

IDNO.C

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West of Scotland Twenty-07 Study
Health in the Community

1997 Postal Survey

To make sure that we have the correct person in the follow up survey,
could you please tell us the following details about yourself

are you? male female SEX.C

what is your postcode? e.g.
NPCD1.C NPCD2.C NPCD3.C NPCD4.C

what is your date of birth? day month year
DOB DY.C DOB MT.C DOB YR.C

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This questionnaire has three sorts of question.

1. The first asks you to indicate the answer that applies to you by writing an answer in the box provided.

For example:

How many times did you go shopping in the last month?	1	0
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In this example, someone has said that they went shopping 10 times in the last month. If they had *not* been shopping they would have put 00 in the boxes.

2. The second sort of question asks you simply to circle your answer.

For example:

How often on average do you go to the cinema?

Please circle one number	
2 or 3 times per week.....	1
Once per week.....	2
2 or 3 times per month.....	3
Once per month.....	<input checked="" type="checkbox"/> 4
2 or 3 times per year.....	5
Hardly ever or never.....	6

In the example, someone has said that they went to the cinema once per month on average.

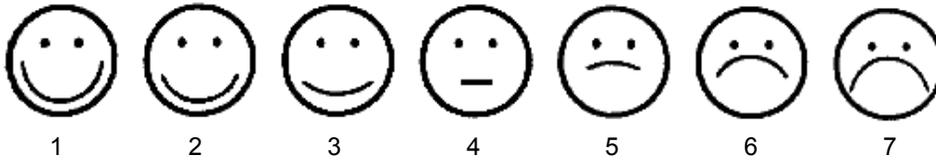
3. The other sort of question asked you to write in your answer.

For Example:

Where did you go on your last holiday? St Andrews

Please look out for the → Q to tell you where to go next.

1 How do you feel about your health now? Please circle the number under the face which shows best how you feel. *Please circle one number*



FHLTH.C

2 Over the last 12 months how many times have you been in hospital for at least one night?
Please write in number, write 00 if never

NiPNYR.C

3 Over the last 12 months how many times have you consulted a GP or family doctor on your own behalf?
Please write in number, write 00 if never

At his/her surgery NGPYRS.C

At home NGPYRH.C

4 Over the last 12 months would you say that your health on the whole has been.... *Please circle one number*

- Excellent 1
- Good 2
- Fair 3
- Poor 4

SAHLYR.C

5 Do you have any long standing illness, disability or infirmity?
By long-standing we mean anything that has troubled you over a period of time or that is likely to affect you over a period of time.
Please circle one number

Yes.... 1 GHSAC
No..... 2 → Q7

6 Please tell us about all the conditions that you have, and whether they limit your activities in any way.

<i>Condition name</i>	Yes	No	
<i>Example</i> _____ Asthma _____	. <u>1</u>2.....	
Condition 1 _____	...1...	...2.....	C1LiM.C
Condition 2 _____	...1...	...2.....	C2LiM.C
Condition 3 _____	...1...	...2.....	C3LiM.C
Condition 4 _____	...1...	...2.....	C4LiM.C

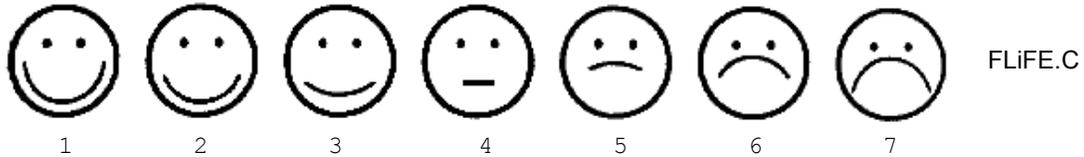
7 Are you registered disabled? Yes.. 1 DREG.C
No... 2 →Q 9

8 If yes, what is the disability?

9 Do you have any difficulty walking for a quarter of a mile on the level? (Quarter of a mile is the length of the pedestrian part of Buchanan Street from St Enochs to St Vincent Street) Yes.. 1
DSWIA.C
No... 2

10 How would you rate your health now, compared to when we first saw you (about ten years ago)?.....
Please circle one number
Much better now..... 1
A little better now... 2
About the same now... 3 SAHCOM.C
A little worse now... 4
Much worse now..... 5

11 We 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? Please circle one number



12 In the LAST FIVE YEARS have you experienced any of the following....

	Yes	No	if Yes, in what year did this happen?	
LEMAR.C You got married.....	1	2	19	LEMARY.C
LEPART.C You set up home with a partner.....	1	2	19	LEPRTY.C
LEDiRV.C You got divorced.....	1	2	19	LEDRVY.C
LEDiED.C Your spouse or partner died.....	1	2	19	LEDEDY.C
LERED.C You lost your job.....	1	2	19	LEREDY.C
LERETD.C You retired.....	1	2	19	LERTDY.C
LEHOSE.C You moved house.....	1	2	19	LEHSEY.C
LEEDUC.C You got new educational qualifications.....	1	2	19	LEDUCY.C
LEBABY.C You /your partner had a baby.....	1	2	19	LEBBY.C
LEPOL.C You, or someone close to you, got into trouble with the police.....	1	2	19	LEPOLY.C
LEKIDL.C Your child(ren) left home.....	1	2	19	LEKIDY.C

We would like to know what you have been doing since we last saw you (about 5 years ago).

13(a) At the moment, which of the following descriptions comes closest to how you would describe yourself? Are you.....

Please circle one number

- Retired.....1
- Disabled, invalid or permanently sick..2
- Caring for home (e.g. 'housewife').....3 EMPSTA.C
- Employed or self employed.....4
- Student.....5
- Other.....6

If other, please describe_____

13(b) Can we just check, are you in paid work just now, in the past only or have you never had paid work?

Please circle one number

- Working now..... 1
- Worked in past only..... 2 WORKER.C
- Never had paid work..... 3→ Q.21

If you are working could you provide some details about your work.
If you are not currently in paid work, please tell us about the last job you had.

14

What is (was) the job called? (For example, sales assistant in a shop)

15

What do (did) you actually do? (For example, ring sales through till, wrap customer purchases)

16 Are (were) you..... Please circle one number

Self employed (with paid employees).....1
 Self employed (no paid employees).....2
 Manager.....3
JBIES.C

Foreman/supervisor.....4
 Employee.....5

17 How many employees does (did) the firm have?
 Please circle one number

Firm has 24 or less employees in UK.....1
JBISZE.C

Firm has 25 or more employees in UK.....2

18 When did you start this job?.....19 JBIYRS.C
 If you are still working there, please → Q. 24 on page 5

19 When did you leave that job?.....19 JBIYRL.C

20 If you are no longer in that job, did you leave because of.....
 Please circle one number

Ill health.....1
 Retirement.....2
 Redundant.....3
 To be better off
 financially.....4 JBIWHL.C
 Family reasons.....5
 Other.....6

If other, please describe_____

21 (a) Are you on a training scheme at the moment? Please circle one number

Yes.....1 TRSCHM.C
 No.....2 → Q. 23

21(b) What is the name of the scheme? (For example, employment training)

22 What kind of work do you do? (For example, word processing, compile spreadsheets on computer)

23 (a) Are you in full time education at the moment?

Please circle one number

Yes.....1 FTEDUC.C
No.....2 → Q. 24

23(b) What qualifications are you studying for at the moment? (E.g. HNC, HND, National Certificate, Highers, B.Sc, SRN etc.)

[Empty box for answer to question 23(b)]

This question is for everyone

24 Have you gained (or are currently studying for) any educational qualifications since we last saw you? (about five years ago)

Yes.....1 GOTQUL.C
No.....2 → Q. 26

25 If yes, what are they? (E.g. HNC, HND, National Certificate, Highers, B.Sc, SRN etc.)

[Empty box for answer to question 25]

26 Thinking of yourself when we first interviewed you (about ten years ago), are you now financially.....

Much better off A little better off About the same A little worse off Much worse off

Please circle one number...1 2 3 4 5
MONCOM.C

27 Who do you think is more likely to have the following experiences, men or women, or both about the same?

Men Both equally Women

Please circle one number on each line

GENHRT.C Heart Disease..... 1 2 3
GENFIT.C Be fit..... 1 2 3
GENCAN.C Cancer..... 1 2 3
GENMEN.C Mental illness..... 1 2 3
GENACC.C Accidents/injuries..... 1 2 3
GENLIV.C Live longer..... 1 2 3

28 Who do you think is more likely to have the following experiences, rich people, poor people or both about the same?
Please circle one number on each line

		Rich people	Both equally	Poor people
POVHRT.C	Heart Disease.....	1.....	2.....	3
POVFiT.C	Be fit.....	1.....	2.....	3
POVCAN.C	Cancer.....	1.....	2.....	3
POVMEN.C	Mental illness.....	1.....	2.....	3
POVACC.C	Accidents/injuries.....	1.....	2.....	3
POVLiV.C	Live longer.....	1.....	2.....	3

29 During the last year have you done any walks of 2 miles or more? *These are walks which would usually take about 40 minutes. We are 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 WLKLYR.C
 No..... 2 → Q.31

30 If yes, is that mainly around your neighbourhood, that is *in* the area, *outside* the area, or *both*?

Please circle one number

In the area.....	1
Outside the area.....	2
Both.....	3

WLKAR.A

31 Do you belong to any clubs, associations, church groups or anything similar?

Please circle one number

Yes.....1 CLUB.C
 No.....2 → Q.33

32 If yes, what type of club(s) are you in?

Please circle all that apply

Yes No

CLUBSP.C	Sports club.....	1	2
CLUBSU.C	Sports supporters club.....	1	2
CLUBSO.C	Social club.....	1	2
CLUBVO.C	Volunteers (e.g. St. John's		
CLUBHB.C	Ambulance).....	1	2
CLUBCH.C	Hobby or interest club.....	1	2
CLUBOT.C	Church group.....	1	2
	Other.....	1	2
	<i>If other, please describe</i> _____		

- 33 Do you take part in any of the following?
Please circle all that apply Yes No
- ASSNWC.C Neighbourhood watch scheme..... 1.....2
- ASSCOM.C Community Council..... 1.....2
- ASSTEN.C Tenants' group..... 1.....2
- ASSRES.C Residents' association..... 1.....2
- ASSCRE.C Credit union in your neighbourhood 1.....2
- ASSOTH.C Other local associations..... 1.....2
- If other, please describe*_____

34 Please tell us about all the people living in your household, that is those who share your home even if they are not related to you. A household is one person or a group of people who have the accommodation as their only or main residence and who either share at least one meal a day or share the living accommodation, that is a living room or sitting room.

Please tell us what relationship they are to you (for example, your husband, son or friend), whether they are male or female, their age, how you would rate their health (excellent, good, fair or poor) and whether they are working at the moment, are unemployed, or retired or in full-time education.

All information you provide is completely confidential to staff working on the study.

	Relationship to you e.g. husband, partner, son, mother, stepfather, friend, flatmate,	What sex are they? male ↓ female	How old are they?	How would you rate their health? Please circle the appropriate number: Excellent ↓ Good ↓ Fair ↓ ↓ Poor	What are they doing? Please circle the appropriate number: Working ↓ Unemployed ↓ Retired ↓ Student ↓
Example	Husband	<input checked="" type="radio"/> M F	47	1 <input checked="" type="radio"/> 2 3 4	<input checked="" type="radio"/> 1 2 3 4
Person 1		M F P1SEX.C	P1AGE.C	1 2 3 4 P1HLT.C	1 2 3 4 P1EMP.C
Person 2		M F P2SEX.C	P2AGE.C	1 2 3 4 P2HLT.C	1 2 3 4 P2EMP.C
Person 3		M F P3SEX.C	P3AGE.C	1 2 3 4 P3HLT.C	1 2 3 4 P3EMP.C
Person 4		M F P4SEX.C	P4AGE.C	1 2 3 4 P4HLT.C	1 2 3 4 P4EMP.C
Person 5		M F P5SEX.C	P5AGE.C	1 2 3 4 P5HLT.C	1 2 3 4 P5EMP.C
Person 6		M F P6SEX.C	P6AGE.C	1 2 3 4 P6HLT.C	1 2 3 4 P6EMP.C
Person 7		M F P7SEX.C	P7AGE.C	1 2 3 4 P7HLT.C	1 2 3 4 P7EMP.C
Person 8		M F P8SEX.C	P8AGE.C	1 2 3 4 P8HLT.C	1 2 3 4 P8EMP.C

35 We would also like to ask you about where your parents and grandparents were born. This is because some studies have shown differences in health between people whose ancestors were born in different places.

(Please give as much detail as possible, for example, Partick in Glasgow, Clapham in South London, Swansea in West Glamorgan, Creeslough in Donegal, Castlebay in Barra)

My father was born in:

My mother was born in:

My father's father was born in:

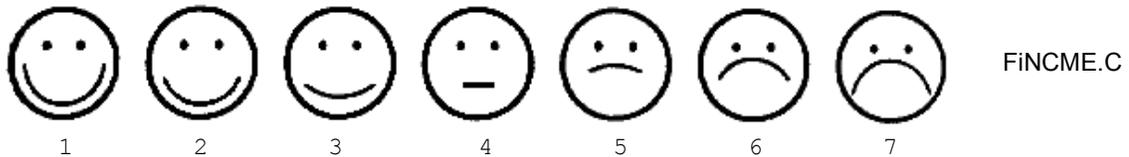
My father's mother was born in:

My mother's father was born in:

My mother's mother was born in:

We would like to ask you a few questions about your personal finances. By this we mean the finances which you and your spouse or partner have available to you from all different sources like earnings, benefits, private sources or contributions from other people.

36 Looking at the faces scale, which face shows best how you feel about how adequate your household income is taken altogether? *Please circle one number*



37 Could you tell us what your total household income is per month? *Please give amount per week if that is easier for you. By that we mean the amount you (and your husband/wife/partner and other household members) normally have after deductions like tax, and including any benefits, pensions and so on.*

per month per week
 £ or £
 INCMTH.C INCWK.C

38 What proportion of your household's income would you say comes from state benefits?

None Very little About a quarter About half About three quarters All

Please circle one number... 1.....2.....3.....4.....5.....6 INCBEN.C

39 Is it ever difficult to meet the cost of.....? Very often Quite often Only occasionally Never
 Please circle one number on each line

INCRNT.C	Rent or mortgage.....	1	2	3	4
INCRPR.C	Repairs, maintenance and factor charges for your home....	1	2	3	4
INCFUL.C	Gas, electricity and other fuel bills.....	1	2	3	4
INCPH.C	Telephone bill.....	1	2	3	4
INCBLL.C	Bills for council tax, insurance etc. that come up from time to time.....	1	2	3	4
INCFD.C	Food and other necessities.....	1	2	3	4
INCLUX.C	Treats like a night out or presents for the family.....	1	2	3	4

40 Fruit

(a) On how many days per week do you eat fruit?
 Please circle one number

(b) How many portions of fruit do you usually eat per day?
 Please circle one number

	Every day per week.....	7	7 portions or more.....	7
	6 days per week.....	6	6 portions.....	6
	5 days per week.....	5	5 portions.....	5
FRTDAY.C	4 days per week.....	4	4 portions.....	4
	3 days per week.....	3	3 portions.....	3
	2 days per week.....	2	2 portions.....	2
	Once per week.....	1	1 portion.....	1
	Less than once per week.	0		
	Never eat fruit.....	9		

→ Q 41

41 Vegetables

(a) On how many days per week do you eat vegetables?
 Please circle one number

(b) How many portions of vegetables do you usually eat per day?
 Please circle one number

	Every day per week.....	7	7 portions or more.....	7
	6 days per week.....	6	6 portions.....	6
	5 days per week.....	5	5 portions.....	5
VEGDAY.C	4 days per week.....	4	4 portions.....	4
	3 days per week.....	3	3 portions.....	3
	2 days per week.....	2	2 portions.....	2
	Once per week.....	1	1 portion.....	1
	Less than once per week.	0		
	Never eat vegetables.....	9		

→ Q 42

42 Beef, Lamb, Pork

(a) On how many days per week do you eat beef, lamb or pork? Please circle one number

(b) How many portions of beef, lamb or pork do you usually eat on days when you eat them? Please circle one number

	Every day per week.....7	7 portions or more.....7	
	6 days per week.....6	6 portions.....6	
	5 days per week.....5	5 portions.....5	
METDAY.C	4 days per week.....4	4 portions.....4	METPOR.C
	3 days per week.....3	3 portions.....3	
	2 days per week.....2	2 portions.....2	
	Once per week.....1	1 portion.....1	
	Less than once per week.....0		
	Never eat beef, lamb or pork.....9		

→ Q 43

43 Chicken or turkey

(a) On how many days per week do you eat chicken or turkey? Please circle one number

(b) How many portions of chicken or turkey do you usually eat on days when you eat them? Please circle one number

	Every day per week.....7	7 portions or more.....7	
	6 days per week.....6	6 portions.....6	
	5 days per week.....5	5 portions.....5	
CHKDAY.C	4 days per week.....4	4 portions.....4	CHKPOR.C
	3 days per week.....3	3 portions.....3	
	2 days per week.....2	2 portions.....2	
	Once per week.....1	1 portion.....1	
	Less than once per week.....0		
	Never eat chicken or turkey.....9		

→ Q 44

44 Sausages, meat pies, bridies, corned beef, burgers

(a) On how many days per week do you eat sausages, meat pies, bridies, corned beef or burgers? Please circle one number

(b) How many portions of them do you usually eat on days when you eat them? Please circle one number

	Every day per week.....7	7 portions or more.....7	
	6 days per week.....6	6 portions.....6	
	5 days per week.....5	5 portions.....5	
SAUDAY.C	4 days per week.....4	4 portions.....4	SAUPOR.C
	3 days per week.....3	3 portions.....3	
	2 days per week.....2	2 portions.....2	
	Once per week.....1	1 portion.....1	
	Less than once per week.....0		
	Never eat sausages, meat pies, bridies, corned beef or burgers..9		

→ Q 45

45 Fish (include fresh fish (e.g. haddock) and tinned fish (e.g. tinned tuna or salmon))

(a) On how many days per week do you eat fish?
Please circle one number

(b) How many portions of fish do you usually eat on days when you eat them?
Please circle one number

	Every day per week.....7	7 portions or more.....7	
	6 days per week.....6	6 portions.....6	
	5 days per week.....5	5 portions.....5	
FSHDAY.C	4 days per week.....4	4 portions.....4	FSHPOR.C
	3 days per week.....3	3 portions.....3	
	2 days per week.....2	2 portions.....2	
	Once per week.....1	1 portion.....1	
	Less than once per week.0		
	Never eat fish.....9 → Q 46		

46 What kind of bread do you usually eat? Please circle one number

BREAD.C

- White.....1
- Brown, granary or wheatmeal...2
- Wholemeal.....3
- Softgrain (e.g. Mighty White).4
- Don't eat bread.....5
- Other.....6

If other, please write in _____

47 What do you usually spread on your bread or toast? Please circle one number

SPREAD.C

- Butter.....1
- Hard/block margarine.....2
- Soft margarine.....3
- Reduced fat spread.....4
- Don't put spread on bread or toast.....5
- Other.....6

If other, please write in _____

48 What kind of milk do you usually use for drinks, in tea or coffee and on cereals etc? Please circle one number

MILK.C

- Whole milk.....1
- Semi skimmed (include dried)..2
- Skimmed (include dried).....3
- Evaporated/condensed milk.....4
- Soya/vegetable based milk.....5
- Don't use milk.....6
- Other.....7

If other, please write in _____

49 Do you ever smoke now, even if it is just occasionally, or have you ever smoked in the past?

SMOKE.C

- Smoke now.....1
- In past only.....2 → Q 51
- Never smoked.....3 → Q 51

If you are a current smoker (that is if you smoke now, even if just occasionally)

50 How many cigarettes do you smoke . per day OR per week
SMNFDY.C SMNFWK.C

51 Do you drink alcohol now, even if just occasionally, or have you ever drunk alcohol in the past?

Please circle one number

Drink now.....1

In past only.....2 → Q 53

Never drank alcohol.....3 → Q 53

DRTYPE.C

52 Thinking of last week, how much of each of the following did you drink?

- beer, lager, cider pints BEER.C
- wine glasses WINE.C
- martini, sherry or port glasses MARTiNi.C
- spirits (whisky, gin etc.) measures SPIRiTS.C
- other alcoholic drinks glasses OTHALCHD.C

53 How many days in an average month (4 weeks) do you do any sport or exercise (e.g. brisk walking, jogging or dancing) that makes you out of breath and sweat, and that you do for more than 20 minutes at a time?

days in an average month
EXERCS.C

54 What type of accommodation does your household occupy?

Please circle one number

Detached house.....1

Semi detached house.....2

Terraced house.....3

Cottage flat ('four in a block').4

High rise flat (five floors or

more).....5 HOMTYP.C

Low rise flat (four floors or

less).....6

Traditional tenement flat.....7

Flat in a conversion.....8

Other.....9

If other, please describe_____

55 Does your household own or rent the accommodation? *Please circle one number*

Rents.....1

Owns outright.....2

Buying with a mortgage or loan.....3

Part rent/part mortgage (*shared ownership*).....4

Live here rent free.....5

Other.....6

If other, please describe _____

HTENUR.C

} → Q 57

56 If you rent the accommodation, is your landlord..... *Please circle one number*

The local Council.....1

Scottish Homes.....2

A housing association or housing co-op....3

Private landlord.....4

Other.....5

If other, please describe _____

HSEOWN.C

57 What is the lowest floor level of your own household's living accommodation?

Please circle one number

Basement or semi-basement.....1

Ground floor (*street level*).....2

First floor (*floor above street level*)....3

Second Floor.....4

Third or fourth floor.....5

Fifth floor or higher.....6

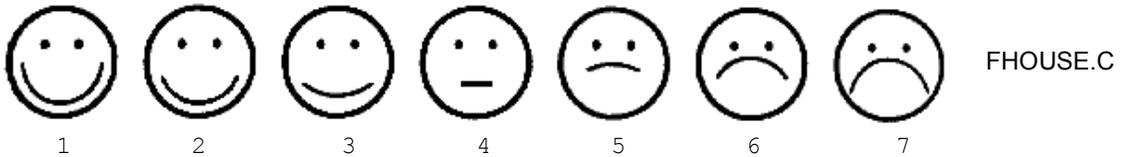
Other.....7

If other, please describe _____

HFLOOR.C

58 Looking at the faces scale, which face best shows how you feel about your house/flat?

Please circle one number



59 In which year did you move into this house/flat?.....19□□ HSYR.C

60 How many rooms do you have for use by your household? number of rooms

Do not count: bathrooms, toilets, halls or landings or rooms that can only be used for storage such as cupboards and cellars

Do count: other rooms for example living rooms, bedrooms, kitchens, utility rooms and studies

□□ NROOMS.C

61 Is damp or condensation in your home.... *Please circle one number*
 (not just normal condensation on windows) A serious problem.....1
 More a nuisance than a problem..2 **HDAMP.C**
 No problem.....3

Please circle one number on each line

	most of the time	quite often	only occasionally	never	
62a) Are there times in winter when you can't keep your house warm enough?	1	2	3	4	HCOLD.C
b) In your house do you ever have a problem with noise from outside	1	2	3	4	HNOISE.C
c) In your house do you ever have a problem with vibration from outside?	1	2	3	4	HVIBR.C

63 At home do you have a..... *Please circle all that apply*
Yes No

PHONE.C	Telephone.....1.....2
FREEZE.C	Freezer.....1.....2
WASHMACH.C	Washing machine.....1.....2
SKYDSH.C	Satellite dish1.....2
COMPUT.C	Personal computer.....1.....2
CENTHT.C	Central heating.....1.....2

64 Thinking about the space you have in your house/flat, would you say it is.....

Please circle one number

HCROWD. C	Very crowded.....1
	Slightly crowded.....2
	Just about right.....3
	Rather too large.....4
	Much too large.....5

65 Is there somewhere in your house/flat you can go when you want to be by yourself?

Please circle one number

HALONE.C	Yes.....1
	No.....2
	Never want to be alone.....3

66 Does your home have a garden or yard?

Please circle one number

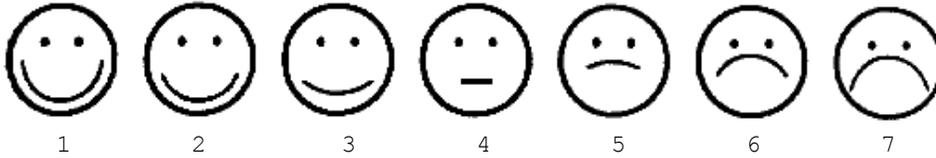
GARDEN.C

- YES, not shared with any other household1
- YES, communal or shared with at least one other household2
- NO3

67 What do you call the local neighbourhood where you live?

FAREA.C

68 Looking at the faces scale, which face best shows how you feel about living in your neighbourhood? Please circle one number



FAREA.C

69 How would you rate your neighbourhood as a place in which to bring up children?

- | | | | | | |
|----------|-----------|------------|----------------------|-----------|----------|
| AREAKD.C | Very good | Quite good | Neither good nor bad | Quite bad | Very bad |
| | 1 | 2 | 3 | 4 | 5 |
- Please circle one number...

70 Thinking of other people who live in your neighbourhood and comparing your standard of living to theirs, would you say you are...

- | | | | | | |
|----------|-----------------|---------------------|----------------|--------------------|----------------|
| AREACM.C | Much better off | A little better off | About the same | A little worse off | Much worse off |
| | 1 | 2 | 3 | 4 | 5 |
- Please circle one number...

71 How do you feel about staying in the area or moving away, do you.....

- | | | | | | |
|----------|----------------------------|----------------|---------------------|--------------------|----------------------------|
| AWMOVE.C | Very strongly want to move | Prefer to move | Not mind either way | Prefer not to move | Very strongly want to stay |
| | 1 | 2 | 3 | 4 | 5 |
- Please circle one number...

72 How do you feel about walking around your area after dark?

- | | | | | |
|----------|-------------------------------------|-----------------------|------------------------------|--------------------------------|
| AWDARK.C | Never do it under any circumstances | Try to avoid doing it | Do it but feel uncomfortable | Have no worries about doing it |
| | 1 | 2 | 3 | 4 |
- Please circle one
Number

79 How much do you agree Strongly Agree Neither Disagree Strongly
 with the following agree agree nor disagree disagree
 statements about your
 neighbourhood.....

Please circle one number on each line

Overall, I am very attracted to living in
 this neighbourhood.....1.....2..... 34.....5 NCOH1.C

I feel like I belong to this
 neighbourhood.....1.....2..... 34.....5 NCOH2.C

I visit with my neighbours in their
 homes.....1.....2..... 34.....5 NCOH3.C

The friendships and associations I have
 with other people in my neighbourhood
 mean a lot to me.....1.....2..... 34.....5 NCOH4.C

Given the opportunity, I would like to
 move out of this neighbourhood.....1.....2..... 34.....5 NCOH5.C

If the people in my neighbourhood
 were planning something, I'd think of it
 as something 'we' were doing rather than
 'they' were doing.....1.....2..... 34.....5 NCOH6.C

If I need advice about something I could
 go to someone in my neighbourhood.....1.....2..... 34.....5 NCOH7.C

I think I agree with most people in my
 neighbourhood about what is important
 in life.....1.....2..... 34.....5 NCOH8.C

I believe my neighbours would help in
 an emergency.....1.....2..... 34.....5 NCOH9.C

I feel loyal to the people in my
 neighbourhood.....1.....2..... 34.....5 NCOH10.C

I borrow things and exchange favours
 with my neighbours.....1.....2..... 34.....5 NCOH11.C

I would be willing to work together with
 others on something to improve my
 neighbourhood.....1.....2..... 34.....5 NCOH12.C

I plan to remain a resident of
 this neighbourhood for a number of
 years.....1.....2..... 34.....5 NCOH13.C

I like to think of myself as similar to the
 people who live in
 this neighbourhood.....1.....2..... 34.....5 NCOH14.C

I rarely have neighbours over to my
 house to visit.....1.....2..... 34.....5 NCOH15.C

I regularly stop and talk with people in
 my neighbourhood.....1.....2..... 34.....5 NCOH16.C

Living in this neighbourhood gives me
 a sense of community.....1.....2..... 34.....5 NCOH17.C

80 How important do you think the following influences are on people's health

	Very important	Quite important	Neither important nor unimportant	Not very important	Not at all important	
--	----------------	-----------------	-----------------------------------	--------------------	----------------------	--

Please circle one number on each line

- | | | | | | | |
|---|-----------|-------------|-------------|-------------|---|----------|
| Luck..... | ...1..... |2..... |3..... |4..... | 5 | INFLUC.C |
| The constitution | | | | | | |
| you're born with..... | ...1..... |2..... |3..... |4..... | 5 | INFCON.C |
| Environment (housing, climate, pollution)... | ...1..... |2..... |3..... |4..... | 5 | INFENV.C |
| Habits (smoking, drinking or what you eat)..... | ...1..... |2..... |3..... |4..... | 5 | INFHBT.C |
| Looking after yourself (taking vitamins, keeping warm, getting enough sleep)..... | ...1..... |2..... |3..... |4..... | 5 | INFCAR.C |
| How much money you have..... | ...1..... |2..... |3..... |4..... | 5 | INFCAS.C |
| Family relationships. | ...1..... |2..... |3..... |4..... | 5 | INFFAM.C |

81 In the last two weeks, excluding people you live with, have you:

Please circle one number on each line

- | | | | |
|--|--------|----|----------|
| | Yes | No | |
| Seen someone in your family to chat to?..... | 1..... | 2 | CNFAMC.C |
| Had contact by telephone or letter with your family? | 1..... | 2 | CNFAMP.C |
| Seen a friend to have a chat to?..... | 1..... | 2 | CNFRFC.C |
| Had contact by telephone or letter with a friend?... | 1..... | 2 | CNFRDT.C |

82 Do you feel you have people you can talk to when you have problems?

Please circle one number

- | | | |
|----------|---|----------|
| Yes..... | 1 | TALKTO.C |
| No..... | 2 | |

83 Loneliness can be a serious problem for some people and not for others. At the present moment do you feel lonely.....

Please circle one number

- | | | |
|------------------------|---|----------|
| Most of the time..... | 1 | |
| Quite often..... | 2 | SUPLON.C |
| Only occasionally..... | 3 | |
| Seldom..... | 4 | |
| Never..... | 5 | |

84 Common Symptoms

Please ring 'yes' against all of the symptoms you have suffered from within the last month, and 'no' against those which you have not. Please ring an answer for every symptom

Within the last month have you suffered from problems with...

Headaches.....	yes.....	no	SYMHEd.C
Hay fever.....	yes.....	no	SYMHAy.C
Difficulty sleeping.....	yes.....	no	SYMslP.C
Constipation.....	yes.....	no	SYMCON.C
Trouble with eyes.....	yes.....	no	SYMEYE.C

Within the last month have you suffered from problems with...

A bad back.....	yes.....	no	SYMBAC.C
Nerves.....	yes.....	no	SYMNER.C
Colds and flu.....	yes.....	no	SYMCOL.C
Trouble with feet.....	yes.....	no	SYMFET.C
Always feeling tired.....	yes.....	no	SYMTiR.C

Within the last month have you suffered from problems with...

Kidney or bladder trouble.....	yes.....	no	SYMkiD.C
Painful joints.....	yes.....	no	SYMjNT.C
Difficulty concentrating.....	yes.....	no	SYMDiF.C
Palpitations or breathlessness.....	yes.....	no	SYMPAL.C
Trouble with ears.....	yes.....	no	SYMEAR.C

Within the last month have you suffered from problems with...

Worrying over every little thing.....	yes.....	no	SYMWOR.C
Indigestion/stomach trouble.....	yes.....	no	SYMiND.C
Sinus trouble or catarrh.....	yes.....	no	SYMSiN.C
Persistent cough.....	yes.....	no	SYMCGH.C
Faints or dizziness.....	yes.....	no	SYMfNT.C

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85 Recent Health

We would like to know how your health has been in general OVER THE PAST FEW WEEKS. We want to know about present and recent complaints, not those you had in the past. Please answer ALL THE QUESTIONS in this section by ringing the answer which most nearly applies to you.

For example, a question might ask if you had recently...
 been able to achieve more than usual in your life More than usual Same as usual Less than usual Much less than usual

If you had felt that you had been achieving less than usual recently, you would ring the answer as shown

SO, HAVE YOU RECENTLY

been able to concentrate on whatever you're doing?	Better than usual	Same as usual	Less than usual	Much less than usual	GHQ1.C
lost much sleep over worry?	Not at all	No more than usual	Rather more than usual	Much more than usual	GHQ2.C
felt you were playing a useful part in things?	More so than usual	Same as usual	Less useful than usual	Much less than usual	GHQ3.C
felt capable about making decisions about things?	More so than usual	Same as usual	Less so than usual	Much less capable	GHQ4.C
felt constantly under strain?	Not at all	No more than usual	Rather more than usual	Much more than usual	GHQ5.C
felt you couldn't overcome your difficulties?	Not at all	No more than usual	Rather more than usual	Much more than usual	GHQ6.C
been able to enjoy your normal day-to-day activities?	More so than usual	Same as usual	Less so than usual	Much less than usual	GHQ7.C
been able to face up to your problems?	More so than usual	Same as usual	Less able than usual	Much less able	GHQ8.C
been feeling unhappy or depressed?	Not at all	No more than usual	Rather more than usual	Much more than usual	GHQ9.C
been losing confidence in yourself?	Not at all	No more than usual	Rather more than usual	Much more than usual	GHQ10.C
been thinking of yourself as a worthless person?	Not at all	No more than usual	Rather more than usual	Much more than usual	GHQ11.C
been feeling reasonably happy all things considered?	More so than usual	About the same as usual	Less so than usual	Much less than usual	GHQ12.C

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86 Do you wear a denture or partial denture?

Please circle one number

- Full denture.....1
- Partial denture.....2 DENT.C
- No denture.....3

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

Please circle one number

- Regular - at least every six months.....1
- Regular - at least once a year..2 DENTR.C
- Less regular.....3
- Only when you need to.....4
- Never go to the dentist.....5

Women Only

88 In what year did you last have a cervical smear test? ...19 CXYR.C

These questions are for everyone

- 89 How tall are you? (with your shoes off)
Please fill in your height in feet and inches or centimetres, using the tape measure provided.
- ft inch OR cm
HTFEET.C HTINCH.C HTCM.C
- 90 How much do you weigh in light indoor clothes?
- st lbs OR kilos
WTSTON.C WTPDS.C WTKILO.C
- 91 What do you measure around the waist?
Please use the tape measure provided
- inches OR cm
WSTiN.C WSTCM.C
- 92 What do you measure around the hips?
Please use the tape measure provided
- inches OR cm
HiPiNC.C HiPCM.C

Is there anything else you would like to tell us
If you have any other comments that you would like to make, please write in the box below.

Thank you very much for completing this questionnaire. We could not do this study without your help.
Please could you just check that you haven't missed any questions by mistake or turned two pages at once.

Now please send it back to us in the envelope provided.