

**WEST OF SCOTLAND
TWENTY-07 STUDY
HEALTH IN THE COMMUNITY**

Main schedule

2000 visit

(all cohorts)

Official use only

Respondent Serial Number	Cohort (1, 3 or 5)	<input type="text"/>	CHTID.D	ID	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	IDNO.D			
Interviewer Number					<input type="text"/>	<input type="text"/>	<input type="text"/>		NIVNO.D			
Date of Birth	Day	<input type="text"/>	DOBDY.D	Month	<input type="text"/>	<input type="text"/>	DOBYR.D	<input type="text"/>	<input type="text"/>			
								1	9			
Post code		<input type="text"/>	NPCD1.D		<input type="text"/>	<input type="text"/>	NPCD2.D	<input type="text"/>	NPCD3.D	<input type="text"/>	<input type="text"/>	NPCD4.D
Sex												
Date of interview	Day	<input type="text"/>	NIVDY.D	Month	<input type="text"/>	<input type="text"/>	NIVMT.D	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	NIVYR.D

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CURRENT HEALTH

First I would like to ask you a question about how you have been feeling today.

Q1 I'm going to read you a number of words that describe different feelings and emotions. I'd like you to tell me for each of them whether TODAY you have felt like that...

- very slightly or not at all..... 1
- a little 2
- moderately 3
- quite a bit..... 4
- extremely 5

		Very slightly or not at all	a little	moderately	quite a bit	extremely
Today, have you felt INTERESTED...	PNAS1.D	1	2	3	4	5
Today, have you felt DISTRESSED...	PNAS2.D	1	2	3	4	5
Today, have you felt EXCITED...	PNAS3.D	1	2	3	4	5
Today, have you felt UPSET...	PNAS4.D	1	2	3	4	5
Today, have you felt STRONG...	PNAS5.D	1	2	3	4	5
Today, have you felt GUILTY...	PNAS6.D	1	2	3	4	5
Today, have you felt SCARED...	PNAS7.D	1	2	3	4	5
Today, have you felt HOSTILE...	PNAS8.D	1	2	3	4	5
Today, have you felt ENTHUSIASTIC...	PNAS9.D	1	2	3	4	5
Today, have you felt PROUD...	PNAS10.D	1	2	3	4	5
Today, have you felt IRRITABLE...	PNAS11.D	1	2	3	4	5
Today, have you felt ALERT...	PNAS12.D	1	2	3	4	5
Today, have you felt ASHAMED...	PNAS13.D	1	2	3	4	5
Today, have you felt INSPIRED...	PNAS14.D	1	2	3	4	5
Today, have you felt NERVOUS...	PNAS15.D	1	2	3	4	5
Today, have you felt DETERMINED...	PNAS16.D	1	2	3	4	5
Today, have you felt ATTENTIVE...	PNAS17.D	1	2	3	4	5
Today, have you felt JITTERY...	PNAS18.D	1	2	3	4	5
Today, have you felt ACTIVE...	PNAS19.D	1	2	3	4	5
Today, have you felt AFRAID...	PNAS20.D	1	2	3	4	5

Now 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.D

Q2 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.D

Q3 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.D

Q4 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.D

Q5 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.D

Q6 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) 7

--	--

NDYBED.D

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

--	--	--

NOPYR.D

Q7 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.D

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) 8

--	--

NIPNYR.D

c) How many nights would that be in all?

--	--	--

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

GPYR.D

Q8 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



NGPYRS.D

b) First, how many times have you consulted the GP at his or her surgery on your own behalf?

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(none code 00, don't know 99)

NGPYRH.D

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

(none code 00, don't know 99)

Two empty boxes for recording the number of visits.

Q9 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) 10

NGPNM.D

Doctor _____

NGPPR.D

Practice _____

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

SAHLYR.D

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.D

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.D

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.

SAHTFT.D SAHTIN.D
Ft. in.

SAHTCM.D
cm.

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

Box for feet (Ft.)

Box for inches (in.)

OR
St.

Box for centimeters (cm.)

Lbs.

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

SAWTST.D SAWTLB.D

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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SAWTK.D SAWTGM.D

Kilos gms

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

Sometimes people have times when they feel sad or depressed.

SADYR.D

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.D

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.D

Q16 Since we last visited you in 1995 have you ever felt that life was not worth living?

- yes 1
- no 2

SUTH4.D

Q17 a) Since we last visited you in 1995 have you ever seriously thought about taking an overdose of drugs or injuring yourself deliberately?

- yes 1
- no 2 19

b) When was the last time you felt like that?

(Code year and month, month unknown code 99)

SUTHYR.D SUTHMT.D

YR M

SUOD4Y.D

Q18 a) Since we last visited you in 1995 have you ever actually taken an overdose of drugs or injured yourself deliberately?

- yes 1
- no 2 19

b) When was the last time that happened?

(Code year and month, month unknown code 99)

SUODYR.D SUODMT.D

YR 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 j).

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)

C1DESC.D

- b) Prompt code** C1PMPT.D
- 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?** C1LIM.D
- 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.D C1MT.D

Yrs M

- h) When it gives you pain or discomfort is it....** C1PNS.D
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

e) Have you ever consulted a doctor about ...(cond.)...? C1DREV.D

- yes 1
- no 2 g

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.D

C1PNE.D

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

i) Do you have any pills, medications, drugs or injections, for this condition, either things prescribed for you or things you buy yourself? C1MED.D

- yes 1
- no 2 next cond

j) did a doctor prescribe this for you?

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

C1M1DS.D med.1	C1M1PR.D prescribe	1 2 9
C1M2DS.D med.2	C1M2PR.D prescribe	1 2 9
C1M3DS.D med.3	C1M3PR.D prescribe	1 2 9

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

C2DESC.D


- b) Prompt code** C2PMPT.D
- 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.D
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.D C2MT.D
Yrs M


- h) When it gives you pain or discomfort is it....** C2PNS.D
- severe 1
 - moderate 2
 - slight 3
 - <don't know> 9

- e) Have you ever consulted a doctor about ...(cond.)...?** C2DREV.D
- yes 1
 - no 2 


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.D

C2PNF.D

- 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 
 - <don't know> 9

i) 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.D
- no 2  next cond

j) did a doctor prescribe this for you?

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

C2M1DS.D
med.1

C2M1PR.D prescribe

C2M2DS.D
med.2

C2M2PR.D prescribe

C2M3DS.D
med.3

C2M3PR.D prescribe

CONDITION SHEET 3**a) What is the matter with you?**

(i.e. name or description of condition)

C3DESC.D

b) Prompt code

C3PMPT.D

- 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.D

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.D

Yrs

C3MT.D

M

e) Have you ever consulted a doctor about ...(cond.)...? C3DREV.D

- yes 1
 no 2  g


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.D

C3PNF.D

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

i) 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.D
 no 2  next

cond

C3M1DS.D
med.1

C3M1PR.D prescribe

1 2 9

C3M2DS.D
med.2

C3M2PR.D prescribe

1 2 9

C3M3DS.D
med.3

C3M3PR.D prescribe

1 2 9

j) did a doctor prescribe this for you?

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

CONDITION SHEET 4

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


C4DESC.D

b) Prompt code C4PMPT.D
 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.D
 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.D C4MT.D
 Yrs M

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

e) Have you ever consulted a doctor about ...(cond.)...? C4DREV.D
 yes 1
 no 2 

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.D
 C4PNF.D

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 
 <don't know> 9

i) 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.D
 no 2  next
 cond

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

C4M1DS.D med.1	C4M1PR.D prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C4M2DS.D med.2	C4M2PR.D prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C4M3DS.D med.3	C4M3PR.D 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)


C5DESC.D

b) Prompt code C5PMPT.D
 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? C5LIM.D
 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.D C5MT.D
 Yrs M

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

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

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.D
 C5PNF.D

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

i) 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.D
 no 2  next
 cond

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

C5M1DS.D med.1	C5M1PR.D prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C5M2DS.D med.2	C5M2PR.D prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C5M3DS.D med.3	C5M3PR.D 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)

C6DESC.D

b) Prompt code C6PMPT.D
 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.D
 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.D Yrs C6MT.D M


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

C6PNS.D severe 1
 moderate 2
 slight 3
 <don't know> 9


e) Have you ever consulted a doctor about ...(cond.)...? C6DREV.D
 yes 1
 no 2 

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.D
 C6PNF.D

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 
 <don't know> 9

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

yes 1 C6MED.D
 no 2  next cond

j) did a doctor prescribe this for you?

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

C6M1DS.D med.1 _____	C6M1PR.D _____ prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C6M2DS.D med.2 _____	C6M2PR.D _____ prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C6M3DS.D med.3 _____	C6M3PR.D _____ 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)

C7DESC.D

- b) Prompt code** C7PMPT.D
- 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.D
- 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.D C7MT.D

Yrs M

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

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

- yes 1
- no 2

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.D

C7PNF.D

- 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
 - <don't know> 9

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

- yes 1
- no 2 next cond

j) did a doctor prescribe this for you?

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

C7M1DS.D med.1	C7M1PR.D prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C7M2DS.D med.2	C7M2PR.D prescribe	<input type="text"/> <input type="text"/> <input type="text"/>
C7M3DS.D med.3	C7M3PR.D 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.D

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.D

Q21 a) During the last 5 years have you had any operations or surgical procedures?

- yes 1
- no 2  22

15 & 35 cohort men only Ask: **Can I just check, have you had a vasectomy since we last visited you in 1995?**
 15 & 35 cohort women only Ask: **Can I just check, have you had an operation for sterilisation since we last visited you in 1995?**

b) What was the operation or procedure?

c) When did you have that operation?

OP1DS.D
operation 1 _____

OP1YR.D OP1MT.D

when had Yr

--	--	--	--

 M

--	--

OP2DS.D
operation 2 _____

OP2YR.D OP2MT.D

when had Yr

--	--	--	--

 M

--	--

OP3DS.D
operation 3 _____

OP3YR.D OP3MT.D

when had Yr

--	--	--	--

 M

--	--

OP4DS.D
operation 4 _____

OP4YR.D OP4MT.D

when had Yr

--	--	--	--

 M

--	--

Q22 a) During the last 5 years, since the beginning of 1995, 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)

RECSI.D 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 little.....4
 <not at all>.....5
 <don't know>9

SI1DS.D
 illness 1 _____

first started yr **SI1YR.D** M **SI1MT.D** health now **SI1EFF.D**

SI2DS.D
 illness 2 _____

first started yr **SI2YR.D** M **SI2MT.D** health now **SI2EFF.D**


SI3DS.D
 illness 3 _____

first started yr **SI3YR.D** M **SI3MT.D** health now **SI3EFF.D**


SI4DS.D
 illness 4 _____

first started yr **SI4YR.D** M **SI4MT.D** health now **SI4EFF.D**

Q23 **RECACC.D**
 a) During the last 5 years since the beginning of 1995, have you had any accidents or injuries that required medical or surgical attention?

yes 1
 no..... 2  24

ACCSER.D
 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 lot2
 to a moderate degree.....3
 only a little4
 <not at all>.....5
 <don't know>9

AC1DS.D
 injury 1 _____

sort **AC1SRT.D** when had Yr **AC1YR.D** M **AC1MT.D** health now **AC1EFF.D**

AC2DS.D
 injury 2 _____

sort **AC2SRT.D** when had Yr **AC2YR.D** M **AC2MT.D** health now **AC2EFF.D**

AC3DS.D
 injury 3 _____

sort **AC3SRT.D** when had Yr **AC3YR.D** M **AC3MT.D** health now **AC3EFF.D**

Turning back again to your health now...

SEDS.D

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)

c) Did a doctor prescribe them for you?


- yes1
- no2
- don't know9

<p>SED1DS.D sed.1 _____</p>	<p>SED1F.D</p>	<p>freq. <input type="checkbox"/></p>	<p>prescribed <input type="checkbox"/></p>	<p>SED1PR.D</p>
<p>SED2DS.D sed.2 _____</p>	<p>SED2F.D</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>SED2PR.D</p>
<p>SED3DS.D sed.3 _____</p>	<p>SED3F.D</p>	<p><input type="checkbox"/></p>	<p><input type="checkbox"/></p>	<p>SED3PR.D</p>

(CAPI version has 'sed.4' with variables SED4DS.D, SED4F.D and SED4PR.D)

OTHMED.D

Q25 a) Apart from the medicines you take for the conditions you have already told me about, and the sedatives 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  26

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

OM1DS.D
med.1 _____

OM1CN.D
taken for _____

OM1PR.D
prescribed

OM2DS.D
med.2 _____

OM2CN.D
taken for _____

OM2PR.D
prescribed

OM3DS.D
med.3 _____

OM3CN.D
taken for _____

OM3PR.D
prescribed

OM4DS.D
med.4 _____

OM4CN.D
taken for _____

OM4PR.D
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.

Q26 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.D 4 weeks/tend	S---CD.D cut down	S---DL.D days limited	S---DR.D 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.D 4 weeks/tend	S---CD.D cut down	S---DL.D days limited	S---DR.D 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.D 4 weeks/tend	S...DD.D cut down	S---DL.D days limited	S---DR.D 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.D 4 weeks/tend	S---CD.D cut down	S---DL.D days limited	S---DR.D 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.D 4 weeks/tend	S---CD.D cut down	S---DL.D days limited	S---DR.D 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.D 4 weeks/tend	S---CD.D cut down	S---DL.D days limited	S---DR.D 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 20s & 40s WOMEN ONLY) none (tick)

		S---MT.D 4 weeks/tend	S---CD.D cut down	S---DL.D days limited	S---DR.D 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.D

Q27 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.D

ASK ALL

b) Are you registered as disabled?

- yes 1
 no 2

DSAGE.D

c) If yes to a) or b): At what age did you first become disabled?

(from birth code 00)

Age

--	--

Walking


DSW1A.D

Q28 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.D

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  30

DSW2.D

Q29 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.D

Q30 a) Do you have great difficulty walking up or down steps or stairs?

- yes (has difficulty) 1
 no 2

DSST1B.D

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  d
 yes 2

DSST1C.D

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] 31

DSST1D.D

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 31
 no..... 2

DSST1E.D

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

yes 1 31
 no..... 2

DSST1F.D

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

yes 1
 no..... 2

Bending

DSBE1A.D

Q31 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.D

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 32

DSBE1C.D

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

yes 1 32
 no..... 2

DSBE1D.D

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.D

Q32 a) Do you suffer from falls or have great difficulty in keeping your balance?

yes 1
 no..... 2

DSB1B.D

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

yes 1
 no..... 2 d

DSB1C.D

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

--	--

DSB1D.D

- 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.D

- Q33** a) Do you have difficulty using your arms to reach and stretch for things?
- yes (has difficulty) 1
 - no 2

DSR1B.D

- 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 35

- Q34** 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.D					DSR2AR.D		
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.D					DSR2BR.D		
1	2	3	4	c) Put your hand up to your head to put a hat on?	1	2	3	4
	DSR2CL.D					DSR2CR.D		
1	2	3	4	d) Put your hand behind your back to tuck in a blouse/shirt?	1	2	3	4
	DSR2DL.D					DSR2DR.D		
1	2	3	4	e) Put your arm above your head to reach for something above you?	1	2	3	4
	DSR2EL.D					DSR2ER.D		

Holding, Gripping or Turning

HANDED.D

(Note: This is not actually asked in CAPI)

- Q35** Can I just check, are you mainly right handed, left handed or do you use both equally?
- right 1
 - left 2
 - ambidextrous 3

DSG1.D

- Q36** Do you have any difficulty holding, gripping or turning things?
- yes (has difficulty) 1
 - no 2 39

Q37 Using your right/left hand only can you ...?
ASK EACH ITEM FOR RIGHT AND THEN LEFT HANDS

LEFT

Yes	No
1 DSG2AL.D	2
1 DSG2BL.D	2
1 DSG2CL.D	2
1 DSG2DL.D	2
1 DSG2EL.D	2
1 DSG2FL.D	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.D	2
1 DSG2BR.D	2
1 DSG2CR.D	2
1 DSG2DR.D	2
1 DSG2ER.D	2
1 DSG2FR.D	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.

Q38 How difficult would it be for you to ...

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

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

Contenance

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

DSCEV.D


Q39 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.D

Q40 a) Do you ever lose control of your bladder?

- yes 1
- no..... 2  41


DSCBLF.D

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.D

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

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

DSCBOF.D


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.D

Q42 a) May I just check, are you registered as blind or partially sighted?

- blind 1
- partially sighted 2
- neither..... 3  43

DSSWIN.D

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

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

DSSGLA.D


Q43 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.D

Q44 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  45a1

DSSGRD.D

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.D

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

yes 1 45a1
no..... 2

DSSGRM.D

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.D

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 45a1
no..... 2

DSSGAR.D

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.D

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 45a1
no..... 2

DSSGFC.D

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.D

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

yes 1 45a1
no..... 2

DSSGSH.D

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.D

Q45 a1) (If you are not wearing your glasses or lenses) do you have difficulty seeing to read ordinary newspaper print?

yes 1
no..... 2 46

DSSGNP.D

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.D

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 46
no..... 2

DSSGLG.D

ASK ONLY IF EVER WEARS GLASSES OR CONTACT LENSES

- b2) If you are wearing your glasses or lenses can you or could you see well enough to read a large print book?**
 yes 1
 no..... 2

DSSNHD.D

- c1) (If you are not wearing your glasses or lenses) can you see well enough to read newspaper headlines?**
 yes 1 46
 no..... 2

DSSGHD.D

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.D

- Q46 Respondent is-**
 totally deaf 1 50
 not totally deaf 2
(Do NOT ask this, it ought to be apparent by this stage if the respondent is completely deaf.)

DSHAID.D

- Q47 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.D

- Q48 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.D

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.D

- 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 50

DSHHQN.D

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.D

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 50

DSHHQL.D

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

Q49

DSHALM.D

(Wearing your hearing aid) can you...

a) ..hear an alarm clock or telephone?

- yes 1
- no..... 2

DSHTEL.D

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

- yes 1
- no..... 2

DSHVOL.D

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

- yes 1 50
- no..... 2

DSHHIV.D

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

- yes 1
- no..... 2

repeat questions for col 1 to col 10 for each non biological child NOT CURRENTLY LIVING WITH RESPONDENT, add each to the end of the grid, start with the oldest.

K-REL.D	K-MTB.D		K-YRL.D		K-RESL.D		K-CLOS.D		
rel.	year born	month. born	sex	year last lived with	month last lived with	reason left	freq. see	close faces	
col 1	col 3	col 2	col 4	col 5	col 6	col 7	col 8	col 9 col 10	
Child 1	K-YRB.D	K-SEX.D		K-MTL.D		K-SEE.D	K-FACE.D		
<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	1
Child 2	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	2
Child 3	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	3
Child 4	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	4
Child 5	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	5
Child 6	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	6
Child 7	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	7
Child 8	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	8
Child 9	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	9
Child 10	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	10

★★ women only, men ○☞ 58

PREGS.D

Q52 a) Have you ever had any pregnancies, which did not end in a live birth?

- yes 1
 - no..... 2
 - <don't know> 9
-] ○☞ 58

PRGNUM.D

b) How many pregnancies like that have you had in all?
(don't know 99)

--	--

Ask for each pregnancy which did not end in a live birth

col 1&2 **When did you become pregnant?**
(record year and month, don't know code 9999, 99, month unknown code 0)

col 3 **What was the outcome of that pregnancy?**

- stillbirth 1
- miscarriage 2
- termination 3

	P-NBYR.D Year	P-NBMT.D Month	P-NBOT.D outcome		Year	Month	outcome	
Preg 1	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	1	Preg 5	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	5
Preg 2	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	2	Preg 6	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	6
Preg 3	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	3	Preg 7	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	7
Preg 4	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	4	Preg 8	<input style="width: 20px; height: 20px;" type="text"/>	<input style="width: 20px; height: 20px;" type="text"/>	8

★★ 55s women ○☞ 57

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

LMPYR.D LMPMT.D

Q53 When did you have your last menstrual period?

Yr M

WHPREG.D

Q54 Can I just check, are you pregnant at the moment?

- yes 1
- no..... 2

WHPERS.D

Q55 a) Are you still having periods?

- yes 1
 - no..... 2
 - don't know 9
-] ○☞ 56

WHNORM.

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

★★ 15s women 58

WHMENS.D

Q56 Do you think that the menopause has started for you?

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

HRTEV.D

Q57 a) Have you ever taken hormone replacement therapy?

- yes 1
- no..... 2 58

b) When did you first have HRT?

(code year and month, month unknown code 99)

HRTFYR.D HRTFMT.D

Yr					M		
----	--	--	--	--	---	--	--

HRTNOW.D

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.D HRTLMT.D

Yr					M		
----	--	--	--	--	---	--	--

e) In total how long have/did you take(n) HRT?

(code in years and months)

HRTYR.D HRTMT.D

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

MARITAL STATUS

MSCMAR.D

Q60 a) Are you married at the present moment?

yes 1
no..... 2 61

MSCMYR.D

b) When did you get married?
(code all four digits of year)

yr

--	--	--	--

MSCMLV.D

c) Do you live with your husband/wife?

yes 1 69
no..... 2 63

MSUMST.D

Q61 a) Are you....

widowed 3
divorced..... 4 62
never married..... 5

MSNMLV.D

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 65b
no..... 2 66

MSPMYM.D

Q62 When did you get married?

(most recent marriage, code all four digits of year)

yr

--	--	--	--

MSPMYR.D

Q63 When were you widowed/divorced/separated?

(code all four digits of year)

yr

--	--	--	--

MSPMFC.D

Q64 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.D

Q65 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 66

MSLVYR.D

b) How long have you lived together?

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

Yrs

--	--

★ ★ all married or cohabiting 69

RSTDY.D

Q66 a) Do you have a steady relationship with someone you don't live with, a partner, boyfriend or girlfriend?

yes 1 68
no..... 2

FSINGL.D

Q67 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 ○  70

RSTRTY.D

RSTRTM.D

Q68 a) When did the relationship first start?
(Code year and month, month unknown code 99)

Yr M

RPLAN.D

b) Are you....

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

FSPOUS.D

Q69 Looking at the faces scale, which face shows best how you feel about your relationship with your husband \ wife \ partner?
code A=1 B=2 C=3 D=4 E=5 F=6 G=7

HOUSEHOLD COMPOSITION

I would like to ask you about each person who lives with you.
 (Note: This is not actually asked in CAPI but hsecnt.d calculated in CAPI)

NOPHSE.D

Q70 Could you tell me how many other people live in this household?
 (include spouse) none code 00 70

--	--

col.1 Sex

- 1 male
- 2 female

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.3 How old is he/she?

(code in years)
 (less than one year code 0)

col.4 How long has he/she lived with you?

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

★★ all adults except spouse col 6

col 5 How close do you feel to him/her?

- 1 very close
- 2 quite close
- 3 not very close
- 4 not at all close

col 6 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)

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.D

1 sex

--

SPREL.D

2 relation

--	--

SPAGE.D

3 age

--	--

SPRES.D

4 co-res

--	--

SPCLOS.D

5 close

--

SPWORK.D

6 work

--

job SPJOB.D SPJOB.D

industry SPJOB1.D employment status

SPEMPS.D

--

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

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

25 or more employees in the U.K. 2

SPFT.D

If spouse/partner not currently working (Note: This not actually asked in CAPI)

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

Years

--	--

Other household members

ASK ABOUT ALL CHILDREN FIRST, THEN ABOUT ADULTS, Record from the oldest downward. If more than 8 other household members, fill in relationships to R of those missed out after person 8.

Person 1

P1REL.D

2 relation

--	--

P1AGE.D

3 age

--	--

P1RES.D

4 co-res

--	--

P1CLOS.D

5 close

--

P1WORK.D

6 work

--

P1SEX.D

1 sex

--

job P1JOB.D P1JOB.D

employment status

P1EMPS.D

--

P2SEX.D		P2REL.D		P2AGE.D		P2RES.D		P2CLOS.D		P2WORK.D	
Person 2	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P2JOB.D		P2JOB.D		employment status		P2EMPS.D					
industry P2JOBI.D		<input type="checkbox"/>									
P3SEX.D		P3REL.D		P3AGE.D		P3RES.D		P3CLOS.D		P3WORK.D	
Person 3	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P3JOB.D		P3JOB.D		employment status		P3EMPS.D					
industry P3JOBI.D		<input type="checkbox"/>									
P4SEX.D		P4REL.D		P4AGE.D		P4RES.D		P4CLOS.D		P4WORK.D	
Person 4	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P4JOB.D		P4JOB.D		employment status		P4EMPS.D					
industry P4JOBI.D		<input type="checkbox"/>									
P5SEX.D		P5REL.D		P5AGE.D		P5RES.D		P5CLOS.D		P5WORK.D	
Person 5	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P5JOB.D		P5JOB.D		employment status		P5EMPS.D					
industry P5JOBI.D		<input type="checkbox"/>									
P6SEX.D		P6REL.D		P6AGE.D		P6RES.D		P6CLOS.D		P6WORK.D	
Person 6	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P6JOB.D		P6JOB.D		employment status		P6EMPS.D					
industry P6JOBI.D		<input type="checkbox"/>									
P7SEX.D		P7REL.D		P7AGE.D		P7RES.D		P7CLOS.D		P7WORK.D	
Person 7	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P7JOB.D		P7JOB.D		employment status		P7EMPS.D					
industry P7JOBI.D		<input type="checkbox"/>									
P8SEX.D		P8REL.D		P8AGE.D		P8RES.D		P8CLOS.D		P8WORK.D	
Person 8	1 sex	2 relation	3 age	4 co-res	5 close	6 work					
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>					
job P8JOB.D		P8JOB.D		employment status		P8EMPS.D					
industry P8JOBI.D		<input type="checkbox"/>									
		P9REL.D		P10REL.D		P11REL.D		P12REL.D			
"EXTRA" household members' relationship to Respondent		9	<input type="checkbox"/>	10	<input type="checkbox"/>	11	<input type="checkbox"/>	12	<input type="checkbox"/>		


FAMILY, FRIENDS AND SOCIAL CAPITAL

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

FMDIED.D

Q71 a) Firstly, can you tell me whether anyone in your close family has died since we last talked to you in 1995? By close family I mean your spouse or partner, children, parents, brothers and sisters or grandparents.

(do not include in-laws).

yes 1
no.....2  72

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
grandparent12

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?

Person 1 cause of death FM1COD.D

FM1REL.D
relationship

FM1YRD.D when died
Yr M

FM1AGD.D
age died

Person 2 cause of death FM2COD.D

FM2REL.D
relationship

FM2YRD.D when died
Yr M

FM2AGD.D
age died

Person 3 cause of death FM3COD.D

FM3REL.D
relationship

FM3YRD.D when died
Yr M

FM3AGD.D
age died

Person 4 cause of death **FM4COD.D**

FM4REL.D relationship <table border="1" style="width: 40px; height: 25px; margin: 5px auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			FM4YRD.D when died Yr <table border="1" style="display: inline-table; width: 40px; height: 25px; margin: 5px auto;"> <tr><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td><td style="width: 10px; height: 20px;"></td></tr> </table> M <table border="1" style="display: inline-table; width: 40px; height: 25px; margin: 5px auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>							FM4MTD.D <table border="1" style="width: 40px; height: 25px; margin: 5px auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>			FM4AGD.D age died <table border="1" style="width: 40px; height: 25px; margin: 5px auto;"> <tr><td style="width: 20px; height: 20px;"></td><td style="width: 20px; height: 20px;"></td></tr> </table>		

Family health background

Q72 Thinking about your relatives, how many of your brothers, sisters and parents, have ever had:

- a) heart disease **FHCHD.D**
- b) cancer **FHCCA.D**
- c) respiratory or lung problems **FHCRE.D**
- d) mental health problems **FHCMH.D**

Q73 And what about more distant relatives how many of your grandparents, aunts and uncles, (first) cousins have ever had:

- a) heart disease **FHDHD.D**
- b) cancer **FHDCA.D**
- c) respiratory or lung problems **FHDRE.D**
- d) mental health problems **FHDMH.D**

MALIVE.D

Q74 a) 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.).

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

DALIVE.D

Q75 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.).

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

Q76 In the last four weeks, excluding people you live with, have you:

- | | | | |
|-----------------|---|-----|----|
| | | yes | no |
| SEEFAM.D | Seen someone in your family to chat to? | 1 | 2 |
| TELFAM.D | Had contact by telephone, letter or email with your family? | 1 | 2 |
| SEEFRD.D | Seen a friend to have a chat to? | 1 | 2 |
| TELFRD.D | Had contact by telephone, letter or email with a friend? | 1 | 2 |

FFAMILY.D

Q77 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)

FFRNDSD

Q78 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

SUPLOND

Q79 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.D

Q80 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

81

SUPNPH.D

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.D

Q81 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

82

SUPSHF.D

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.D

Q82 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.D

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.D

Q83 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

--

Q84 I'd like to ask you some questions about your neighbourhood. For each of the following statements I'd like you to tell me whether it is...
 USE CARD 12

- very likely 1
- likely 2
- neither likely nor unlikely 3
- unlikely 4
- very unlikely 5
- <Don't know> 9

- A If a group of neighbourhood children were skipping school and hanging out on a street corner, how likely is it that your neighbours would do something about it? 1 2 3 4 5 9 SCKIDS.D
- B If some children were spray painting graffiti on a local building, how likely is it that your neighbours would do something about it? 1 2 3 4 5 9 SCGRAP.D
- C If a child was showing disrespect to an adult, how likely is it that people in your neighbourhood would scold that child? 1 2 3 4 5 9 SCDIS.D
- D If there was a fight in front of your house and someone was being beaten up or threatened, how likely is it that your neighbours would break it up? 1 2 3 4 5 9 SCFIGT.D
- E Suppose that because of budget cuts the fire station closest to your home was going to be closed down (by the city). How likely is it that neighbourhood residents would organise to try to do something to keep the fire station open? 1 2 3 4 5 9 SCFIRE.D
- F If there was a fight in front of your house and someone was being beaten up or threatened, how likely is it that your neighbours would call the police? 1 2 3 4 5 9 SCCOPS.D

Q85 We would like to know whether you regularly join in with the activities of different types of organisations. Please include activities held both inside and outside your local area. Do you regularly join in the activities of any of the following types of organisation...

IF YES: Is that in your local area?

USE CARD 13

		Take Part?		In area?		
		Yes	No	yes	no	both
A)	Political parties, trade unions, environmental groups	1	2	1	2	3
		SPPOL.D		SPLPOL.D		
B)	Parent-Teacher Association, tenants groups, residents' groups, Neighbourhood Watch, youth groups	1	2	1	2	3
		SPPTA.D		SPLPTA.D		
C)	Church or other religious group, charitable organisations (eg collecting for charity, helping the sick, elderly, poor etc.)	1	2	1	2	3
		SPKRK.D		SPLKRK.D		
D)	Education, arts or music group or evening class	1	2	1	2	3
		SPED.D		SPLED.D		

- E) Social clubs (eg Rotary Club, Women's Institute, Townswomen's Guild, women's group, mother and toddler groups, working men's club, elderly lunch groups) SPSOC.D
1 2 1 2 3
- F) Sports club, gym, exercise classes SPSPT.D
1 2 1 2 3
- G) Other groups or organisations (specify) SPOTH.D
1 2 1 2 3

SPTOT.D

Q86 In all, how many different organisations are there whose activities you regularly join in with?

Q87 Did you vote in any of the following elections...

		yes	no	d/k
VTGEN.D	1997 General election.....	1	2	3
VTDEV.D	1997 Referendum on Scottish Devolution	1	2	3
VTSC.T.D	1999 Scottish Parliamentary election	1	2	3
VTLOC.D	1999 Local Council election.....	1	2	3

Q88 How comfortable would you feel asking help from your neighbours in each of the following situations? By neighbours we mean everybody who lives within a couple of minutes walk of your home. (if nobody lives this close then: Think of the people who live nearest to you). Would you be...

- Very comfortable 1
- fairly comfortable 2
- fairly uncomfortable 3
- very uncomfortable 4
- would not ask neighbour 5
- <don't know> 9

USE CARD 14

- A to collect a prescription from the chemist for you if you were ill in bed. 1 2 3 4 5 9 RPPRSC.D
- B to lend you £5 for a couple of days to pay an outstanding bill. 1 2 3 4 5 9 RPLEND.D
- C if you could talk to them about a personal problem that you had. 1 2 3 4 5 9 RPPROB.D

ANFAV.D

Q89 do you exchange small favours with the people who live near? I'm thinking about things like leaving a key to let a repair man in?

IF YES: How many people are there that you exchange favours with?

(NONE CODE 0, MORE THEN 98 CODE 98, DON'T KNOW CODE 99)

Q90 For each of these statements please tell me whether you strongly agree, agree, neither agree nor disagree, disagree or strongly disagree

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

USE CARD 15

A	This is a close-knit neighbourhood	1 2 3 4 5 9	TRCLOS.D
B	People around here are willing to help their neighbours	1 2 3 4 5 9	TRHELP.D
C	People in this neighbourhood generally don't get along with each other	1 2 3 4 5 9	TRGETA.D
D	People in this neighbourhood do not share the same values	1 2 3 4 5 9	TRVALU.D
E	People in this neighbourhood can be trusted	1 2 3 4 5 9	TRTRST.D

EMPSTA.D

Q92

Can I just check you said you were....

(Interviewers, carry forward current employment status from the grid just completed and enter it here

retired	1	working at more than one job	10
disabled, invalid or permanently sick.....	2	mainly working but also in education	11
caring for Home or "Housewife".....	3	mainly in education, but also working	12
unemployed.....	4	mainly caring for the home but also working.....	13
employed, a Worker or Self Employed	5	mainly caring for the home but also in education ..	14
Government training scheme	6	unemployed but also working	15
full-time education.....	7	unemployed but also in education	16
other		20	

If code 20 other:

How would you describe yourself now? _____

★ ★ mainly currently employed or in training scheme (5, 6, 10, 11)  Q95

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

FEMPST.D

Q93

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, etc. **15 cohort, if combined code 12 to 16 ask about main (first) status**)*

(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

Q94 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. **15 cohort, if combined code 12 to 16 ask about main (first) status)**

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

<i>USE CARD 18</i>				
A	is boring	NWBORE.D 1 2 3 4 9	F	is interesting and challenging NWINT.D 1 2 3 4 9
B	prevents me feeling in control of things	NWCONT.D 1 2 3 4 9	G	forces me to do what other people want NWFORC.D 1 2 3 4 9
C	allows me to be sociable and meet people	NWSOC.D 1 2 3 4 9	H	is full of stress NWSTRS.D 1 2 3 4 9
D	can be quite lonely	NWLONE.D 1 2 3 4 9	I	lets me make full use of my abilities NWAABIL.D 1 2 3 4 9
E	leaves me mentally tired out at the end of the day	NWMTIR.D 1 2 3 4 9	J	is too routine NWROUT.D 1 2 3 4 9
<i>USE CARD 19</i>				
K	causes me a lot of worry	NWWORR. 1 2 3 4 9	P	is too frantic and hurried NWFRAN.D 1 2 3 4 9
L	lets me feel important and worth while	NWIMPT.D 1 2 3 4 9	Q	allows me to set my own pace of life NWPACE.D 1 2 3 4 9
M	is bad for my health	NWHLTH.D 1 2 3 4 9	R	leaves me physically tired out at the end of the day NWPPTIR.D 1 2 3 4 9
N	leaves me plenty of time for myself	NWTIME.D 1 2 3 4 9	S	is more than I can cope with NWCOPE.D 1 2 3 4 9
O	makes me feel isolated	NWISOL.D 1 2 3 4 9	T	requires me to concentrate hard NWCONC.D 1 2 3 4 9

NJOBS.D

Q95 How many different jobs have you had since 1995?

(see interviewer's manual for definitions of what counts as a job change, no jobs since 1995 96)

--	--

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 five years, start at job 2 and work back. If more than five jobs including job now ask about five most recent ones.

job 1 (main job now) **JB1NM.D** **JB1DS.D**
JB1ES.D

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

industry **JB1IND.D**
JB1SIZE.D

How many employees does the firm have?
 firm has 24 or less employees in UK1
 firm has 25 or more employees in UK2

when did you start this job? yr M

(month unknown code 99)

JB1FT.D

Do you think of it as...
 part time1
 full time.....2

Subsidiary jobs now

JBSUB.D

Do you have any other jobs now?

Yes1
 No2

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

JBSUBN.D

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

JBSUBH.D

(Note: Extra question was asked in CAPI for 'Main other job'. The relevant variables are: JBXNM.D, JBXDS.D, JBXIND.D, JBXYSR.D, JBXMTS.D, JBXES.D, JBXSIZE.D, JBXFT.D)

Previous jobs since 1995

JB2ES.D
job 2 **JB2NM.D** **JB2DS.D**

JB2WHL.D **JB2IND.D**
industry

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

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

JB2FT.D

JB2OCH.D

Was it...
 part time**JB2YRS.D****JB2MTS.D**
 full time2

Was it your own choice or did you have to leave?
 own choice.....**JB2YRL.D**1 **JB2MTL.D**
 had to leave.....2

when did you start that job?Yr M

(month unknown code 99)

when did you leave that job? Yr M

(month unknown code 99)

job 3 JB3NM.D JB3DS.D

- Were you.... **JB3ES.D**
- self employed (with paid employees)..... 1
 - self employed (no paid employees)2
 - manager3
 - foreman/supervisor.....4
 - employee.....5

JB3FT.D

- Was it...
- part time 1
 - full time2

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

industry JB3IND.D
JB3WHL.D

- Why did you leave that job?
- ill health 1
 - retirement.....2
 - redundant.....3
 - end of contract.....4
 - to be better off financially.....5
 - family reasons(specify)6
 - other(specify)7

JB3OCH.D

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

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

job 4 JB4NM.D JB4DS.D

JB4ES.D

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

JB4FT.D

- Was it...
- part time 1
 - full time2

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

industry JB4IND.D

JB4WHL.D

- Why did you leave that job?
- ill health 1
 - retirement.....2
 - redundant.....3
 - end of contract.....4
 - to be better off financially.....5
 - family reasons(specify)6
 - other(specify)7

JB4OCH.D

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

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

job 5 JB5NM.D JB5DS.D

JB5ES.D

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

JB5FT.D

- Was it...
- part time 1
 - full time2

JB2YRS.D **JB2MTS.D**

when did you start that job?Yr M

industry JB5IND.D

JB5WHL.D

- Why did you leave that job?
- ill health 1
 - retirement.....2
 - redundant.....3
 - end of contract.....4
 - to be better off financially.....5
 - family reasons(specify)6
 - other(specify)7

JB5OCH.D

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

JB2YRL.D **JB2MTL.D**

when did you leave that job? Yr M

★★ ALL THOSE DESCRIBING THEMSELVES AS CURRENTLY EMPLOYED 102

All not currently employed

UNLKWK.D

- Q96** At the moment are you
- seriously looking for work..... 1
 - not looking for work 2 98
 - waiting to start a job..... 3 100

UNLKYR.D

- Q97** How long have you been looking for work? Yrs
 (code in years. 0 to 5 months=97, 6 to 11 months=98)

★★ ALL LOOKING FOR WORK 100

Not seriously looking for work

UNFUT.D

- Q98** Would you like to work at some time in the future if you could find a suitable job?
- yes 1
 - no..... 2

UNNLK.D

- Q99** 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 8 100
 - looking after home..... 9
 - in education 10
 - financially not worth while 11
 - permanently retired 12
 - other (specify) 13

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

UNILL.D

illness _____

UNILLY.D

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

UNREG.D

- Q100** Are you on the unemployment register at the present moment?
- yes 1
 - no..... 2

Q101 **WKNOW.D**
Do you have any paid work now?
 yes 1
 no..... 2 118

(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?**

Work now JBNNM.D JBNDS.D
JBNES.D
 self employed (with paid employees).....1
 self employed (no paid employees)2
 manager3
 foreman/supervisor.....4
 employee.....5

industry JBNIND.D
JBNSZE.D
 firm has 24 or less employees in UK 1
 firm has 25 or more employees in UK 2

When did you start that job?

Yr

--	--	--	--

 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)

Q102 **WK6HRS.D**
Do you work for at least six hours per week in this job?
 Yes 1
 No 2 118

Q103 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.D

--	--

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)

--	--	--

Q104 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) 105

--	--

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

--	--	--

WKFS.D

Q105 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

SHOW CARDS 18 AND 19

Q106 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 18

<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.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKCONT.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKSOC.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKLONE.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKMTIR.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">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.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKFORC.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKSTR.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKABIL.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKROUT.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div>
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Card 19

<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.</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKIMPT.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKHLTH.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKTIM.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKISOL.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">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.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKPACE.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKPTIR.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKCOPE.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div> <p>WKCONC.D</p> <div style="border: 1px solid black; padding: 2px; width: 60px; margin: 0 auto;">1 2 3 4 9</div>
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- Q107** **WKPLAC.D** **Where do you mainly work?**
- in factory/office or similar place 1
 - at home..... 2
 - travelling about, no fixed place..... 3
 - other (specify) 4

- Q108** **WKSEC.D** **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

- Q109** **WKPAID.D** **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.D per week	WKPMT.D per month	WKPYR.D per year																	
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(Note: This question was asked differently in CAPI. The relevant variables are: WKINC.D, WKINCP.D and WKINCC.D)

(if R refuses give income card (card 20) 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)

WKPCD.D

--	--

- Q110** **WKORPS.D** **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

- 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.D

Q111 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)

--	--	--

Q112 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.D

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

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

WKTIRE.D

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

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

WKTIME.D

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

WKSHFT.D

Q113 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.D

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)

114

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

WKPHYA.D

Q114 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 21

Q115 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.D all 3/4 1/2 1/4 occ. never</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>	<p>H work in a bent or uncomfortable position</p>	<p>WKBENT.D all 3/4 1/2 1/4 occ. never</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>
<p>B work in very dusty conditions</p>	<p>WKDUST.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>	<p>I work which is monotonous and repetitive</p>	<p>WKMONO.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>
<p>C work in very hot conditions</p>	<p>WKHOT.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>	<p>J work which is hectic or too fast</p>	<p>WKFAST.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>
<p>D work in very cold conditions</p>	<p>WKCOLD.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>	<p>K work in uncomfortably dry conditions</p>	<p>WKDRY.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>
<p>E work in very wet conditions</p>	<p>WKWET.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>	<p>L work in conditions with poor lighting</p>	<p>WKPLT.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>
<p>F work with fumes or chemicals</p>	<p>WKFUME.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>	<p>M work with a VDU</p>	<p>WKVDU.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>
<p>G work with a lot of vibration</p>	<p>WKVIBR.D</p> <div style="border: 1px solid black; padding: 2px; display: inline-block;">1 2 3 4 5 6</div>		

USE CARD 22

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

Q116 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) Hrs M

WKHPWH.D WKHPWM.

WKSTRS.D

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

yes 1
no..... 2 **c** 117

WKNSTR.D

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

WKSSLP.D

Q117 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.D

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

work and discrimination

★★ 55 cohort 119
GETWK.D

Q118 Since you were 18 how difficult have you personally found it to get work?

- Very difficult..... 1
- Quite difficult..... 2
- Quite easy..... 3
- Very easy..... 4
- N/A (not looked for work)..... 5
- Don't know..... 9

Q119 ASK 15 COHORT: In your education or work career since 1995, do you feel you have ever been unfairly discriminated against because of your...

(read out and code yes, 1 no 2, don't know 9)

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

ASK 35 and 55 COHORT: In your education or work career, do you feel you (were ever/have ever been) unfairly discriminated against because of your...

If yes: **Can you remember when that last happened...?**

(code year and month, don't know code 9999 for year, don't know month code 0)

	discrim.	year last	month		discrim.	year last	month
A) Sex DSCSEX.D	1 2 9	DSEX.YR.D	DSEX.MT.D	F) appearance DSCCLKS.D	1 2 9	DLKSYR.D	DLKSMT.D
B) Age DSCAGE.D	1 2 9	DAGE.YR.D	DAGE.MT.D	G) area DSCARE.D	1 2 9	DAREYR.D	DAREMT.D
C) Race DSCRAC.D	1 2 9	DRACYR.D	DRACMT.D	H) Health DSCHLT.D	1 2 9	DHLTYR.D	DHLTMT.D
D) Religion DSCREL.D	1 2 9	DRELYR.D	DRELMT.D	I) Height DSCHT.D	1 2 9	DHTYR.D	DHTMT.D
E) Background DSCBAC.D	1 2 9	DBACYR.D	DBACMT.D	J) Weight or size DSCWT.D	1 2 9	DWTYR.D	DWTMT.D

★★ 35 and 55 cohort 122
LWKILL.D

Q120 a) Since 1995 have you ever lost a job, training placement or college place because of ill-health or a health-related problem after you had started it?

- Yes..... 1
- No..... 2 121

LWCOND.D

b) What was/were the health problem(s)?

(Record verbatim)

.....

NWILL.D

Q121 a) Since 1995 do you feel you have ever not been given a job, training placement or college place because of ill health (or a health-related problem)?

- Yes..... 1
- No..... 2 122

NWCOND.D

b) What was/were the health problems?

(Record verbatim)

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.D

Q122 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) 123

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

(code in hours and minutes)

HWHRS.D	HWMNS.D
Hrs <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>	M <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>

HWFS.D

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.D

USE CARD 23

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) 123

--	--

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.D	HWHMNS.D
Hrs <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>	M <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>

Chores and maintenance

CHM4WD.D

Q123 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) 124

--	--

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

(code in hours and minutes)

CHMAHR.D	CHMAMN.D
Hrs <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>	M <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>

CHMFS.D

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.D

USE CARD 24

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) 124

--	--

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.D CHMHMN.D

Hrs

--	--

 M

--	--

Gardening

GDNLYR.D

Q124 a) Have you done any gardening in the last 12 months?

yes 1
no..... 2 126

GDNYMT.D

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

--	--

GDNMDY.D

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

--	--

GDNFS.D

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

--

GDN4WD.D

Q125 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) 126

--	--

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

(Code in hours and minutes)
USE CARD 25

GDNAHR.D GDNAMN.D

Hrs

--	--

 M

--	--

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) 126

GDNHDY.D

--	--

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.D GDNHMN.D

Hrs

--	--

 M

--	--

Hard Exercise in the home

SWTDY.D

Q126 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) 127

--

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.D SWTMN.D

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.D

Q127 a) In the last four weeks on how many days have you done childcare for children who live in your household?

(none code 00)  128

--	--

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.D	CCHAMN.D
Hrs <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>	M <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>

CCHFS.D


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.D

Q128 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)  129

--	--

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.D	CCOAMN.D
Hrs <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>	M <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table> <table border="1" style="display: inline-table; width: 30px; height: 30px;"></table>

CCOFS.D

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

--


Other caring

HOANY.D

Q129 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  130

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

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?

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

HOFS.D

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

HO4WDY.D

(none code 00) 130

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.D HOAMN.D

Voluntary work

Q130 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) 131

VW4WDY.D

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)

Hrs M
 VWAHR.D VWAMN.D

EXERCISE

PHYANW.D

Q131 a) Thinking in general about your life as it is now (but not in your paid employment), would you say you are...

- very physically active 1
- fairly physically active 2
- not very physically active 3
- not at all physically active 4

b) Thinking of the exercise you take. In an average week, on how many days do you take at least 30 minutes of moderate physical exercise such as a brisk walk. It doesn't have to be 30 minutes all at once?

(none code 0, don't know code 9)

BWALK_D

c) In an average week, on how many days do you spend at least 20 continuous minutes doing vigorous physical exercise, enough to make you sweaty and out of breath?

(none code 0, don't know code 9)

VIGEX_D

Walking

WLKLYR.D

Q132 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 2 134
- can't walk 3 135

Q133 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)

WLKYMT.D

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

WLK4W.D

- yes 1
- no 2 134

WLKN4W.D

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)

Hrs		
	WLKLHR.D	

M		
	WLKLMN.D	

Q134 Which of the following best describes your usual walk...

WLKPAC.D

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

Cycling

Q135 a) During the last year have you done any cycling, either for pleasure or just to get around?

CYCLYR.D

- yes 1
- no 2 137

Q136 a) How many months in the last year did you regularly cycle?

(regularly means at least once a week.)

--	--

CYCYMT.D

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

- yes 1
- no 2 137

CYC4W.D

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

--	--

CYCN4W.D

d) How long did you spend cycling on the last occasion you cycled?

(Code in hours and minutes)

Hrs		
	CYCLHR.D	

M		
	CYCLMN.D	

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

CYCSWT.D

- yes 1
- no 2

Sport SPORT.D


Q137 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 26 SPTANY.D

Q138 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  139

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 26 Cycling 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;">45 Any 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-.D Sport no.	SPTMT-.D Months done	SPTDY-.D Days per month	SPTMN-.D Mns per occasion	SPTSW-.D Sweat
1					
2					
3					
4					
5					

LEISURE, YOUTH STYLE AND CRIME/DELINQUENCY

★★ 35 and 55 cohort ○ 143

Leisure

USE CARD 27

Q139 What other things do you do in your leisure time? I am going to read out a list of activities and ask how often you do them?
(code frequency on grid)

Every day	1
4-6 days a week	2
2-3 days a week	3
Once a week	4
Once or twice a month	5
At least once every 6 months	6
Once a year or less	7
Never	8
Don't know	9
Varies	10

How often do you...?

LTV.D			LSPMAT.D				
A	Watch TV/video	<input type="text"/>	<input type="text"/>	K	Attend sports matches	<input type="text"/>	<input type="text"/>
LFRVIS.D			LGIGS.D				
B	Go to a friend's house	<input type="text"/>	<input type="text"/>	L	Go to a gig or concert	<input type="text"/>	<input type="text"/>
LMUSIC.D			LBET.D				
C	Listen to music	<input type="text"/>	<input type="text"/>	M	bet on horses, dogs or sports matches	<input type="text"/>	<input type="text"/>
LLOTRY.D			LMEALS.D				
D	Do the lottery or scratchcards	<input type="text"/>	<input type="text"/>	N	eat out in a restaurant or cafe	<input type="text"/>	<input type="text"/>
LREAD.D			LWINSH.D				
E	Read books, magazines etc.	<input type="text"/>	<input type="text"/>	O	look around the shops	<input type="text"/>	<input type="text"/>
LPUB.D			LART.D				
F	Go to the pub or wine bar	<input type="text"/>	<input type="text"/>	P	Do musical, artistic or dramatic activities	<input type="text"/>	<input type="text"/>
LCINEM.D			LHOBBY.D				
G	Go the cinema or theatre	<input type="text"/>	<input type="text"/>	Q	Do a hobby (not a sport)	<input type="text"/>	<input type="text"/>
LLOVE.D			LCMPUT.D				
H	Go out with girl or boy friend, partner or spouse	<input type="text"/>	<input type="text"/>	R	Do home computing or video games	<input type="text"/>	<input type="text"/>
LFRDISP.D			LCARDS.D				
I	Have friends round	<input type="text"/>	<input type="text"/>	S	Gamble on cards, fruit machines, bingo etc.	<input type="text"/>	<input type="text"/>
LDISCO.D			LFIGHT.D				
J	Go to a disco or club	<input type="text"/>	<input type="text"/>	T	get involved in fights	<input type="text"/>	<input type="text"/>

youth style

SHOW CARD 28

Q140 **ASK FIRST:** Since we first started interviewing you we have asked about various styles like rave or heavy metal you might have been into. Looking at the card and thinking back to when you were at school when you were about 15, which of these were you in to?

THEN ASK: What about now, are there any of these you're still into?

FOR ALL MENTIONED ASK: (Were you/Are you) into that just a bit, quite a bit or really heavily

- Not at all..... 1
- A bit..... 2
- Quite a bit..... 3
- Really heavily 4
- Don't know..... 9

	At 15	Now		At 15	Now
A) Punks	PUNK15.D 1 2 3 4 9	PUNK28.D 1 2 3 4 9	H) Hippies or New Age	HIPY15.D 1 2 3 4 9	HIPY28.D 1 2 3 4 9
B) Mods	MOD15.D 1 2 3 4 9	MOD28.D 1 2 3 4 9	I) Grunge or Crusties	GRNG15.D 1 2 3 4 9	GRNG28.D 1 2 3 4 9
C) Skinheads or Skins	SKIN15.D 1 2 3 4 9	SKIN28.D 1 2 3 4 9	J) Clubbers or club scene	CLUB15.D 1 2 3 4 9	CLUB28.D 1 2 3 4 9
D) Heavy Metal	HMET15.D 1 2 3 4 9	HMET28.D 1 2 3 4 9	K) Football Casuals	CSL15.D 1 2 3 4 9	CSL28.D 1 2 3 4 9
E) Hip hop	HHOP15.D 1 2 3 4 9	HHOP28.D 1 2 3 4 9	L) Other football groups	FBGP15.D 1 2 3 4 9	FBGP28.D 1 2 3 4 9
F) Rave	RAVE15.D 1 2 3 4 9	RAVE28.D 1 2 3 4 9	M) Other	1 2 3 4 9	1 2 3 4 9
G) Breakers or Breakdancers	BRK15.D 1 2 3 4 9	BRK28.D 1 2 3 4 9	(Note: 'Other' wasn't asked in CAPI)		

FAVMUS.D

Q141 What is your favourite type of music?

(Record verbatim)

crime/delinquency

POLTRO.D

Q142 a) Since 1995, have you personally been in trouble with the police?

Yes 1
 No 2
 Don't know 9] 143

POLCHA.D

b) If yes Have you been officially cautioned and/or charged by the police?

Yes 1
 No 2
 Don't know 9] 143

POLNUM.D

c) How many times in all has that happened?

(don't know code 99)

--	--

d) What was/were the charge(s), or caution(s) for?

(record verbatim on grid, ask first about the most serious, then the next etc.

e) Were you officially cautioned or charged?

(code on grid)

Cautioned 1 next offence
 Charged..... 2
 Don't know 9

f) Was/were the case(s) brought to Court?

(code on grid)

Yes 1
 No 2
 Don't know 9

g) Were you convicted

Yes 1
 No 2
 Don't know 9

h) what was the sentence?

(record verbatim)

OFFNS1.D

offence 1 (most serious)

charged/cautioned? CHA1.D court? COUR1.D convicted? CONV1.D

SENT1.D

(offence 1) sentence _____

OFFNS2.D

offence 2

charged/cautioned? CHA2.D court? COUR2.D convicted? CONV2.D

SENT2.D

(offence 2) sentence _____

OFFNS3.D

offence 3

charged/cautioned? CHA3.D court? COUR3.D convicted? CONV3.D

SENT3.D

(offence 3) sentence _____

SMOKING

SMTYPE.D

Q143 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..... 1 147
- ex smoker 2 146
- current smoker 3

current smokers

SMCNUM.D

Q144 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

SM4YST.D

Q145 Since we last visited you in 1995 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) 147

*** current smokers 147

ex smokers

SMXAGL.D

Q146 How old were you when you gave up smoking cigarettes or cigars completely?

DRINKING

DRTYPE.D

Q147 Do you ever drink alcohol, even if it is just occasionally?

If no: Did you ever used to drink alcohol?

- never drinker..... 1 155
- ex drinker..... 2 154
- current drinker..... 3

current drinkers

DR4YST.D

Q148 a) Since we last visited you in 1995 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

149 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.D beer/lager/cider	DR--WI.D wine	DR--FW.D fortified wine	DR--SP.D spirits	DR--OT.D 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.D

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.D

Q150 a) Since we last visited you in 1995 have you ever felt that you should cut down on your drinking?

- yes 1
- no 2 151

DRACLY.D

b) Have you felt that in the last year?

- yes 1
- no 2

DRAANN.D

Q151 a) Since we last visited you in 1995 have people annoyed you by criticising your drinking?

- yes 1
- no 2 152

DRAALY.D

b) Has this happened in the last year?

- yes 1
- no 2

DRABAD.D

Q152 a) Since we last visited you in 1995 have you ever felt bad or guilty about your drinking?

- yes 1
- no..... 2 153

DRABLY.D

b) Have you felt that in the last year?

- yes 1
- no..... 2

DRAFAM.D

Q153 a) Since we last visited you in 1995 have you ever had a drink first thing in the morning to steady your nerves or get rid of a hangover?

- yes 1
- no..... 2 155

DRAFLY.D

b) Has this happened in the last year?

- yes 1
- no..... 2

*** current drinkers 156

ex drinkers

DRXAGL.D

Q154 a) How old were you when you gave up drinking completely?

--	--

DIET

*** 35 and 55s cohort 156

Q155 a) On how many days of the week do you usually have the following meals?

code number of days per week,
if less than once a week, code 8, don't know code 9, if varies code 10, if never code 00

- BREAKF.D breakfast

--	--
- LUNCH.D a midday meal

--	--
- TEA.D an evening meal

--	--

SNAM.D

b) How many times on an average day do you usually have a snack or something to eat... in the morning, before lunchtime?

- once 1
- twice 2
- three times 3
- four or more times 4
- rarely 5
- never..... 6
- don't know 9

SNAKPM.D

in the afternoon, before your evening meal?

once.....	1
twice.....	2
three times.....	3
four or more times.....	4
rarely.....	5
never.....	6
don't know.....	9

SNAKEV.D

in the evening, before going to bed?

once.....	1
twice.....	2
three times.....	3
four or more times.....	4
rarely.....	5
never.....	6
don't know.....	9

DWTNOW.

Q156 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

👉 157

DWTWHO.

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.D

Q157 a) Since we last visited you in 1995 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.D

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.D

Q158 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

👉 159

DWHO.D

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.D**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.D**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.D**Q159 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.D**Q160 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

★★ 35 and 55s cohort ○☞ 162

DRUGS

SHOW CARD 29

Q161 a) Please could you answer the question on the card.
 (This is a list of drugs and substances that people sometimes try.
 Which of these have you ever tried, if any? Please tell me the letters
 of the ones you have tried).
 (do not include any prescribed by the doctor for medical reasons)

DRGEVR.D Yes (have tried some)..... 1
 No (have never tried any) 2
 Don't know 9] ○☞ 162

FOR EACH LETTER GIVEN CODE 1 IN EVER COLUMN, THEN ASK B TO D, AND CODE ON GRID.

b) Have you used it in the past year?
 Yes1
 No2 ○☞ d

c) How often have you used it in the past year?
 Everyday1
 4-6 days a week2
 2-3 days a week3
 Once a week4
 Once or twice a month5
 At least once every six months6
 Once a year or less7
 Varies8
 Don't know9

d) Thinking of the last time you used it, where were you?
 Recreational (clubs, pubs, etc.)1
 Domestic (own or other's home)2
 Work/university3
 Street/ park4

	Ever	Past year CANLYR.D	Frequency CANFRQ.D	Context CANCON.D
A Cannabis (Dope, Hash, Grass, Pot, Marijuana)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
B LSD (Acid)	<input type="checkbox"/>	LSDLYR.D <input type="checkbox"/>	LSDFRQ.D <input type="checkbox"/>	LSDCON.D <input type="checkbox"/>
C Temazepam (Gellphix, jellies, eggs)	<input type="checkbox"/>	TMZLYR.D <input type="checkbox"/>	TMZFRQ.D <input type="checkbox"/>	TMZCON.D <input type="checkbox"/>
D Sleeping pills/ tranquillisers (tranks) (eg Valium, Mogodon)	<input type="checkbox"/>	TRNLYR.D <input type="checkbox"/>	TRNFRQ.D <input type="checkbox"/>	TRNCON.D <input type="checkbox"/>
E Glues, solvents, dry-cleaning fluid, gas	<input type="checkbox"/>	SLVLYR.D <input type="checkbox"/>	SLVFRQ.D <input type="checkbox"/>	SLVCON.D <input type="checkbox"/>
F Amphetamines (speed, pep pills)	<input type="checkbox"/>	AMPLYR.D <input type="checkbox"/>	AMPFRQ.D <input type="checkbox"/>	AMPCON.D <input type="checkbox"/>

	Ever	Past year NITLYR.D	Frequency NITFRQ.D	Context NITCON.D
G Amyl/Butile Nitrite (poppers, rush)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
H Heroin (Smack)	<input type="checkbox"/>	HERLYR.D <input type="checkbox"/>	HERFRQ.D <input type="checkbox"/>	HERCON.D <input type="checkbox"/>
I Methadone	<input type="checkbox"/>	METLYR.D <input type="checkbox"/>	METFRQ.D <input type="checkbox"/>	METCON.D <input type="checkbox"/>
J Temgesic (Tems)	<input type="checkbox"/>	TMSLYR.D <input type="checkbox"/>	TMSFRQ.D <input type="checkbox"/>	TMSCON.D <input type="checkbox"/>
K Cocaine (coke)	<input type="checkbox"/>	COKLYR.D <input type="checkbox"/>	COKFRQ.D <input type="checkbox"/>	COKCON.D <input type="checkbox"/>
L Ecstasy	<input type="checkbox"/>	ECSLYR.D <input type="checkbox"/>	ECSFRQ.D <input type="checkbox"/>	ECSCON.D <input type="checkbox"/>
M Magic Mushroom	<input type="checkbox"/>	MUSLYR.D <input type="checkbox"/>	MUSFRQ.D <input type="checkbox"/>	MUSCON.D <input type="checkbox"/>
N Other drug(s) specify	<input type="checkbox"/>	OTDLYR.D <input type="checkbox"/>	OTDFRQ.D <input type="checkbox"/>	OTDCON.D <input type="checkbox"/>

MRC BRONCHITIS

BRCAM.D


Q162 a) Do you usually cough first thing in the morning in winter?

yes 1
no..... 2

BRCNT.D

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  163

BRC3M.D

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

yes 1
no..... 2

BRPHAM.D

Q163 a) Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?

yes 1
no..... 2

BRPHNT.D

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  164

BRPH3M.D

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

yes 1
no..... 2

BRC3WK.D

Q164 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.D

Q165 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

 166

BRSBOP.D

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

yes 1
no..... 2

BRSTBR.D

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

yes 1
no..... 2

BRWHEV.D

Q166 a) Does your chest ever sound wheezy or whistling?

yes 1
no..... 2

167

BRWHM.D

b) Do you get this most days or nights?

yes 1
no..... 2

BRILL.D

Q167 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

168

BRILLN.D

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

--	--

MRC CHEST PAIN

CPPNEV.D

Q168 a) Have you ever had any pain or discomfort in your chest?

yes 1
no..... 2

CPPREV.D

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 170

CPHILL.D

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

yes 1
no..... 2

CPLVL.D

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

yes 1
no..... 2

CPWDO.D

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

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

CPSTST.D

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

Q169 Could you show me where you get the pain or discomfort? Do you feel it anywhere else?

(code all sites mentioned)

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

CPHHR.D

Q170 a) Have you ever had a severe pain across the front of your chest lasting half an hour or more?

yes 1
no..... 2

CPDOC.D

171

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)

CPDIAG.D

diagnosis _____

d) How many of these attacks have you had?

CPNATT.D

--	--

e) When was your (first) attack?

(month unknown code 99)

CPFAYR.D

Yr

--	--	--	--

CPFAMT.D

M

--	--

f) When was your last attack?

(month unknown code 99)

CPLAYR.D

Yr

--	--	--	--

CPLAMT.D


M

--	--

Joint Pain


JTREG.D USE CARD 30

Q171 a) I would like you to look at this card. Do you regularly suffer from any swelling, pain or stiffness in any of your joints or in your neck or back?

yes 1
no 2  172

for each mentioned ask b to d

b) Does that cause pain....
(code in grid)

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

d) Does it limit your day to day activities?

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

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

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

		JT-PF.D pain frequency	JT-PS.D pain severity	JT-LM.D limitation
neck	N	1 2 3 9	1 2 3 9	1 2 3 4 5 9
back	B	1 2 3 9	1 2 3 9	1 2 3 4 5 9

		JTL-PF.D pain frequency	JTL-PS.D left side pain severity	JTL-LM.D limitation	JTR-PF.D pain frequency	JTR-PS.D right side pain severity	JTR-LM.D limitation
shoulder	S	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
elbow	E	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
wrist	W	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
hand or finger	F	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
hip	H	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
knee	K	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
ankle	A	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9
foot or toes	T	1 2 3 9	1 2 3 9	1 2 3 4 5 9	1 2 3 9	1 2 3 9	1 2 3 4 5 9

HOUSING, TRANSPORT AND LOCALITY

Current housing

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

Q172 a) ^{HSEWHO.D} 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 partner 2
- partner only 3
- parent 4
- parent in law 5
- child 6
- child in law 7
- other relative (specify) 8
- non relative (specify) 9

^{HSETEN.D}
b) Is the house owned or rented?

If owned: Is that with a mortgage or a loan?

- rented 1
- part mortgage part rent (shared ownership) 2
- owned outright 3
- being bought with a mortgage or loan 4
- rent free 5
- other (specify) 6

☞ 173

^{HSERNT.D}
c) Is your landlord...

- the local Council 1
- Scottish Homes 2
- A housing association or housing co-op 3
- a private landlord 4
- other (specify) 5

^{FHOUSE.D}
Q173 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.D}
Q174 a) How long have you lived in this house/flat?

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

Yrs

^{HERELI.D}
b) *If five years or less: Were you living here when we last visited you?*

- yes 1
- no 2

Q175 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.D | <input type="text"/> | 2) other public (eg. dining, study) | <input type="text"/> | PUBRM.D |
| 3) bedrooms | BEDRM.D | <input type="text"/> | 4) kitchen | <input type="text"/> | KITCHN.D |
| 5) bathroom | BATHRM.D | <input type="text"/> | 6) w/c (no bath or shower) | <input type="text"/> | TOILET.D |
| 7) bed sit | BEDSIT.D | <input type="text"/> | 8) other (specify) | <input type="text"/> | OTHRM.D |

- Q176 a)** **HDAMP.D** **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

- 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

- Q177** **HNOISE.D** **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

- Q178** **HCROWD.D** **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

- Q179** **GARDEN.D** **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

- Q180 a)** **HWLKST.D** **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

- b) On an average day how many stairs in all do you climb at home?**

181

--	--	--

Area

Now I would like to ask about the area you live in.

FAREA.D

Q181 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.D

Q182 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

Q183 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

SHOW CARD 31

			serious	minor	not	d/k
AVMDAL.D	A	vandalism	1	2	3	9
ALITER.D	B	litter and rubbish	1	2	3	9
ASMELL.D	C	smells and fumes	1	2	3	9
AASULT.D	D	assaults or muggings	1	2	3	9
ABURGL.D	E	burglaries	1	2	3	9
ADISTB.D	F	disturbance by children or youngsters	1	2	3	9
ATRAFF.D	G	Speeding traffic	1	2	3	9
ASYRNG.D	H	discarded needles or syringes	1	2	3	9
APAVE.D	I	uneven or dangerous pavements	1	2	3	9
ADOG.D	J	nuisance from dogs	1	2	3	9
AREPUT.D	K	the reputation of the neighbourhood	1	2	3	9
ASAFEP.D	L	lack of safe places for children to play	1	2	3	9
AREC.D	M	lack of recreational facilities	1	2	3	9
APEOPL.D	N	the people round here	1	2	3	9
AWASTE.D	O	derelict or waste ground	1	2	3	9
ASERV.D	P	getting services (eg. Taxis, police or ambulances) to come to peoples homes	1	2	3	9

transportation

I would like to ask a few questions about transportation.

CARLIC.D


Q184 a) Do you have a current valid driving licence?

yes 1
no..... 2

CAROWN.D

b) Do you or your household own a car or van?

(exclude company cars or vans)

yes 1
no..... 2  e

CRNOWN.D

car owners

c) How many cars/vans does your household own?

CRODR.D

d) Do you personally ever drive the/one of the car/van(s)?


yes 1
no..... 2

Ask all CRNUS.D

e) 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  185

CRNNUS.D

f) If yes: How many cars or vans which you don't own do you or your household normally have the use of?

CRNUDR.D

g) Do you personally ever drive the/one of the car/van(s)?

yes 1
no..... 2

housing transitions

★★ 35 and 55 cohort ○ 186

We're interested in finding out about the type of accommodation you've been in, who you've lived with, and the reasons for moving, since our last visit in 1995.

SHOW CARD 32

Q185 a) First of all, thinking back to when we last visited you, in 1995, in what type of accommodation did you live?

(code on first line of grid in col1, then ask col 2-6 below)

house/flat owned or on mortgage.....	01
house/flat rented from L.A.	02
house/flat rented from Scottish homes.....	03
house/flat rented from housing association	04
house/flat rented from private landlord.....	05
rented bedsitter or room in private home.....	06
students, nurses, barracks or other communal residence ...	07
long stay institution (hospital, prison)	08
young person's hostel or accommodation project	09
DSS accommodation (bed & breakfast, hostel).....	10
sleeping rough	11
accommodation for the homeless.....	12
insecure accommodation like a squat.....	13
sleeping on someone's floor	14
other (please specify	15

Now ask col 1-9 below for all housing moves

SHOW CARD 31

col 1 FOR ALL HOUSING MOVES ASK: Did you move from there?

if yes: **What sort of accommodation did you move to?**

01	house/flat owned or on mortgage
02	house/flat rented from L.A.
03	house/flat rented from Scottish homes
04	house/flat rented from housing association
05	house/flat rented from private landlord
06	rented bedsitter or room in private home
07	students, nurses, barracks or other communal residence
08	long stay institution (hospital, prison)
09	young person's hostel or accommodation project
10	DSS accommodation (bed & breakfast, hostel)
11	sleeping rough
12	accommodation for the homeless
13	insecure accommodation like a squat
14	sleeping on someone's floor
15	other (please specify)

col 2 to 6 Who did you live with at that address?

01	mother
02	father
03	step-parent(s)
04	grandparent(s)
05	(step)brother(s)/(step)sister(s)
06	husband/wife/partner
07	parent(s) in law/partner's parents
08	own child(ren)
09	other relative(s)
10	friend(s)
11	on own
12	other

col 7&8 When did you move to that address?

(record year and month, don't know code 9999, for year, month unknown code 0 IF THEY ALWAYS LIVED THERE CODE YEAR AS 0000)

SHOW CARD 33

col 9 What was the main reason for moving to that address?

(code closest category from below)

01	wanted to set up on my own
02	didn't get along with people (e.g. parents)
03	getting married or going to live with partner
04	marriage/partnership broke up
05	started a course or a job
06	finished course or job
07	moved to better accommodation
08	couldn't afford mortgage/rent
09	evicted
10	my family wanted me to return
11	I became unemployed
12	more convenient to live at (parental)home
13	couldn't find anywhere (else)to live
14	other (please specify)

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.D

Q186 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.D

Q187 Thinking of your income now compared to when we last visited you in 1995. 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

Q188 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.D
- B) Your rent or mortgage? INCRNT.D
- C) gas, electricity or other fuel bills? INCUTL.D
- D) your telephone bill? INCTEL.D
- E) Other bills for things like council tax or insurance that come up from time to time? INCINS.D
- F) repairs, maintenance or factor's charges for your home? INCREP.D
- G) Treats and luxuries such as having a night out or presents for the family? INCLUX.D

INCHET.D

Q189 a) Do you ever have the heating turned down lower than you'd like, because you can't afford the heating bills?
 If yes: Is that...
 very often 1
 quite often 2
 only occasionally..... 3
 never 4

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.

INCNTT.D

SHOW CARD 34

Q196 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

For each mentioned ask:

b) Can I ask how much income your household receives from ...(source)?

USE INCOME CARD (CARD 20) 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 payment/child support maintenance
- 9 investment/private income
- 10 contributions from other household members' earnings

Contributory benefits (not sickness)

- 11 job seekers allowance
- 12 state retirement pension
- 13 widows pension
- 14 maternity allowance or statutory maternity pay

Sickness benefits

- 15 statutory sick pay (SSP)
- 16 incapacity benefit
- 17 severe disablement allowance
- 18 industrial injuries disablement benefit
- 19 attendance allowance
- 20 constant attendance allowance
- 21 invalid care allowance
- 22 disability living allowance
- 23 disabled person's tax allowance
- 24 war disablement pension or mobility allowance

Non Contributory benefits

- 25 income support
- 26 employment credit
- 27 working families tax credit
- 28 child benefit
- 29 guardian's allowance
- 30 widowed mothers' allowance
- 31 housing benefit
- 32 council tax benefit
- 33 war widows pension

34Any other source not mentioned

INCNS-.D

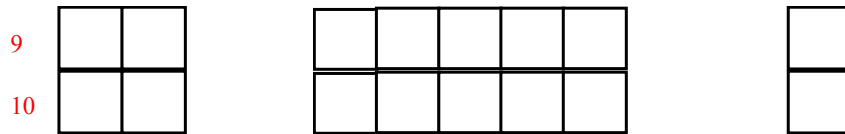
INCHA-.D

INCHP-.D

	1 source number	household amount £s	per
source1			
source2			
source3			
source4			
source5			
source6			
source7			
source8			

source9

source10



USE CARD 35

INCSAV.D

Q197 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

LIFE EVENTSTick if no events

Q198 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)... 1998/9.

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.D **EVIIT.D**

Card no. Item no.

Description of the event (brief but comprehensible)

EVIDES.D

Did it lead directly to any other problems?

Describe these briefly	<p style="text-align: center;">Leave for office use.</p> <p>Card no. <input type="text"/> Item no. <input type="text"/><input type="text"/></p> <p>Card no. <input type="text"/> Item no. <input type="text"/><input type="text"/></p> <p>Card no. <input type="text"/> Item no. <input type="text"/><input type="text"/></p>
------------------------	---

EVIOP.D

a) **When did it first happen/start?**
(code month and year, month unknown code 99)

EVIMNT.D **EVIYR.D**

M Yr

- b) **Did it happen to the respondent or did it affect someone else the respondent cares about?**
- | | |
|---|--|
| Respondent 1
spouse 2
partner 3
parent 4
parent in law 5
sib 6
sib in law 7 | child (own step or adopted) 8
grandchild 9
friend 10
neighbour 11
other kin 12
other non kin 13 |
|---|--|

- EIAFPT.D**
- 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.D**
- 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.D**
- 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.D**
- 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.D**
- 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.D EV2IT.D

Card no. Item no.

Description of the event (brief but comprehensible)

EV2DES.D

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.
EV2OP.D	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)

EV1MNT.D EV1YR.D

M Yr

- b) **Did it happen to the respondent or did it affect someone else the respondent cares about?**
- | | |
|---|--|
| Respondent 1
spouse 2
partner 3
parent 4
parent in law 5
sib 6
sib in law 7 | child (own step or adopted) 8
grandchild 9
friend 10
neighbour 11
other kin 12
other non kin 13 |
|---|--|

- E2AFPT.D**
- 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.D**
- 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.D**
- 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.D**
- 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.D

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.D EV3IT.D

Card no. Item no.

Description of the event (brief but comprehensible)

EV3DES.D

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.
EV3OP.D	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)

EV1MNT.D EV1YR.D

M Yr

b) **Did it happen to the respondent or did it affect someone else the respondent cares about?**

- | | |
|---|--|
| Respondent 1
spouse 2
partner 3
parent 4
parent in law 5
sib 6
sib in law 7 | child (own step or adopted) 8
grandchild 9
friend 10
neighbour 11
other kin 12
other non kin 13 |
|---|--|

EV3AFPT.D

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.D

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.D

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.D

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.D

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.D EV4IT.D

Card no. Item no.

Description of the event (brief but comprehensible)

EV4DES.D

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.
EV4OP.D	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)

EV1MNT.D EV1YR.D

M Yr

EV4WHO.D

b) **Did it happen to the respondent or did it affect someone else the respondent cares about?**

- | | |
|---|--|
| Respondent 1
spouse 2
partner 3
parent 4
parent in law 5
sib 6
sib in law 7 | child (own step or adopted) 8
grandchild 9
friend 10
neighbour 11
other kin 12
other non kin 13 |
|---|--|

E4AFPT.D

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

E4AFNW.D

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

E4STRS.D

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

E4STNW.D

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.D

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.D EV5IT.D

Card no. Item no.

Description of the event (brief but comprehensible)

EV5DES.D

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.
EV5OP.D	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)

EV1MNT.D EV1YR.D

M Yr

- b) **Did it happen to the respondent or did it affect someone else the respondent cares about?**
- | | |
|---|--|
| Respondent 1
spouse 2
partner 3
parent 4
parent in law 5
sib 6
sib in law 7 | child (own step or adopted) 8
grandchild 9
friend 10
neighbour 11
other kin 12
other non kin 13 |
|---|--|

- E5AFPT.D**
- 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

- E5STRS.D**
- 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

- E5AFNW.D**
- 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

- E5STNW.D**
- 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

- EV5SER.D**
- 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.D EV6IT.D

Card no. Item no.

Description of the event (brief but comprehensible)

EV6DES.D

Did it lead directly to any other problems?

Describe these briefly	Leave for office use.
EV6OP.D	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)

EV1MNT.D EV1YR.D

M Yr

- b) **Did it happen to the respondent or did it affect someone else the respondent cares about?**
- | | |
|---|--|
| Respondent 1
spouse 2
partner 3
parent 4
parent in law 5
sib 6
sib in law 7 | child (own step or adopted) 8
grandchild 9
friend 10
neighbour 11
other kin 12
other non kin 13 |
|---|--|

- E6AFPT.D**
- 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

- E6STRS.D**
- 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

- E6AFNW.D**
- 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

- E6STNW.D**
- 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

EV6SER.D

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

PMGHQ.D

Q199 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.) **WAS THE GHQ COMPLETED?**

yes 1
no (why not?) 2

PMMED.D

Q200 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] 201

b) What was that?

(write name of medicines below)

med 1. **PMMED1.D** _____

med 2. **PMMED2.D** _____

med 3. **PMMED3.D** _____

PMCOND.D

Q201 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 2 202

b) What condition(s) do you have?

Cond 1 **PMCND1.D** _____

Cond 2 **PMCND2.D** _____

Cond 3 **PMCND3.D** _____

**** non smokers** 203

Q202 How long ago did you last smoke a cigarette?

PMSMHR.D **PMSMMN.D**
Hrs

--	--

 Min

--	--

NURSE MEASUREMENTS

Q203 Room temperature.
(degrees centigrade)

PMRTMP.D

--	--

Q204 Clothes worn.

PMCLTH.D

- light..... 1
- medium 2
- heavy..... 3

Baseline blood pressure

- Now measure baseline BP, first using the **Right** arm. Instructions for using the **OMRON** sphyg are in the manual. Then take a second measurement using the **left** arm

Q205 Blood Pressure measurement.

PMSPHG.D

Record serial number of the OMRON sphyg used

--	--	--	--

a) BPS1.D BPD1.D PBP1.D
 First baseline measurement of BP and pulse (right arm)

Systolic BP	<input style="width: 100%; height: 20px;" type="text"/>	Diastolic BP	<input style="width: 100%; height: 20px;" type="text"/>	Pulse Rate	<input style="width: 100%; height: 20px;" type="text"/>
-------------	---	--------------	---	------------	---

b) BPS2.D BPD2.D PBP2.D
 Second baseline measurement of BP and Pulse (left arm)

Systolic BP	<input style="width: 100%; height: 20px;" type="text"/>	Diastolic BP	<input style="width: 100%; height: 20px;" type="text"/>	Pulse Rate	<input style="width: 100%; height: 20px;" type="text"/>
-------------	---	--------------	---	------------	---

High BP check

Now Check the OMRON Baseline BP measurements (i.e.. measurements recorded at 195 above)

20s If either blood pressure is greater than 150/90 advise the respondent to seek medical advice as instructed in the manual.

40s If either blood pressure is greater than 160/95 advise the respondent to seek medical advice as instructed in the manual. If the reading is greater than 170/105 strongly advise the respondent.

60s If either blood pressure is greater than 170/100 advise the respondent to seek medical advice as instructed in the manual. If the reading is greater than 180/110 strongly advise the respondent.

BPADV.D

- not advised..... 1
- advised..... 2
- strongly advised..... 3

NOW ASK THE RESPONDENT TO REMOVE HIS/HER SHOES

PMSHOE.D

Q206 a) Interviewers: has the respondent removed his/her shoes?

yes 1
no..... 2

PMSTAD.D

Record serial number of the stadiometer used

--	--	--	--

b) Standing height.
(code centimetres and millimetres)

PMHTCM.D				cms	PMHTMM.D		mms	
----------	--	--	--	-----	----------	--	-----	--

PMSCAL.D

Record serial number of the scales used

--	--	--	--

Q207 Weight.
(Code kilograms and grams.)

PMWTKG.D				Kgs	PMWTG.D		gms	
----------	--	--	--	-----	---------	--	-----	--

Q208 a) Waist circumference.
(code centimetres and millimetres)

PMWCCM.D				cms	PMWCMM.D		mms	
----------	--	--	--	-----	----------	--	-----	--

b) Hip circumference.
(top of iliac crest, code centimetres and millimetres)

PMHCCM.D				cms	PMHCMM.D		mms	
----------	--	--	--	-----	----------	--	-----	--

PMSPIR.D

Record serial number of the spirometer used

--	--	--	--

Q209 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.D FEV1	RFFVCI.D FVC	RFFERI.D FER	RFPEFI.D PEF	RFC1.D blew correctly?														
1st trial	<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>		
2nd trial	<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>				<table border="1" style="width: 25px; height: 25px;"><tr><td style="width: 10px; height: 10px;"></td><td style="width: 10px; height: 10px;"></td></tr></table>		
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PMRTIM.D

Record serial number of the reaction timer used

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Q210 a) Simple Reaction Time

RTSMN.D

RTSSD.D

Mean (button 1)

--	--	--	--

Standard Deviation (button 2)

--	--	--

b) Four Choice Reaction Time

RTCMN.D

RTCSN.D

Mean (button 1)

--	--	--	--

Standard Deviation (button 2)

--	--	--

Number of Errors (button 0)

--	--

RTCNER.D

RTCEMN.D

RTCESN.D

Mean of Errors (button 3)

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Standard Deviation of Errors (button 4)

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INTERVIEWER QUESTIONS

NOW ADMINISTER THE AH4 FOLLOWING THE INSTRUCTIONS IN THE MANUAL. REMEMBER TO GIVE THE RESPONDENT EXACTLY 10 MINUTES, USE THE DIGITAL TIMER PROVIDED. WHILE THE RESPONDENT DOES THE AH4 FILL IN THE QUESTIONS BELOW

211

HOMTYP.D

Q212 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.D

Q213 Is the house/flat all on one level or are there internal stairs?

- one level 1
- with stairs 2

HFLOOR.D

Q214 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  216*

--	--

HACCES.D

Q215 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

★★  217

HDOOR.D

Q216 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.D

Q217 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.D

Q218 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.D

Q219 Was the internal state of repair....

- excellent..... 1
- very good 2
- good 3
- fair..... 4
- poor..... 5
- very poor..... 6

HEXTER.D

Q220 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.D

Q221 a) Was a spouse/partner present through most of the interview?

- yes 1
- no..... 2

IVNOPP.D

b) How many other people were present (not including spouse/partner)?
(if none code 0)

NWGHTA.D

Q222 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

AH4.D

Q223 WAS THE AH4 COMPLETED SUCCESSFULLY?

- AH4 refused 1
- AH4 successfully administered 2
- AH4 administered, but with difficulties (specify) 3
- AH4 not administered (why?) 4

IVHR.D

IVMN.D

Q224 How long did the interview take? (from the time of entering the house to completing the schedule)
(code in hours and minutes)

Hrs M