 can be quite lonely</p> <p>5 leaves me mentally tired out at the end of the day</p> <p>6 lets me make full use of my abilities</p>	<p><input type="text"/> 1 2 3 4 9</p> <p>HOISOL.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOSTRS.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOINT.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOLONE.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOMTIR.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOABIL.C</p>	<p>7 leaves me plenty of time for myself</p> <p>8 is too frantic and hurried</p> <p>9 lets me feel important and worth while</p> <p>10 allows me to set my own pace of life</p> <p>11 causes me a lot of worry</p> <p>12 is too routine</p>	<p><input type="text"/> 1 2 3 4 9</p> <p>HOTIME.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOFRAN.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOIMPT.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOPACE.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOWORR.C</p> <p><input type="text"/> 1 2 3 4 9</p> <p>HOROUT.C</p>
--	--	---	---

★★ NOT living with a spouse or partner  166

Domestic division of labour

(USE CARD 25 AND 26)

Q165 I am going to ask you about a list of common household jobs. For each one I'd like you to tell me using the card whether...

You (respondent) do all of it1
 you (respondent) do most.....2
 you and your spouse/partner share it
 about equally.....3
 your spouse/partner does most.....4
 your spouse/partner does it all5
 <don't know>9

A	Food shopping	DLSHOP.C	1 2 3 4 5 9	E	cleaning the house / flat	DLCLEN.C	1 2 3 4 5 9
B	Cooking meals	DLCOOK.C	1 2 3 4 5 9	F	washing the dishes and clearing up after meals	DLDISH.C	1 2 3 4 5 9
C	Taking responsibility for household finances	DLBILL.C	1 2 3 4 5 9	G	washing clothes and doing ironing	DLIRON.C	1 2 3 4 5 9
D	vacuuming the house / flat	DLVACU.C	1 2 3 4 5 9				

(USE CARD 26).


Who is mainly responsible for....

A	Deciding about major items of expenditure on the house / flat	DLCASH.C	1 2 3 4 5 9	C	Deciding where to go on holiday	DLHOLS.C	1 2 3 4 5 9
B	Deciding what to watch on television	DLTV.C	1 2 3 4 5 9	D	Deciding what to do during the day at the weekend	DLLEIS.C	1 2 3 4 5 9

Voluntary work

VW4DY.C

Q166 a) In the last four weeks on how many days have you been involved in any kind of voluntary work? I'm thinking of things like working in a charity shop or taking old people out for a trip.

(none code 00)  167

--	--

b) On an average day when you did this type of voluntary work how long did you spend on it?

(code in hours and minutes)

VWAHR.C	VWAMN.C
Hrs	M

Leisure time

LT4WD.C

Q167 a) In the last four weeks on how many weekdays have you had time to enjoy yourself, to do the things you choose to do to enjoy yourself?

(none code 00) c

--	--

b) On an average weekday when you have been able to do this, how long have you spent on doing the things you choose to do to enjoy yourself?

(code in hours and minutes)

LT4WE.C

LTWDHR.C LTWDMN.C

Hrs		M

c) And what about weekends, in the last four weeks on how many days at the weekend have you had time to enjoy yourself, to do the things you choose to do to enjoy yourself?

(none code 00) 168

--	--

d) On an average day at the weekend when you have been able to do this, how long have you spent on doing the things you choose to do to enjoy yourself?

(code in hours and minutes)

LTWEHR.C LTWEMN.C

Hrs		M

EXERCISE

PHYANW.C

Q168 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
- not very physically active 3
- not at all physically active 4

Walking

WLKLYR.C

Q169 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
- no 2 171
- can't walk 3 172

WLKYMT.C

Q170 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)

--	--

WLK4W.C

b) In the last four weeks did you do any walks of two miles or more?

- yes 1
- no 2 171

WLKN4W.C

c) How many times in the last four weeks have you walked two miles or more?

--	--

d) How long did you spend walking on the last occasion you walked for two miles or more?
(code in hours and minutes)

WLKLHR.C WLKLMN.C

Hrs

--	--

 M

--	--

WLKPAC.C

Q171 Which of the following best describes your usual walk...

- a slow pace 1
- a steady average pace 2
- a fairly brisk pace 3
- a fast pace 4

Cycling

CYCLYR.C

Q172 a) During the last year have you done any cycling, either for pleasure or just to get around?

- yes 1
- no 2 174

CYCYMT.C

Q173 a) How many months in the last year did you regularly cycle?
(regularly means at least once a week.)

--	--

CYC4W.C

b) In the last four weeks have you cycled at all?

- yes 1
- no 2 174

CYCN4W.C

c) How many times in the last month have you cycled?

--	--

d) How long did you spend cycling on the last occasion you cycled?
(Code in hours and minutes)

CYCLHR.C CYCLMN.C

Hrs

--	--

 M

--	--

CYCSWT.C

e) Did the effort make you out of breath or sweaty?

- yes 1
- no 2

Sport SPORT.C


Q174 Now, can I turn to any sports, games or exercise you may do nowadays. First of all, do you do any at all (at anytime, any season of the year)? I mean anything (eg yoga, snooker), not just things where you run about.

- Yes 1
- No 2
- Don't know 9

USE CARD 27 **SPTANY.C**

Q175 Just to check, 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
no..... 2  176

FOR ALL MENTIONED ASK A TO E
(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

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

	SPTN-C	SPTMT-C	SPTDY-C	SPTMN-C	SPTSW-C
	Sport no.	Months done	Days per month	Mns per occasion	Sweat
1					
2					
3					
4					
5					

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.

INTS.C

- Q176** Would you say that you are someone who...
- | | |
|--|---|
| has a lot of different interests | 1 |
| has only a few interests | 2 |
| has no particular interests..... | 3 |

- Q177** 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 _____

ACTIV2

activity 2 _____

ACTIV3

activity 3 _____

ACTIV4

activity 4 _____

ACTIV5

activity 5 _____

ACTIV6

activity 6 _____

RELNOW.C

- Q178** What religious group or church do you belong to now, if any?
DO NOT PROBE FOR RESPONSE, ACCEPT FIRST RESPONSE IF IT IS 'UNSPECIFIC' EG. PROTESTANT

- | | |
|-----------------------------------|----|
| Protestant (unspecified)..... | 1 |
| Church of Scotland..... | 2 |
| Episcopal/Church of England | 3 |
| Free Church..... | 4 |
| Free Presbyterian | 5 |
| Methodist | 6 |
| Baptist | 7 |
| Other Protestant (specify) | 8 |
| Roman Catholic | 9 |
| Other Christian (specify) | 10 |
| Christian unspecified | 11 |
| Jewish | 12 |
| Muslim/Islam | 13 |
| Hindu..... | 14 |
| Buddhist..... | 15 |
| Sikh | 16 |
| Atheist/Agnostic/None | 17 |
| Other (specify) | 18 |

RELIMP.C

Q179 How important is religion in your life? Is it

- Very important 1
- Quite important 2
- Not very important 3
- Not at all important..... 4
- <Don't know> 9

RELF.R.C


Q180 How often do you go to religious services or meetings?

- Weekly or more often 1
- At least once a month 2
- Several times a year 3
- Less than once a year 4
- Never except for special occasions
such as funerals, marriages etc..... 5
- Never 6
- Don't know 9

NCLUBS.C

Q181 a) Do you belong to any clubs, associations, church groups or anything similar?

If yes: How many in all?

(none code 00)  187

--	--

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

club 1 _____
CLUB1

club 2 _____
CLUB2

club 3 _____
CLUB3

club 4 _____
CLUB4

CLUB1.C

--

CLUB2.C

--

CLUB3.C

--

CLUB4.C

--

Q182 to 186 not included in 40s/60s schedule

SMOKING

SMTYPE.C

Q187 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 1 192
- ex smoker 2 191
- current smoker 3

current smokers

SMDES.C

Q188 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
- a moderate smoker 3
- quite a heavy smoker 4
- a very heavy smoker 5

SMCNUM.C

Q189 How many cigarettes/cigars do you smoke a day?

(if varies get average)

per day

--	--

(if less than one per day code 00 per day and record number per week)

per week SMCWK.C

--	--	--

SM4YST.C

Q190 a) Since we last visited you in 1991 have you ever seriously tried to give up smoking?

If yes: How many times have you tried to give up since then?

(If no code 00) 192

--	--

SMWHY.C

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

★★ current smokers 192

ex smokers

SMXAGL.C

Q191 a) How old were you when you gave up smoking cigarettes or cigars completely?

--	--

SMXWHY.C

b) What was your main reason for giving up?

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

DRINKING

DRTYPE.C

Q192 Do you ever drink alcohol, even if it is just occasionally?

If no: Did you ever used to drink alcohol?

- never drinker..... 1 204
- ex drinker..... 2 201
- current drinker..... 3

current drinkers

Q193 not included in 40s/60s schedule

DRDES.C

Q194 Thinking about the amount you drink now, would you say that you are...

- a very light or occasional drinker 1
- a light but regular drinker 2
- a moderate drinker..... 3
- quite a heavy drinker 4
- a very heavy drinker 5

DR4YST.C

Q195 a) Since we last visited you in 1991 have you seriously tried to give up drinking?

If yes: How many times have you tried to give up since then?

if no code 00 196

--	--

DRWHY.C

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

Q196 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 was day, did you have any alcoholic drinks?

(Ring today at b) then start yesterday and work back through 7 days).

	DR--BE.C beer/lager/cider	DR--WI.C wine	DR--FW.C fortified wine	DR--SP.C spirits	DR--OT.C other(specify)
Sunday	SU				
Saturday	SA				
Friday	FR				
Thursday	TH				
Wednesday	WE				
Tuesday	TU				
Monday	MO				

(Record beer etc. in half pints, i.e.. one and a half pints=3.)

NB: One bottle wine =6 glasses. One bottle sherry etc. =12 glasses. One bottle spirits=27 single measures.

DAYINT.C

b) record day of the week when question was asked

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

DRACUT.C

Q197 a) Since we last visited you in 1991 have you ever felt that you should cut down on your drinking?

yes	1
no.....	2

  198

DRACLY.C

b) Have you felt that in the last year?

yes	1
no.....	2

DRAANN.C

Q198 a) Since we last visited you in 1991 have people annoyed you by criticising your drinking?

yes	1
no.....	2

  199

DRAALY.C

b) Has this happened in the last year?

yes	1
no.....	2

DRABAD.C

Q199 a) Since we last visited you in 1991 have you ever felt bad or guilty about your drinking?

yes	1
no.....	2

  200

DRABLY.C

b) Have you felt that in the last year?

yes	1
no.....	2

DRAFAM.C

Q200 a) Since we last visited you in 1991 have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

yes	1
no.....	2

  204

DRAFLY.C

b) Has this happened in the last year?

yes	1
no.....	2

★★ current drinkers  204

ex drinkers

DRXAGL.C

Q201 a) How old were you when you gave up drinking completely?

--	--

DRXWHY.C

b) What was your main reason for giving up?

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

Q202 to 203 not included in 40s/60s schedule

DIET

DWTNOW.C

Q204 a) At the moment are you on a special diet or do you watch what you eat to control your weight?

If yes: Is that to lose weight or to gain weight?

- lose 1
- gain 2
- <not on diet to control weight> 3

205

DWTWHO.C

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
- friends/family 4
- self 5
- anyone else (specify) 6

DWTSYR.C

Q205 a) Since we last visited you in 1991 have you dieted to control your weight...

- most of the time 1
- regularly but not most of the time 2
- only from time to time 3
- never 4

DWTTND.C

b) Would you say that you have a...

- strong tendency to put on weight 1
- slight tendency to put on weight 2
- no tendency to put on weight 3

DHLTH.C

Q206 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
- no 2

207

DWHO.C

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
friends/family.....	4
self.....	5
anyone else (specify).....	6

DCOND.C

c) What condition is the diet for?

blood pressure/heart.....	1
ulcers or other digestive problems.....	2
diabetes.....	3
allergy (specify).....	4
future health.....	5
other (specify).....	6

DKKEP.C

d) How strictly do you keep to this diet, would you say that you....

always keep to it.....	1
sometimes ignore it.....	2
often ignore it.....	3

DVEGET.C

Q207 Are you....

vegan/strict veg (no animal products).....	1
vegetarian (no meat or fish).....	2
Partially vegetarian (specify what not eaten).....	3
not vegetarian.....	4
other (specify).....	5

DHLTHY.C

Q208 Thinking overall about the things you eat, would you say your diet is....

very healthy.....	1
fairly healthy.....	2
fairly unhealthy.....	3
very unhealthy.....	4

MRC BRONCHITIS**BRCAM.C**

Q209 a) Do you usually cough first thing in the morning in winter?

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

BRCNT.C

b) Do you usually cough during the day or night in winter?

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

★★ If Respondent says no to both a and b ☞ 210

BRC3M.C

c) Do you cough like this on most days for as much as 3 months each year?

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

BRPHAM.C

Q210 a) Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?

yes 1
no..... 2

BRPHNT.C

b) Do you usually bring up any phlegm (spit from the chest) during the day or night in winter?

yes 1
no..... 2

★ ★ If Respondent says no to both a and b ○☞ 211

BRPH3M.C

c) Do you bring up phlegm on most days for as much as 3 months each year?

yes 1
no..... 2

BRC3WK.C

Q211 In the past 3 years, have you had a period of cough and phlegm lasting for 3 weeks or more?

yes 1
no..... 2

BRSBLG.C

Q212 a) Are you troubled by shortness of breath when hurrying on level ground or walking up a short hill?

yes 1
no..... 2
unable to walk 3

○☞ 213

BRSBOP.C

b) Do you get short of breath walking with other people of your own age on level ground?

yes 1
no..... 2

BRSTBR.C

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

yes 1
no..... 2

BRWHEV.C

Q213 a) Does your chest ever sound wheezy or whistling?

yes 1
no..... 2

○☞ 214

BRWHM.C

b) Do you get this most days or nights?

yes 1
no..... 2

BRILL.C

Q214 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
no..... 2

○☞ 215

BRILLN.C

b) How many illnesses like this have you had in the last 3 years?

--	--

MRC CHEST PAIN

CPPNEV.C

Q215 a) Have you ever had any pain or discomfort in your chest?

yes 1
no..... 2

CPPREV.C

b) Have you ever had any pressure or heaviness in your chest?

yes 1
no..... 2

★ ★ If Respondent says no to both a and b 217

CPHILL.C

c) Do you get it when you walk uphill or hurry?

yes 1
no..... 2

CPLVL.C

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

yes 1
no..... 2

CPWDO.C

e) What do you do if you get it while walking?

stop..... 1
slow down..... 2
carry on at the same pace..... 3

CPSTST.C

f) What happens to it if you stand still?

is relieved in 10 minutes or less..... 1
is relieved in more than 10 minutes..... 2
is not relieved 3

Q216 Could you show me where you get the pain or discomfort? Do you feel it anywhere else?

(code all sites mentioned)

		yes	no
CPSTU.C	sternum (upper and middle).....	1	2
CPSTL.C	sternum (lower).....	1	2
CPLAC.C	left anterior chest.....	1	2
CPLA.C	left arm.....	1	2
CPOTH.C	other (specify).....	1	2

CPHHR.C

Q217 a) Have you ever had a severe pain across the front of your chest lasting half an hour or more?

yes 1
no..... 2 218

CPDOC.C

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

yes 1
no..... 2 d

c) What did the doctor say that it was?

(record response verbatim)

diagnosis _____

CPNATT.C

d) How many of these attacks have you had?

--	--

PREVENTIVE HEALTH SERVICE USE

Q219 a) Have you ever had your blood pressure checked by a doctor or nurse, not including the measures a nurse has taken before as part of this study ?

BPYR.C BPMT.C

Yrs

--	--

 M

--	--

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)

(Exclude BP checks on females during pregnancy and the checks done in the first and second visit of this study).

Never code 00 00 220

BPHIGH.C

b) Has a doctor ever told you your blood pressure was too high?

(exclude BP checks on females during pregnancy and the last 2 Twenty-07 visits)

- yes 1
 - no..... 2
 - <don't know> 9
- 220

BPHYR.C BPHMT.C

c) When was the most recent time you were told that?

(code year and month, month unknown code 99)

(Exclude the last 2 Twenty-07 visits).

19

--	--

 M

--	--

BPMED.C

d) Are you taking any medication for high blood pressure at the moment, either regularly or occasionally?

- yes, regularly 1
- yes, occasionally 2
- no..... 3
- <don't know> 9

DENT.C

Q220 a) Do you wear a denture or false teeth?

If yes: Is that a full or a partial denture?

- full denture 1 c
- partial denture 2
- no denture 3

DENTR.C

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
- less frequent 'regular' check ups 3
- only when need to 4
- never go to the dentist..... 5

DENTYR.C DENTMT.C

c) About how long ago was your last visit to the dentist?

(code years and months, months unknown code 99)

Yrs

--	--

 M

--	--

OPTICR.C

Q221 a) 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
- less frequent 'regular' check ups 3
- only when need to 4
- never need to go to the optician..... 5 222

b) About how long ago was your last visit to the optician?
(code years and months, months unknown code 99)

OPTYR.C OPTMT.C

Yrs			M		
-----	--	--	---	--	--

HLTHC.C

Q222 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
- no..... 2 223

HLTHCR.C

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
- less frequent 'regular' check ups 3
- not regularly 4

HLTHCP.C

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

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

HLTHCW.C

d) Was it something that....

- you decided on yourself 1
- was recommended by your GP 2
- was a requirement at work 3
- was needed for insurance..... 4
- was for some other reason (specify) 5

e) About how long ago was this last general check-up?

HLTHCY.C HLTHCM.C

Yrs			M		
-----	--	--	---	--	--

Health beliefs

We are interested in what people see as the main influences on aspects of health in adult life.

USE CARD 34

Q223 I'd like you just to think first of heart disease. Using card 34 and thinking of heart disease, in your opinion, how much effect does each of the following have.....

- no effect1
- a very small effect.....2
- some effect3
- quite an important effect4
- a very important effect5
- <don't know>9

<p>A housing & living conditions</p>	<p>HBHDHC.C</p> <table border="1" style="margin: 0 auto; width: 80px; height: 25px;"> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">9</td> </tr> </table>	1	2	3	4	5	9	<p>C illnesses and weaknesses that run in families</p>	<p>HBHDFL.C</p> <table border="1" style="margin: 0 auto; width: 80px; height: 25px;"> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">9</td> </tr> </table>	1	2	3	4	5	9
1	2	3	4	5	9										
1	2	3	4	5	9										
<p>B aspects of lifestyle like smoking, drinking and diet</p>	<p>HBHDLS.C</p> <table border="1" style="margin: 0 auto; width: 80px; height: 25px;"> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">9</td> </tr> </table>	1	2	3	4	5	9	<p>D stress in daily life</p>	<p>HBHDST.C</p> <table border="1" style="margin: 0 auto; width: 80px; height: 25px;"> <tr> <td style="padding: 2px;">1</td> <td style="padding: 2px;">2</td> <td style="padding: 2px;">3</td> <td style="padding: 2px;">4</td> <td style="padding: 2px;">5</td> <td style="padding: 2px;">9</td> </tr> </table>	1	2	3	4	5	9
1	2	3	4	5	9										
1	2	3	4	5	9										

USE CARD 34

Q224 And what about cancer in general. Using card 34 and thinking of cancer in general, in your opinion, how much effect does each of the following have....

- no effect1
- a very small effect.....2
- some effect3
- quite an important effect4
- a very important effect5
- <don't know>9

<p>A housing & living conditions</p>	<p>HBCAHC.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>	<p>C illnesses and weaknesses that run in families</p>	<p>HBCAFL.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>
<p>B aspects of lifestyle like smoking, drinking and diet</p>	<p>HBCALS.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>	<p>D stress in daily life</p>	<p>HBCAST.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>

USE CARD 35

Q225 Using card 35, please say how much you agree with the following statements.

- agree strongly1
- just agree2
- neither agree nor disagree3
- just disagree4
- disagree strongly5
- <don't know>9

If heart trouble runs in someone's family

<p>A it is <u>particularly</u> important for them not to smoke</p>	<p>HBHDSM.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>	<p>C it is <u>particularly</u> important for them to eat a healthy diet</p>	<p>HBHDDT.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>
<p>B it is <u>particularly</u> important for them to take exercise</p>	<p>HBHDEX.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>	<p>D it doesn't matter what they do; whether they get heart disease or not is out of their hands</p>	<p>HBHDNM.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>

Q226 If cancer runs in someone's family

<p>A it is <u>particularly</u> important for them not to smoke</p>	<p>HBCASM.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>	<p>C it is <u>particularly</u> important for them to eat a healthy diet</p>	<p>HBCADT.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>
<p>B it is <u>particularly</u> important for them to take exercise</p>	<p>HBCAEX.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>	<p>D it doesn't matter what they do; whether they get cancer or not is out of their hands</p>	<p>HBCANM.C</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 9</div>

HBFILL.C

Q227 a) Some people think that particular illnesses or weaknesses run in their families, others don't. Do you think that there are any conditions, weaknesses or illnesses which run in your family?

- yes 1
- no.....2 228

b) If yes, what illnesses or weaknesses do you think run in your family?

Code all illnesses or weaknesses that the respondent mentions spontaneously. DO NOT PROBE.

- heart disease or heart trouble1
- cancer (general)2
- cancer (type/site specified)3
- mental health problems.....4
- joint or musc/skel trouble
(eg. rheumatism/arthritis)5
- skin problems.....6
- problems with (over)weight7
- chest, bronchial, respiratory problems.....8
- other (specify)9

HBFI1.C

Cond. 1

HBFI2.C

Cond. 2

HBFI3.C

Cond. 3

HBFI4.C

Cond. 4

HBFI5.C

Cond. 5

HBFI6.C

Cond. 6

Q228 How likely do you think it is that you will develop the following diseases yourself?

- Already got/had1
- Very likely2
- Quite likely.....3
- Quite unlikely4
- Very unlikely5
- <don't know>9

A heart disease

HBPRHD.C

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

C respiratory or lung problems

HBPRRE.C

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

B cancer

HBPRCA.C

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

D mental health problems

HBPRMH.C

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

HEALTH BEHAVIOURS

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

HBSLP.C

Q229 a) How often do you have trouble getting to sleep?

- every day 1
- most days 2
- at least once a week 3
- at least once a month 4
- less than monthly 5
- <never> 6
- <don't know> 9

HBWKE.C

b) How often are you bothered by waking earlier than you would like to, or by waking up in the middle of the night?

(This means disturbed sleep: do not include waking to go to the toilet).

every day	1
most days	2
at least once a week	3
at least once a month	4
less than monthly	5
<never>	6
<don't know>	9

HBTVC.C

Q230 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
sometimes watch or listen, sometimes not.....	2
prefer not to watch or listen to them	3

HBMAG.C

Q231 Magazines or newspapers often have articles on health. Would you say that you....

read them whenever you can	1
sometimes read them, sometimes not.....	2
prefer not to read them	3

HBYOGA.C

Q232 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.

If yes: Is that....

a regular part of your life now	1
an occasional thing you do.....	2
something you tried and gave up.....	3
<never did it>	4

HBEXM.C

Q233 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
not use it/them now.....	3
<do not have>	4

HBTAPE.C

Q234 Have you ever used an exercise tape or cassette?

If yes: Do you

use it/them regularly	1
use it/them occasionally.....	2
not use it/them now.....	3
<never used>	4

HBJOG.C

Q235 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
- something you tried and gave up..... 3
- <never did it> 4

HBCLUB.C

Q236 Do you belong to a health club, slimming group or anything like that?

If yes: **Do you....**

- go regularly..... 1
- go occasionally 2
- belong but don't go 3
- <not belong> 4

Q237 to 241 not included in 40s/60s schedule

★★40s and 60s men 261

WOMEN'S HEALTH

★★ 60s women 258

40S WOMEN ONLY

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

LMPYR.C	LMPMT.C
19 <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>	M <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 30px; height: 20px; border: 1px solid black;" type="text"/>

Q242 When did you have your last menstrual period?

WHPREG.C

Q243 Can I just check, are you pregnant at the moment?

- yes 1
- no..... 2

WHPERS.C

Q244 a) Are you still having periods?

- yes 1
- no..... 2
- don't know 9

248

WHNORM.C

b) Are your periods normal, that is about once a month or whatever is normal for you?

- yes 1
- no..... 2
- don't know 9

Q245 to 247 not included in 40s/60s schedule

WHMENS.C

Q248 Do you think that the menopause has started for you?

- Yes 1
- No 2
- don't know 9

WHOPEV.C

Q249 a) Can I just check, have you ever had an operation that means that you can no longer have children. I'm thinking of having a sterilisation, a hysterectomy or having both ovaries removed?

yes 1
no.....2 250

Remember that a respondent might have had more than one of these operations. Please record all for each respondent.

b) When did you have an operation for sterilisation?

(code year and month, month not known code 99). If never code 00 00 d

	WHSTYR.C		WHSTMT.C
19	<input type="text"/>		M <input type="text"/>

c) Have you ever had an operation for reversal of sterilisation? if yes: **When was that?**

(code year and month, month not known code 99). If never code 00 00

	WHRSYR.C		WHRMT.C
19	<input type="text"/>		M <input type="text"/>

d) When did you have a hysterectomy?

(code year and month, month not known code 99). If never code 00 00

	WHHYR.C		WHHYMT.C
19	<input type="text"/>		M <input type="text"/>

e) When did you have both (or your second) ovary removed?

(code year and month, month not known code 99). If never code 00 00

	WHOVYR.C		WHOVMT.C
19	<input type="text"/>		M <input type="text"/>

If respondent has had an operation to prevent her becoming pregnant before 1991, double check that this has been successful (i.e. she has had no pregnancy or reversal of sterilisation) 253

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 1991. This might overlap slightly with what you told us before.

PRGREC.C

Q250 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
no.....2 251

b) When did you become pregnant?

	YRPREG.C		MTPREG.C
19	<input type="text"/>		M <input type="text"/>

USE CARD 42

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 | miscarriage 14 |
| birth by Caesarean section 12 | termination/abortion 15 |
| stillbirth 13 | currently pregnant..... 16 |

USE CARD 43

Q251 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 1991?

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 alone26
- safe period/rhythm method.....27
- withdrawal 28
- hysterectomy 29
- both or second ovary(ies) removed..... 30
- menopause 31
- partner's vasectomy..... 32
- own sterilisation 33
- other (including depo-provera) specify 34

USE CARD 44

Q252 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 pregnant41
- not sexually active42
- religious or moral reasons43
- other reasons (Write reason beside calendar) 44
- no particular reason 45
- <don't know> 46

		Jan.	Feb.	March	April	May	June	July	Aug.	Sept.	Oct.	Nov.	Dec.
CC----C	1991	191	291	391	491	591	691	791	891	991	1091	1191	1291
CC----C	1992	192	292	392	492	592	692	792	892	992	1092	1192	1292
CC----C	1993	193	293	393	493	593	693	793	893	993	1093	1193	1293
CC----C	1994	194	294	394	494	594	694	794	894	994	1094	1194	1294
CC----C	1995	195	295	395	495	595	695	795	895	995	1095	1195	1295
CC----C	1996	196	296	396	496	596	696	796	896	996	1096	1196	1296

253 ^{NKIDS.C} Can I just check, how many children have you had (total number of children given birth to)?

--	--

Q254 ^{FKIDS.C} Looking at the faces scales, which face shows best how you feel about the number of children you've had?

code A=1 B=2 C=3 D=4 E=5 F=6 G=7

--

Q255 ^{FERTPR.C} a) Have you ever experienced difficulty in becoming pregnant or having a baby born alive?

- yes 1
- no..... 2 258

b) What problems have you experienced? (Code all that apply)

- | | | yes | | no |
|----------|---|-----|--|----|
| FPPREG.C | Difficulty in becoming pregnant | 1 | | 2 |
| FPMISC.C | Difficulty in maintaining pregnancy (miscarriage) | 1 | | 2 |
| FPSBIR.C | Stillbirth(s)..... | 1 | | 2 |

c) When did this (first problem if more than one above) first happen?

(code year and month, month unknown code 99)

FPFYR.C FPFMT.C

19 M

FPEVDR.C

Q256 a) Have you (or your husband or partner) ever consulted a doctor about the difficulty you have had in getting pregnant or having a baby born alive?

yes 1
no 2 258

b) When did you (or your husband/partner) first consult a doctor about this difficulty?

(code year and month, month unknown code 99)

FPDRYR.C FPDRMT.C

19 M

USE CARD 45

Q257 a) Please could you have a look at card 45. If you (or your husband or partner) have ever used any of the following kinds of help to try to become pregnant or to help you have a baby born alive, please could you give me the number which corresponds to help you've had?

- Hormones prescribed by a doctor for you 1
- Medicine prescribed by a doctor for your husband or partner 2
- Artificial insemination using your husband's sperm 3
- Artificial insemination using a donor's sperm 4
- In vitro fertilisation (IVF) 5
- GIFT 6
- Other 7
- <none used> 8 258

If mentions having used any method to assist conception, whether or not successful, ask the following questions and record answer in the grid:

b) When was it that you first tried this?

(code year and month, month unknown code 99)

c) What was the outcome of trying this help?

- Baby born alive 1
- Became pregnant, but miscarried or baby not born alive 2
- Did not become pregnant 3

d) Did you (or your husband/partner) get this help privately or on the NHS?

- All privately 1
- All on the NHS 2
- Both NHS & private, but mostly privately 3
- Both NHS & private, but mostly on the NHS 4

	FPTRT-C Treatment	FPTRY-C year	FPTRM-C month	FPOC-C Outcome	FPNHS-C NHS/private
1	<input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>
2	<input type="text"/>	<input type="text"/> <input type="text"/>	19 <input type="text"/> <input type="text"/>	<input type="text"/>	<input type="text"/>

FPTRT-.C
Treatment

3
4
5

FPTRY-.C
year

FPTRM-.C
month

19	
19	
19	

FPOC-.C
Outcome

FPNHS-.C
NHS/private

ALL WOMEN, 40S AND 60S

Q258 a) Have you ever had a routine cervical smear test?
 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 **259**

CXYR.C **CXMT.C**

Yrs			M		
-----	--	--	---	--	--

CXAB.C
b) Have you ever had an abnormal outcome from a test?

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

Q259 a) Have you ever had a routine breast examination by mammography?
 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 **260**

MGYR.C **MGMT.C**

Yr			M		
----	--	--	---	--	--

MGAB.C
b) Have you ever had an abnormal outcome from a test?

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

HRTEV.C
Q260 a) Have you ever taken hormone replacement therapy?

- yes 1
- no..... 2 **261**

b) When did you first have HRT?
 (code year and month, month unknown code 99)

HRTFYR.C **HRTFMT.C**

19			M		
----	--	--	---	--	--

HRTNOW.C
c) Are you taking HRT now?

- yes 1 **e**
- no..... 2

d) When did you last have HRT?
 (code year and month, month unknown code 99)

HRTLTYR.C **HRTLMT.C**

19			M		
----	--	--	---	--	--

e) In total how long have/did you take(n) HRT?
 (code in years and months)

HRTYR.C **HRTMT.C**

Yrs			M		
-----	--	--	---	--	--

HOUSING, TRANSPORT AND LOCALITY

Current housing

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

HSEWHO.C

Q261 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

HSEOWN.C

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

263

**** Renting or living in a house not owned by self or spouse** 263

Owner occupiers only HSEFAG.C

Q262 a) How old were you when you first owned a house or lived in a house owned by your spouse/partner?

age

HSEYRS.C

b) for about how many years in all have you owned a house or lived in a house owned by your spouse/partner?

years

Owner occupiers 264

Non owner occupiers only NOOOWN.C

Q263 a) Have you ever owned a house or lived in a house owned by your spouse/partner?

- yes 1
- no..... 2 264

NOOFAG.C

b) If yes: How old were you when you first owned a house or lived in a house owned by your spouse/partner?

age

NOOLAG.C

c) How old were you when you last owned a house or lived in a house owned by your spouse/partner?

age

NOOYRS.C

d) for about how many years in all did you own a house or live in a house owned by your spouse/partner?

years

FHOUSE.C

Q264 Looking at the faces scale, which face shows best how you feel about your house/flat?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7

HSEYR.C

Q265 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 five years 267

Yrs

HERELI.C

b) If five years or less: Were you living here when we last visited you?
yes 1 267
no..... 2

Q266 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.C | <input type="text"/> | 2) other public (eg. dining, study) | <input type="text"/> | PUBRM.C |
| 3) bedrooms | BEDRM.C | <input type="text"/> | 4) kitchen | <input type="text"/> | KITCHN.C |
| 5) bathroom | BATHRM.C | <input type="text"/> | 6) w/c (no bath or shower) | <input type="text"/> | TOILET.C |
| 7) bed sit | BEDSIT.C | <input type="text"/> | 8) other (specify) | <input type="text"/> | OTHRM.C |

HDAMP.C

Q267 a) Is damp or condensation a problem in your home? (Not just normal condensation on windows).
If yes: Is it....

- a serious problem 1
More of a nuisance than a problem 2
<no problem> 3

HCOLD.C

b) Are there times in the winter when you can't keep your house warm enough?
If yes: Is that....

- most of the time 1
quite often 2
only occasionally 3
<never> 4

HNOISE.C

Q268 In your house do you ever have a problem with noise from outside?
If yes: Is that....

- most of the time 1
quite often 2
only occasionally 3
<never> 4

HCROWD.C

- Q269** Thinking about the space you have in your house, would you say it is....
- very crowded..... 1
 - slightly crowded..... 2
 - just about right 3
 - rather too large..... 4
 - much too large 5

GARDEN.C

- Q270** Does your accommodation have...
- its own garden 1
 - a shared garden 2
 - its own backyard (but not garden) 3
 - a shared backyard 4
 - a shared public area you can sit in 5
 - none of these 6

HWLKST.C

- Q271 a)** At home do you usually have to walk up and down stairs at least once a day?
- yes 1
 - no..... 2
 - not applicable, no stairs 3

277

HNSTDY.C

- b)** On an average day how many stairs in all do you climb at home?

--	--	--

Q272 to 276 not included in 40s/60s schedule

Area

Now I would like to ask about the area you live in.

FAREA.C

- Q277** Looking at the faces scale, which face shows best how you feel about living in this area?
- code A=1 B=2 C=3 D=4 E=5 F=6 G=7

--

AWDARK.C

- Q278** How do you feel about walking around the area after dark? Would you say that you....
- never do it under any circumstances 1
 - try to avoid doing it..... 2
 - do it but feel uncomfortable 3
 - have no worries about doing it 4

Q279 Around where you live would you say that any of the following problems exist...A/B.../F..

If yes: **Would you say that it is....**

- a serious problem 1
- a minor problem 2
- not a problem 3
- <don't know> 9

			serious	minor	not	d/k	
AVMDAL.C	A	vandalism		1	2	3	9
ALITER.C	B	litter and rubbish		1	2	3	9
ASMELL.C	C	smells and fumes		1	2	3	9
AASULT.C	D	assaults or muggings		1	2	3	9
ABURGL.C	E	burglaries		1	2	3	9
ADISTB.C	F	disturbance by children or youngsters		1	2	3	9

transportation

I would like to ask a few questions about transportation.

CARLIC.C


Q280 a) Do you have a current valid driving licence?

- yes 1
- no..... 2

CAROWN.C

b) Do you or your household own a car or van?

(exclude company cars or vans)

- yes 1
- no..... 2 

CRNOWN.C

car owners

c) How many cars/vans do you own?

CRODR.C

d) Do you personally ever drive the/one of the car/van(s)?

- yes 1
- no..... 2

CROFAG.C

e) How old were you when you or your household first owned a car or van?

Age


**** car owners  i**

CRPOWN.C

non car owners

f) Have you or your household ever in the past owned a car or van?

(exclude company cars or vans)

- yes 1
- no..... 2 

CRPFAG.C

g) How old were you when you or your household first owned a car or van?

Age

CRPLAG.C

h) How old were you when you or your household last owned a car or van?

Age

Ask all **CRNUS.C**

- i) Do you or your household normally have the use of a car or van which you don't own?
 If yes: **is that a company car or van?**
 (if company and other code to company)
- company car/van 1
 - other car/van..... 2
 - no car/van..... 3 281

CRNNUS.C

- j) If yes: How many cars or vans which you don't own do you or your household normally have the use of?

CRNUDR.C

- k) Do you personally ever drive the/one of the car/van(s)?
- yes 1
 - no..... 2

INCOME

I would like to ask 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.

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.

FINCME.C

- Q281** 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

INCCOM.C

- Q282** Thinking of your income now compared to when we last visited you in 1991 Would you say you are...
- much better off..... 1
 - a little better off 2
 - just about as well off 3
 - a little worse off..... 4
 - much worse off 5

- Q283** 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
 - not applicable (write in why) 6

- A) Food and other necessities which you have to buy often? **INCFD.C**

- B) Your rent or mortgage? **INCRNT.C**

- C) Bills for things like council tax or heating that come up from time to time? INCBL.L.C
- D) Treats and luxuries such as having a night out or presents for the family? INCLUX.C

INC200.C

Q284 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
 - difficult 2
 - inconvenient but not impossible 3
 - no problem 4
 - <refused> 5
-] ○ 286

INC50.C

Q285 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
- difficult 2
- 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.

INCANY.C
SHOW CARD 48

Q286 a) Looking at this card, does your household have any income from any of these sources?

- yes 1
 - no..... 2
 - refused..... 3
 - don't know 4
-] O 287

For each mentioned ask:

b) Can I ask how much income your household receives from ...(source)?

USE INCOME CARD (CARD 18) 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.

Income and earnings

- 1 your own main job/business/work
- 2 your spouse/partner's main job/business/work
- 3 other work/casual earnings
- 4 your own occupational pension (not state retirement pension)
- 5 your spouse/partners occupational pension (not state retirement pension)
- 6 your own private pension scheme
- 7 your spouse/partners private pension scheme
- 8 maintenance from ex-spouse
- 9 investment/private income
- 10 contributions from other household members' earnings

Contributory benefits (not sickness)

- 11 unemployment benefit
- 12 state retirement pension
- 14 widows pension
- 15 maternity allowance or statutory maternity pay (SMP)

Sickness benefits

- 16 statutory sick pay (SSP)
- 17 incapacity benefit (previously invalidity benefit)
- 18 severe disablement allowance
- 19 industrial injuries disablement benefit
- 20 attendance allowance
- 21 invalid care allowance
- 22 disability living allowance
- 23 disability working allowance
- 24 reduced earnings allowance
- 25 retirement allowance
- 26 other mobility/disability allowances

Non Contributory benefits

- 27 income support
- 28 family credit
- 29 child benefit
- 30 one parent benefit
- 31 guardian's allowance
- 32 widowed mothers' allowance
- 33 housing benefit
- 34 council tax benefit

- 35.....Social security benefits (unspecified)
- 36.....Any other source not mentioned

	INCSN- C	INCHA- C	INCHP- C
	source number	household amount £s	per
source1	1		
source2	2		
source3	3		
source4	4		
source5	5		
source6	6		
source7	7		

	INCSN-.C	INCHA-.C	INCHP-.C								
source8	8 <table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td></tr></table>	
source9	9 <table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td></tr></table>	
source10	10 <table border="1"><tr><td></td><td></td></tr></table>			<table border="1"><tr><td></td><td></td><td></td><td></td><td></td></tr></table>						<table border="1"><tr><td></td></tr></table>	

USE CARD 49 INCSAV.C

Q287 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).

- A (none) 1
- B (£500 or less) 2
- C (£501 to £3,000) 3
- D (£3,001 to £5,000) 4
- E (£5,001 to £8,000) 5
- F (£8,001 to £20,000) 6
- G (more than £20,000) 7
- <refused> 8

Q288 not included in 40s/60s schedule

LIFE EVENTSTick if no events

Q289 Now I would like to ask you about any worrying or disruptive events which might have happened to you or to people you care about over the last **two years**, that is since(month of interview)... 1993.

I am going to give you a set of cards one by one. Each one deals with a different area of life. On each card there are examples of the sort of worrying things which might have happened. I would like you to tell me whether any of them happened to you or to anyone you care about.

If anything else similar happened which isn't on the card I'd like you to tell me about that too. I'd like you to tell me about anything which happened **even if** you have mentioned it earlier in the interview

For each event ask:

Did the event disrupt your life or cause you to worry? Only proceed if the answer is yes

Life events are recorded on the following sheets, one event per sheet.

Give the respondent each life event card in turn ask about events which have affected them in the last **TWO YEARS**. For each event identified, record the card number and the item before writing a description and asking the additional questions.

Finally, prompt for events happening to other people the respondent cares about.

Life event Cards

card 1 health	R	other	card 5 work	R	other
an unexpected illness.....	01	14	paid off or changed work.....	01	09
period in hospital.....	02	15	on strike.....	02	10
an operation.....	03	16	unemployment.....	03	11
serious illness diagnosed.....	04	17	enforced retirement.....	04	12
an existing condition got worse.....	05	18	change for worse at work.....	05	13
depression or nerves.....	06	19	serious rows at work.....	06	14
painful or upsetting treatment.....	07	20	difficulty in business venture.....	07	15
serious accident causing injury.....	08	21	other work problems.....	08	16
developing a handicap.....	09	22	card 6 housing		
a period of poor health.....	10	23	problems moving house.....	01	09
other worries about health.....	11	24	worries over poor housing.....	02	10
problems with a pregnancy.....	12	25	problem with landlord/council.....	03	11
any other health problems.....	13	26	difficulties over mortgage/rent.....	04	12
card 2 marriage			damage or repairs to house.....	05	13
living apart or divorce.....	01	05	problems with neighbours.....	06	14
serious rows or disagreements.....	02	06	problems in the neighbourhood.....	07	15
difficult spells in the marriage.....	03	07	other housing problems.....	08	16
other problems in marriage.....	04	08	card 7 finances		
card 3 relationships			problems paying bills.....	01	05
serious disagreements within family.....	01	08	a drop in income.....	02	06
serious disagreements with friends.....	02	09	difficulties in paying a loan.....	03	07
end of a relationship.....	03	10	other financial problems.....	04	08
seeing much less of family.....	04	11	card 8 general		
seeing much less of friends.....	05	12	having to give up an activity.....	01	11
problems with children.....	06	13	burglary or theft.....	02	12
other problems with relationships.....	07	14	losing something important.....	03	13
card 4 deaths			violence, being attacked.....	04	14
spouse died.....	01	06	problems with officials.....	05	15
other household member died.....	02	07	legal or police problems.....	06	16
other close family (parents, child, sib).....	03	08	problems gambling or drinking.....	07	17
other more distant family died.....	04	09	problems driving or on the road.....	08	18
friends died.....	05	10	giving someone bad news.....	09	19
			seeing something distressing.....	10	20

Finally..Is there anything else that you haven't told me about?
(code 9 for 'card' and 00 for 'item' in response to this question)

LIFE EVENTS RECORDING SHEET NO. 1

EVICD.C

EVIIT.C

Card no. Item no.

Description of the event (brief but comprehensible)

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.	
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>

a) When did it first happen/start?
(code month and year, month unknown code 99)

EVIWHT.C **EVIYR.C**

M 19

b) Did it happen to the respondent or did it affect someone else the respondent cares about?

- | | | | |
|---------------------|---|-----------------------------------|----|
| Respondent..... | 1 | child (own step or adopted) | 8 |
| spouse | 2 | grandchild | 9 |
| partner..... | 3 | friend..... | 10 |
| parent..... | 4 | neighbour..... | 11 |
| parent in law | 5 | other kin | 12 |
| sib | 6 | other non kin | 13 |
| sib in law..... | 7 | | |

EIAFPT.C

c) When...(event)...first happened, how much did it disrupt or change your life? was it....

a very great deal..... 1
quite a lot..... 2
to a moderate degree..... 3
only a little..... 4
not at all..... 5

E1STRS.C

e) When...(event)...first happened, how much did it cause you worry and stress? would you say...

a very great deal..... 1
quite a lot..... 2
to a moderate degree..... 3
only a little..... 4
not at all..... 5

EIAFNW.C

d) Does it still affect your daily life now? if yes: is that....

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

E1STNW.C

f) Does it still cause you worry or stress now? if yes: is that....

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

EVISER.C

g) Thinking generally about...(event)... How serious a problem was it at the time. If I asked you to give it a score between one and 10, where one is something really small and unimportant and 10 is the worst thing which could ever happen to you, what score would you give it?

LIFE EVENTS RECORDING SHEET NO. 2

EV2CD.C

EV2IT.C

Card no. Item no.

Description of the event (brief but comprehensible)

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.	
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>

a) When did it first happen/start?
(code month and year, month unknown code 99)

EV2MNT.C EV2YR.C

M 19

EV2WHO.C

b) Did it happen to the respondent or did it affect someone else the respondent cares about?

- | | | | |
|---------------------|---|-----------------------------------|----|
| Respondent..... | 1 | child (own step or adopted) | 8 |
| spouse | 2 | grandchild | 9 |
| partner..... | 3 | friend..... | 10 |
| parent..... | 4 | neighbour..... | 11 |
| parent in law | 5 | other kin | 12 |
| sib | 6 | other non kin | 13 |
| sib in law..... | 7 | | |

E2AFPT.C

c) When...(event)...first happened, how much did it disrupt or change your life? was it....

- a very great deal..... 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- not at all..... 5

E2STRS.C

e) When...(event)...first happened, how much did it cause you worry and stress? would you say...

- a very great deal..... 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- not at all..... 5

E2AFNW.C

d) Does it still affect your daily life now? if yes: is that....

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

E2STNW.C

f) Does it still cause you worry or stress now? if yes: is that....

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

EV2SER.C

g) Thinking generally about...(event)... How serious a problem was it at the time. If I asked you to give it a score between one and 10, where one is something really small and unimportant and 10 is the worst thing which could ever happen to you, what score would you give it?

LIFE EVENTS RECORDING SHEET NO. 3

EV3CD.C

EV3IT.C

Card no. Item no.

Description of the event (brief but comprehensible)

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.	
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>

a) When did it first happen/start?
(code month and year, month unknown code 99)

EV3MNT.C EV3YR.C

M 19

EV3WHO.C

b) Did it happen to the respondent or did it affect someone else the respondent cares about?

- | | | | |
|---------------------|---|-----------------------------------|----|
| Respondent..... | 1 | child (own step or adopted) | 8 |
| spouse | 2 | grandchild | 9 |
| partner..... | 3 | friend..... | 10 |
| parent..... | 4 | neighbour..... | 11 |
| parent in law | 5 | other kin | 12 |
| sib | 6 | other non kin | 13 |
| sib in law..... | 7 | | |

E3AFPT.C

c) When...(event)...first happened, how much did it disrupt or change your life? was it....

- a very great deal 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- not at all 5

E3AFNW.C

d) Does it still affect your daily life now? if yes: is that....

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

E3STRS.C

e) When...(event)...first happened, how much did it cause you worry and stress? would you say...

- a very great deal..... 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- not at all..... 5

E3STNW.C

f) Does it still cause you worry or stress now? if yes: is that....

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

EV3SER.C

g) Thinking generally about...(event)... How serious a problem was it at the time. If I asked you to give it a score between one and 10, where one is something really small and unimportant and 10 is the worst thing which could ever happen to you, what score would you give it?

LIFE EVENTS RECORDING SHEET NO. 4

EV4CD.C

EV4IT.C

Card no. Item no.

Description of the event (brief but comprehensible)

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.	
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>

a) When did it first happen/start?
(code month and year, month unknown code 99)

EV4MNT.C EVMYR.C

M 19

EV4WHO.C

b) Did it happen to the respondent or did it affect someone else the respondent cares about?

- | | | | |
|---------------------|---|-----------------------------------|----|
| Respondent..... | 1 | child (own step or adopted) | 8 |
| spouse | 2 | grandchild | 9 |
| partner..... | 3 | friend..... | 10 |
| parent..... | 4 | neighbour..... | 11 |
| parent in law | 5 | other kin | 12 |
| sib | 6 | other non kin | 13 |
| sib in law..... | 7 | | |

E4AFPT.C

c) When...(event)...first happened, how much did it disrupt or change your life? was it....

- a very great deal..... 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- not at all..... 5

E4STRS.C

e) When...(event)...first happened, how much did it cause you worry and stress? would you say...

- a very great deal..... 1
- quite a lot..... 2
- to a moderate degree..... 3
- only a little..... 4
- not at all..... 5

E4AFNW.C

d) Does it still affect your daily life now? if yes: is that....

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

E4STNW.C

f) Does it still cause you worry or stress now? if yes: is that....

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

EV4SER.C

g) Thinking generally about...(event)... How serious a problem was it at the time. If I asked you to give it a score between one and 10, where one is something really small and unimportant and 10 is the worst thing which could ever happen to you, what score would you give it?

LIFE EVENTS RECORDING SHEET NO. 5

EV5CD.C

EV5IT.C

Card no. Item no.

Description of the event (brief but comprehensible)

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.	
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>

a) When did it first happen/start?
(code month and year, month unknown code 99)

EV5MNT.C EV5YR.C

M 19

EV5WHO.C

b) Did it happen to the respondent or did it affect someone else the respondent cares about?

- | | |
|----------------------|------------------------------------|
| Respondent.....1 | child (own step or adopted)8 |
| spouse2 | grandchild9 |
| partner.....3 | friend.....10 |
| parent.....4 | neighbour.....11 |
| parent in law5 | other kin12 |
| sib6 | other non kin13 |
| sib in law.....7 | |

E5AFPT.C

c) When...(event)...first happened, how much did it disrupt or change your life? was it....

- a very great deal1
- quite a lot.....2
- to a moderate degree.....3
- only a little.....4
- not at all5

E5STRS.C

e) When...(event)...first happened, how much did it cause you worry and stress? would you say...

- a very great deal.....1
- quite a lot.....2
- to a moderate degree.....3
- only a little4
- not at all.....5

E5AFNW.C

d) Does it still affect your daily life now? if yes: is that....

- a very great deal1
- quite a lot.....2
- to a moderate degree.....3
- only a little.....4
- <not at all>.....5

E5STNW.C

f) Does it still cause you worry or stress now? if yes: is that....

- a very great deal.....1
- quite a lot.....2
- to a moderate degree.....3
- only a little4
- <not at all>5

EV5SER.C

g) Thinking generally about...(event)... How serious a problem was it at the time. If I asked you to give it a score between one and 10, where one is something really small and unimportant and 10 is the worst thing which could ever happen to you, what score would you give it?

LIFE EVENTS RECORDING SHEET NO. 6

EV6CD.C

EV6IT.C

Card no. Item no.

Description of the event (brief but comprehensible)

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.	
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>
	Card no. <input type="text"/>	Item no. <input type="text"/> <input type="text"/>

a) When did it first happen/start?
(code month and year, month unknown code 99)

EV6MNT.C EV6YR.C

M 19

EV6WHO.C

b) Did it happen to the respondent or did it affect someone else the respondent cares about?

- | | |
|----------------------|------------------------------------|
| Respondent.....1 | child (own step or adopted)8 |
| spouse2 | grandchild9 |
| partner.....3 | friend.....10 |
| parent.....4 | neighbour.....11 |
| parent in law5 | other kin12 |
| sib6 | other non kin13 |
| sib in law.....7 | |

E6AFPT.C

c) When...(event)...first happened, how much did it disrupt or change your life? was it....

- a very great deal1
- quite a lot.....2
- to a moderate degree.....3
- only a little.....4
- not at all5

E6STRS.C

e) When...(event)...first happened, how much did it cause you worry and stress? would you say...

- a very great deal.....1
- quite a lot.....2
- to a moderate degree.....3
- only a little4
- not at all.....5

E6AFNW.C

d) Does it still affect your daily life now? if yes: is that....

- a very great deal1
- quite a lot.....2
- to a moderate degree.....3
- only a little.....4
- <not at all>.....5

E6STNW.C

f) Does it still cause you worry or stress now? if yes: is that....

- a very great deal.....1
- quite a lot.....2
- to a moderate degree.....3
- only a little4
- <not at all>5

EV6SER.C

g) Thinking generally about...(event)... How serious a problem was it at the time. If I asked you to give it a score between one and 10, where one is something really small and unimportant and 10 is the worst thing which could ever happen to you, what score would you give it?

PHYSICAL MEASURES

NOW ASK THE RESPONDENT TO MOVE TO A TABLE FOR THE NEXT PART

Q290 While you set up the instruments for the physical measurements ask the respondent to fill in the **GENERAL HEALTH QUESTIONNAIRE** (the GHQ is the last part of the SELF COMPLETION QUESTIONNAIRE.)

PMMED.C

Q291 a) Have you taken any medications today to help your breathing, or for high blood pressure, angina or some other heart problem?

- yes 1
 - no..... 2
 - don't know 9
-] 292

b) What was that?
(write name of medicines below)

MEDTODY1
med 1. _____

MEDTODY2
med 2. _____

MEDTODY3
med 3. _____

PMCOND.C

Q292 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 1
 - no..... 2
- 293

b) What condition(s) do you have?

CONTODY1
Cond 1 _____

CONTODY2
Cond 2 _____

CONTODY3
Cond 3 _____

**** non smokers** 294

Q293 How long ago did you last smoke a cigarette?

PMSMHR.C PMSMMN.C

Hrs

--	--

 Min

--	--

NURSE MEASUREMENTS

PMRTMP.C

Q294 Room temperature.
(degrees centigrade)

--	--

PMCLTH.C

Q295 Clothes worn.

- light..... 1
- medium2
- heavy.....3

Saliva, Blood pressure, P.A.S.A.T. and reactivity

You are now going to

- test the respondent's BP using a **Hawksley** random zero sphyg and an automated **OMRON** sphyg.
- test their change in blood pressure (reactivity) when asked to do a difficult mental arithmetic task (the P.A.S.A.T.)
- collect a sample of Saliva using a salivette (cotton wool swab) at the same time.

There are detailed separate instructions in the interviewer manual for taking, marking and storing the sample of saliva, and for taking the BP measurements before and during the stress (P.A.S.A.T.) test.

Begin by reminding the respondents that we are doing some new physical measures this time. Say:

- **You will remember when I asked you to sign the form at the beginning of the interview that we are including a couple of new tests of your health this time - a blood pressure measurement whilst you are doing a mental arithmetic test and a sample of saliva to compare the general state of the body's immune system (the body's first defence against infection).**
- **It takes a little while to set up the blood pressure machines. Please can you put this cotton wool roll under your tongue for a moment whilst I put the blood pressure cuff on. It is very important that you don't chew on the roll but just keep it under your tongue.**

SIGA SAMPLE

Follow the detailed instructions in the interviewer manual on taking the saliva sample. Ask the respondent to swallow hard to clear the saliva from his/her mouth. Start the 2 minute timer as the respondent places the swab in his/her mouth. The cotton wool must be removed after exactly two minutes. Mark and store the sample following the detailed instructions given.

While they have the cotton wool roll in their mouth,

- set up the tape recorder,
- set up the **Hawksley** and **OMRON** sphygs
- place the cuff for the **Hawksley** sphyg on their arm.

PMSAL.C

Q296 Interviewers: was the Saliva sample collected satisfactorily?

- yes 1
- no (explain why not below)2

baseline Blood pressure

- Now measure baseline BP, first using the **Hawksley** sphyg. Then explain the P.A.S.A.T. test to them, this should take a couple of minutes. After doing this take a second baseline measure, this time with the **OMRON**.

- (In Verbatim file: 'Which Sphyg used first?' **SPHYG1**)

Q297 Baseline Blood Pressure.

BPS1.C

BPD1.C

BPZ1.C

a) First baseline measurement of BP (using the Hawksley sphyg)

Systolic BP

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Diastolic BP

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Random Zero

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NOW EXPLAIN THE P.A.S.A.T. TEST

NOW ASK THE RESPONDENT TO REMOVE HIS/HER SHOES

PMSHOE.C

Q300 a) Interviewers: has the respondent removed his/her shoes?

yes 1
no..... 2

PMHTCM.C

PMHTMM.C

b) Standing height.
(code centimetres and millimetres)

cms mms

Q301 Weight.
(Code kilograms and grams.)

PMWTKG.C

PMWTG.C

Kgs gms

Q302 a) Waist circumference.
(code centimetres and millimetres)

PMWCCM.C

PMWCMM.C

cms mms

b) Hip circumference.
(top of iliac crest, code centimetres and millimetres)

PMHCCM.C

PMHCMM.C

cms mms

Q303 a) Respiratory function.

Record all four measurements after each of the three trials. For each, ring 1 if you think the Respondent blew into the instrument correctly, ring 2 if you judge they did not

RFFEVI.C
FEV1

RFFVCI.C
FVC

RFFER1.C
FER

RFPEF1.C
PEF

RFC1.C
blew correctly?

1st trial	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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RFFEVI.C

RFFVCI.C

RFFER2.C

RFPEF2.C

RFC2.C

2nd trial	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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RFFEVI.C

RFFVCI.C

RFFER3.C

RFPEF3.C

RFC3.C

3rd trial	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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Q304 a) Simple Reaction Time

RTSMN.C

RTSSD.C

Mean (button 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Deviation (button 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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b) Four Choice Reaction Time

RTCMN.C

RTCSD.C

Mean (button 1)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Deviation (button 2)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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RTCNER.C

Number of Errors (button 0)	<input type="text"/>	<input type="text"/>
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RTCEMN.C

RTCESD.C

Mean of Errors (button 3)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Standard Deviation of Errors (button 4)	<input type="text"/>	<input type="text"/>	<input type="text"/>
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INTERVIEWER QUESTIONS (to be completed after the interview)

HOMTYP.C

Q305 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

HSTAIR.C

Q306 Is the house/flat all on one level or are there internal stairs?

- one level 1
- with stairs 2

HFLOOR.C

Q307 What is the floor of entry to the accommodation?

(code floor of entry. basement=98 ground floor=00)
 (ignore a few external steps up to front door)
 if entry is at ground level 309

<input type="text"/>	<input type="text"/>
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HACCES.C

Q308 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

HDOOR.C

- Q309** 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

HROAD.C

- Q310** 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

HMOULD.C

- Q311** Is there any sign of mould, damp or condensation?
if yes Does it appear to be....
- severe 1
 - moderate 2
 - light 3
 - <none> 4

HREPAR.C

- Q312** Was the internal state of repair....
- excellent 1
 - very good 2
 - good 3
 - fair 4
 - poor 5
 - very poor 6

HEXTER.C

- Q313** Was the external condition (outside of building and/or common areas)....
- excellent 1
 - very good 2
 - good 3
 - fair 4
 - poor 5
 - very poor 6

IVSPPR.C

- Q314 a)** Was a spouse/partner present through most of the interview?
- yes 1
 - no 2

IVNOPP.C

- b) How many other people were present?**
(if none code 0)

NWGHTA.C

- Q315** Thinking about the respondent's appearance, would you say that he/she was....
- considerably overweight 1
 - slightly overweight 2
 - about correct for his/her height 3
 - slightly thin 4
 - unusually thin 5

Q316 not included in 40s/60s schedule

IVHR.C

IVMN.C

Q317 How long did the interview take? (from the time of entering the house to completing the schedule)
(code in hours and minutes)

Hrs M

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

P.A.S.A.T. (recording sheet)

Administer the P.A.S.A.T and record BP as detailed in the interviewer instructions.

Indicate a correct answer by a tick in the relevant box, an incorrect answer by a cross in the relevant box

Digit	Answer	test 1 4 Secs	test 2 2 Secs
2			
7	9		
3	10		
4	7		
8	12		
1	9		
5	6	*	*
6	11		
9	15		
1	10		
3	4		
6	9		
4	10		
3	7		
2	5		
7	9		

Digit	Answer	test 1 4 Secs	test 2 2 Secs
8	15		
5	13		
9	14		
4	13		
2	6		
9	11		
7	16		
6	13		
5	11		
8	13		
1	9		
4	5		
1	5		
2	3		
6	8		

*** Initiate a Blood Pressure reading at this point**

Record number correct Maximum 30 per test

PASAT1.C

PASAT2.C

PASATT.C

Test 1	<input type="text"/>	<input type="text"/>	test 2	<input type="text"/>	<input type="text"/>	total	<input type="text"/>	<input type="text"/>
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