

STRICTLY CONFIDENTIAL

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MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

MRC Unit for Lifelong Health & Ageing
Royal Free & University College Medical School
Department of Epidemiology and Public Health
1-19 Torrington Place
London WC1E 6BT

Postal Questionnaire 2008

This questionnaire is about your health and about your family and work life.

When completing the questionnaire please use a pen to circle the appropriate response to each question (i.e. Yes **①**) and provide further details where requested either in boxes or in the space provided. Some questions don't apply to everybody. Where you should skip questions that do not apply to you it tells you which question to go to next at the side of the answer you have circled (i.e. → *go to Q2*). Otherwise please continue through each question in turn.

If you wish to provide further information in relation to any of the questions, please use the space provided at the back of the questionnaire booklet. At the end of the questionnaire you will also be asked to fill in a consent form that will allow us to access your hospital and GP records. If you have changed address recently or are about to do so, please provide your new address in the space on the back of the consent form.

All information you give us will be treated in the strictest confidence. If you have any queries do not hesitate to telephone us on 020 7679 1720.

When you have finished filling in the questionnaire **and** the consent form on page 25 please use the pre-paid envelope provided to post it back to us. Thank you very much for your time and co-operation.

Please enter the date you completed this questionnaire:

_____ day _____ month 20_____

INTD0610

INTM0610

INTY0610

CLINID0610

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Questions 1 to 24 are about your **health**. Some ask about your current health and some about your health since 1999.

GHI0610

1. How is your health in general?

(circle one)

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

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

HT0610

(circle one)

Much better now than one year ago	1
Somewhat better now than one year ago	2
About the same as one year ago	3
Somewhat worse than one year ago	4
Much worse than one year ago	5

Circle two = 6

3a. Do you ever have any pain or discomfort in your chest?

ANGIN0610

No	0 → go to Q5a
Yes	1

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

CHPRU0610

No	0
Yes	1
Never walk uphill or hurry	2

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

CHPRN0610

No	0
Yes	1
Never walk	2

d. What do you do if you get this pain while walking?

CHPRR0610

(circle one)

Stop or slow down	1
Carry on	2
Carry on after using a spray or taking tablet under your tongue (nitroglycerine)	3
Not applicable	4

e. Does the pain or discomfort in your chest go away if you stand still?

CHPRS0610

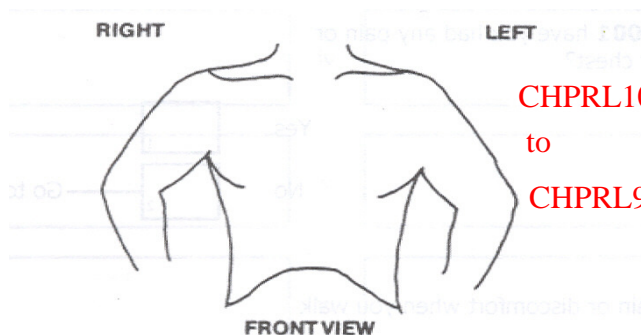
No	0 → go to Q3g
Yes	1

f. How long does it take to go away?

CHPRT0610

10 minutes or less	1
More than 10 minutes	2

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



h. Did you see a doctor because of this pain or discomfort?

CHPRD0610

No	0
Yes, hospital specialist	1
Yes, GP and hospital specialist	2
If yes what did they say it was?	

CHPRD10610 CHPRD20610

4a. Since 1999 have you had a severe pain across the front of your chest lasting half an hour or more?

MIPN0610

No	0 → go to Q5a
Yes	1

b. Did you talk to a doctor about it?
MIPND0610
 No 0 → go to Q4d
 Yes 1

c. What did he/she say it was?
MIPND10610 MIPND20610

d. How many of these attacks have you had
since 1999? NMIPN0610
 Number of attacks

5a. Do you get pain in either leg on
 walking? LGP0610

No 0 → go to Q6a
 Yes 1
 Confined to chair/bed 2 → go to Q6a

b. Does this pain ever begin when you are
 standing still or sitting? LGPBS0610

No 0
 Yes 1 → go to Q6a

c. In what part of your leg do you feel it?
(circle all that apply)
 Calves 1 LGPPC0610
 Thighs 2 LGPPT0610
 Buttocks 3 LGPPB0610
 None of these 4 → go to Q6a LGPPN0610

d. Do you get it if you walk uphill or
 hurry? LGPU0610

No 0 → go to Q6a
 Yes 1
 Never walk uphill
 or hurry 2

e. Do you get it when you walk at an
 ordinary pace on the level? LGPN0610

No 0
 Yes 1
 Never walk 2 → go to Q6a

f. Does the pain ever disappear while you
 are walking? LGPD0610

No 0
 Yes 1 → go to Q6a

g. What do you do if you get it when you
 are walking? LGPR0610

Stop or slow down 1
 Carry on 2 → go to Q6a

h. What happens to it if you stand still?
LGPM0610

Still not relieved 0 → go to Q6a
 Relieved 1

i. How soon is the pain relieved?
LGPT0610

10 minutes or less 1
 More than 10 minutes 2

6a. *Since 1999* has a doctor told you that
 you have had **angina**? DANG0610

No 0
 Yes 1

b. *Since 1999* has a doctor told you that
 you have had a **heart attack**
(myocardial infarct/coronary
thrombosis)? DHARA0610

No 0
 Yes 1

c. *Since 1999* have you had any **other**
heart trouble suspected or confirmed?
 (e.g. valve disease, congenital heart
 disease or irregular heart beat)
HART0610

No 0
 Yes 1

If 'Yes', please specify:

HART10610 HART20610 HART30610

7a. Since 1999 have you had a sudden speech problem **which got better after a day?** SPCH0610

No	0
Yes	1

b. Since 1999 have you had sudden sight problems **which got better after a day?** SIGHT0610

No	0
Yes	1

c. Since 1999 have you had a sudden weakness in an arm or leg **which got better after a day?** LIMB0610

No	0
Yes	1

8. Since 1999 have you been told by a doctor that you have **blood pressure problems?** DBPP0610

No	0
Yes	1

9. Since 1999 have you been told by a doctor that you have had a **stroke?** DSTR0610

No	0
Yes	1

10a. Since 1999 have you been told that you have **diabetes?** DIAB0610

No	0 → go to Q11a
Yes	1

b. How old were you when you were first told that you had diabetes? DIABA0610

Age years

66 = not asked in Manchester PQ

c. Is your diabetes controlled by
(circle all that apply)

Diet alone	1	DIABD0610
Tablets	2	DIABT0610
Insulin injections	3	DIABI0610

11a. Since 1999 have you been told by a doctor that you have a **thyroid disorder?** THYRD0610

No	0 → go to Q12a
Yes	1

b. What kind of thyroid disorder have you had? THYRK0610

Goitre	1
Hyperthyroidism	2
Hypothyroidism	3
Other	4
Two selected	6

Moved in both directions over 6-month monitoring 8
c. Have you had any treatment for your thyroid disorder? THYRT0610

No	0
Medication	1

(please specify)

THYRT10610 THYRT12 0610

Other treatment THYRT20610

(please specify)

THYRT2Aif OPCS

99999998 = See THYRT2A0610 as OPCS given

12a. Since 1999 have you been told by a doctor that you have **fits or epilepsy?** DEP0610

No	0 → go to Q13
Yes	1

b. Have you been prescribed: PEP0610

Medication	1
Other treatment	2

(please specify)

EPMED0610

13. Since 1999 have you been told by a doctor that you have **cancer?** DCANE0610

No	0 → go to Q14
Yes	1

If 'Yes', please specify site:

DCANE10610 DCANE20610

- 14.** *Since 1999 have you suffered from any other troublesome health problem(s) which has been diagnosed by a medical doctor?*

OTHHP0610

No	0
Yes	1

If 'Yes', please list below:

1. OTHHP10610 OTHHP50610 OTHHP90610
 2. OTHHP20610 OTHHP60610 OTHHP100610
 3. OTHHP30610 OTHHP70610 OTHHP110610
- OTHHP40610 OTHHP80610
-

- 15.** *Since 1999 have you been knocked unconscious?*

KOUN0610

No	0
Yes	1

- 16a.** *Do you usually cough first thing in the morning in the winter?*

WIC0610

No	0
Yes	1

- b.** *Do you usually cough during the day or night in winter?*

WID0610

No	0
Yes	1

If you answered 'Yes' to either 16a or 16b answer 16c

If you answered 'No' to both 16a and 16b go to Q17a

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

WIM0610

No	0
Yes	1

- 17a.** *Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?*

PHL0610

No	0
Yes	1

- b.** *Do you usually bring up any phlegm during the day or at night in winter?*

PHLD0610

No	0
Yes	1

If you answered 'Yes' to either 17a or 17b answer 17c

If you answered 'No' to both 17a and 17b go to Q18

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

PHLM0610

No	0
Yes	1

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

COPH0610

No	0
Yes	1

- 19a.** *Does your chest ever sound wheezy or whistling?*

WZY0610

No	0 → go to Q20a
Yes	1

- b.** *Do you get this most days or nights?*

WZYD0610

No	0
Yes	1

- 20a.** *During the past 3 years have you had any chest illness, for example, bronchitis or pneumonia, which has kept you off work or indoors for a week or more?*

BRONC0610

No	0 → go to Q21a
Yes	1

- b.** *How many illnesses like this have you had in the last 3 years?*

BRONN0610

One	1
More than one	2

- c.** Did you consult a doctor about this during the last 3 years? **BROND0610**

No	0
Yes	1

These questions concern any test(s) or treatment(s) you may have had in hospital for **chest pain** or **heart disease**.

If you answer 'Yes' to a question please fill in the requested details.

- 21a.** Have you ever had an exercise/stress ECG heart tracing whilst walking or running on a treadmill? **ECG0610**

No	0 → go to Q21b
Yes	1

Hospital name/ town:

.....

Name of consultant:

.....

Were you an NHS or private patient?

NHS	1	ECGNH0610
Private	2	

Date of test: **3 Both**

ECGM0610 **ECGY0610**

Month Year

- b.** Have you ever had an angiogram or X-ray of your coronary arteries (a dye test of the arteries)? **ANGR0610**

No	0 → go to Q21c
Yes	1

Hospital name/ town:

.....

Name of consultant:

.....

Were you an NHS or private patient?

ANGMH0610

NHS	1
Private	2

Date of test:

ANGRM0610 **ANGRY0610**

Month Year

- c.** Have you ever had angioplasty of coronary arteries (balloon treatment for angina) or insertion of a stent?

No	0 → go to Q21d	ANPL0610
Yes	1	

Hospital name/ town:

.....

Name of consultant:

.....

Name of ward:

.....

Were you an NHS or private patient?

NHS	1	ANPHN0610
Private	2	

Date of admission to hospital:

ANPLM0610 **ANPLY0610**

Month Year

Length of stay in hospital:

Number of days **ANPLD0610**

- d.** Have you ever had a coronary artery bypass graft (CABG) operation?

No	0 → go to Q21e	CABG0610
Yes	1	

Hospital name/ town:

.....

Name of consultant:

.....

Name of ward:

.....

Were you an NHS or private patient?

NHS 1 CABNH0610
Private 2

Date of admission to hospital:

CABGM0610 CABGY0610
Month Year

Length of stay in hospital:

Number of days CABGD0610

- e. Have you ever had an admission to hospital with chest pain, angina or heart attack?

HCHP0610

No 0 → go to Q21f
Yes 1

Hospital name/ town:

.....

Name of consultant:

.....

Name of ward:

.....

Were you an NHS or private patient?

NHS 1 HCPNH0610
Private 2

Date of admission to hospital:

HCHPM0610 HCHPY0610
Month Year

Length of stay in hospital:

Number of days HCHPD0610

- f. Have you ever had other heart tests or operations or admissions to hospital for other heart trouble? OHHT0610

No 0 → go to Q22a
Yes 1

Please specify test, operation or reason for hospital admission (e.g. 24 hour ECG, pacemaker, thallium scan, echocardiogram, or resting ECG)

OHHTR0610

OHHTR20610

OHHTR30610

OHHTR40610

.....

Hospital name/ town:

.....

Name of consultant:

.....

Name of ward:

.....

Were you an NHS or private patient?

OHHNH0610
NHS 1
Private 2
3 Both

Date of admission to hospital or date of test/procedure:

OHHTM0610 OHHTY0610
Month Year

Length of stay in hospital:

Number of days OHHTD0610

IN-PATIENT HOSPITAL ADMISSIONS

22a. Since 1999 have you been admitted to hospital as an in-patient (that is you spent at least one night in hospital) for any other reason **not** already mentioned in question 21?

No 0 → go to Q23 **HOAD0610**
 Yes 1

If 'Yes', please fill in details of each hospital admission in the table below, starting from the earliest admission. Please use one column for each hospital admission and fill in the details requested in the boxes provided. REMEMBER YOU DO NOT NEED TO REPEAT INFORMATION ALREADY PROVIDED IN QUESTION 21.

	1 st admission	2 nd admission	3 rd admission
Hospital Name/Town:
Name of Consultant:
Name of Ward:
Were you an NHS or private patient?	If 2 circled = 4 NHS 1 Private 2 Overseas 3 HO1NH0610	NHS 1 Private 2 Overseas 3 HO2NH0610	NHS 1 Private 2 Overseas 3 HO3NH0610
Date of admission.	Month <input type="text"/> <input type="text"/> HO1MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO1YR0610	Month <input type="text"/> <input type="text"/> HO2MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO2YR0610	Month <input type="text"/> <input type="text"/> HO3MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO3YR0610
How many days did you stay in hospital?	Number of days <input type="text"/> <input type="text"/> HO1L0610	Number of days <input type="text"/> <input type="text"/> HO2L0610	Number of days <input type="text"/> <input type="text"/> HO3L0610
Why were you admitted to hospital? <i>Please specify the reason you were admitted and the diagnosis you were given.</i>	HOAD110610 HOAD120610 HOAD130610 HOAD140610	HOAD210610 HOAD220610 HOAD230610	HOAD310610 HOAD320610 HOAD330610
Was this problem the result of an injury? <i>If yes, please specify cause of injury</i>	Yes 1 HO1R0610 No 0 HO1C0610	Yes 1 HO2R0610 No 0 HO2C0610	Yes 1 HO3R0610 No 0 HO3C0610
What treatment(s) did you have? <i>Please specify all operations or treatments that you had during your stay in hospital.</i>	HOTR110610 HOTR120610 HOTR130610	HOTR210610 HOTR220610 HOTR230610	HOTR310610 HOTR320610 HOTR330610

4 th admission	5 th admission	6 th admission	7 th admission
.....
NHS 1 HO4NH0610 Private 2 Overseas 3	NHS 1 HO5NH0610 Private 2 Overseas 3	NHS 1 HO6NH0610 Private 2 Overseas 3	NHS 1 HO7NH0610 Private 2 Overseas 3
Month <input type="text"/> <input type="text"/> HO4MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO4YR0610	Month <input type="text"/> <input type="text"/> HO5MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO5YR0610	Month <input type="text"/> <input type="text"/> HO6MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO6YR0610	Month <input type="text"/> <input type="text"/> HO7MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> HO7YR0610
Number of days <input type="text"/> <input type="text"/> HO4L0610	Number of days <input type="text"/> <input type="text"/> HO5L0610	Number of days <input type="text"/> <input type="text"/> HO6L0610	Number of days <input type="text"/> <input type="text"/> HO7L0610
HOAD410610 HOAD420610 HOAD430610	HOAD510610 HOAD520610 HOAD530610	HOAD610610 HOAD620610 HOAD630610	HOAD710610 HOAD720610 HOAD730610
Yes 1 No 0 HO4R0610 HO4C0610	Yes 1 No 0 HO5R0610 HO5C0610	Yes 1 No 0 HO6R0610 HO6C0610	Yes 1 No 0 HO7R0610 HO7C0610
HOTR410610 HOTR420610 HOTR430610	HOTR510610 HOTR520610 HOTR530610	HOTR610610 HOTR620610 HOTR630610	HOTR710610 HOTR720610 HOTR730610

Q22b. Have you had any other hospital admissions since 1999?

No 0
Yes 1 OHOAD0610

HOSPITAL DAY SURGERY AND OUTPATIENT TREATMENTS

- 23.** Since 1999, have you been to hospital for treatment or surgery and then come home again on the same day (that is you did not spend a night in hospital)?

No 0 → go to Q24 **OP0610**
 Yes 1

If 'Yes', please fill in details of each illness or condition in the table below. Please use one column for each illness or condition (even if you visited the hospital more than once for treatment for the same problem).

	1 st illness/condition	2 nd illness/condition	3 rd illness/condition
Why did you go to hospital? <i>Please specify the reason you were admitted and the diagnosis you were given.</i>	OP1AD10610 OP1AD20610 OP1AD30610 OP1AD40610 OP1AD50610	OP2AD10610 OP2AD20610 OP2AD30610	OP3AD10610 OP3AD20610 OP3AD30610
Was this problem the result of an injury? <i>If yes, please specify cause of injury</i>	Yes 1 OP1R0610 No 0 OP1RC0610	Yes 1 OP2R0610 No 0 OP2RC0610 OP2RC20610	Yes 1 OP3R0610 No 0 OP3RC0610
Were you an NHS or private patient?	NHS 1 OP1NH0610 Private 2 Overseas 3 4 if two circled	NHS 1 OP2NH0610 Private 2 Overseas 3	NHS 1 OP3NH0610 Private 2 Overseas 3
Date of beginning of treatment:	Month <input type="text"/> <input type="text"/> OP1MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP1Y0610	Month <input type="text"/> <input type="text"/> OP2MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP2Y0610	Month <input type="text"/> <input type="text"/> OP3MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP3Y0610
How many times did you visit the hospital for treatment for this illness/condition?	OP1N0610 Number of visits <input type="text"/> <input type="text"/>	OP2N0610 Number of visits <input type="text"/> <input type="text"/>	OP3N0610 Number of visits <input type="text"/> <input type="text"/>
What treatment did you have at the hospital? <i>Please specify all operations or treatments that you had at the hospital.</i>	OP1TR10610 OP1TR20610 OP1TR30610	OP2TR10610 OP2TR20610 OP2TR30610	OP3TR10610 OP3TR20610 OP3TR30610

4th illness/condition	5th illness/condition	6th illness/condition	7th illness/condition
OP4AD10610 OP4AD20610 OP4AD30610	OP5AD10610 OP5AD20610 OP5AD30610	OP6AD10610 OP6AD20610 OP6AD30610	OP7AD10610 OP7AD20610 OP7AD30610
Yes 1 OP4R0610 No 0OP4RC0610.....OP4RC20610.....	Yes 1 OP5R0610 No 0OP5RC0610.....	Yes 1 OP6R0610 No 0OP6RC0610.....	Yes 1 OP7R0610 No 0OP7RC0610.....
NHS 1 OP4NH0610 Private 2 Overseas 3	NHS 1 OP5NH0610 Private 2 Overseas 3	NHS 1 OP6NH0610 Private 2 Overseas 3	NHS 1 OP7NH0610 Private 2 Overseas 3
Month <input type="text"/> <input type="text"/> OP4MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP4Y0610	Month <input type="text"/> <input type="text"/> OP5MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP5Y0610	Month <input type="text"/> <input type="text"/> OP6MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP6Y0610	Month <input type="text"/> <input type="text"/> OP7MT0610 Year <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> OP7Y0610
OP4N0610 Number of visits <input type="text"/> <input type="text"/>	OP5N0610 Number of visits <input type="text"/> <input type="text"/>	OP6N0610 Number of visits <input type="text"/> <input type="text"/>	OP7N0610 Number of visits <input type="text"/> <input type="text"/>
OP4TR10610 OP4TR20610	OP5TR10610 OP5TR20610	OP6TR10610 OP6TR20610	OP7TR10610 OP7TR20610

24. Do you regularly take any medicines, tablets, tonics or pills prescribed by a doctor?

No 0 → go to Q25 OHOM0610
Yes 1

If 'Yes', please give details in the table below. Use one row for each prescribed medication.

Name of prescribed medicine		What is it for?	
1.	MED1N0610	MED1W10610	MED1W20610
2.	MED2N0610	MED2W10610	MED2W20610
3.	MED3N0610	MED3W10610	MED3W20610
4.	MED4N0610	MED4W10610	MED4W20610
5.	MED5N0610	MED5W10610	MED5W20610
6.	MED6N0610	MED6W10610	MED6W20610
7.	MED7N0610	MED7W10610	MED7W20610
8.	MED8N0610	MED8W10610	MED8W20610
9.	MED9N0610	MED9W10610	MED9W20610
10.	MED10N0610	MED10W10610	MED10W20610

12 additional variables for medicines

Name of prescribed medicine	What is it for?	
11. MED11N0610	MED11W10610	MED11W20610
12. MED12N0610	MED12W10610	MED12W20610
13. MED13N0610	MED13W10610	MED13W20610
14. MED14N0610	MED14W10610	MED14W20610
15. MED15N0610	MED15W10610	MED15W20610
16. MED16N0610	MED16W10610	MED16W20610

Name of prescribed medicine	What is it for?	
17. MED17N0610	MED17W10610	MED17W20610
18. MED18N0610	MED18W10610	MED18W20610
19. MED19N0610	MED19W10610	MED19W20610
20. MED20N0610	MED20W10610	MED20W20610
21. MED21N0610	MED21W10610	MED21W20610
22. MED22N0610	MED22W10610	MED22W20610

The following questions are about your **family**.

25. Does your household own or rent your accommodation? **OWN0610**

- Own it outright 1
- Being bought with a mortgage or loan 2
- Rent it from the Council 3
- Rent it from a relative 4
- Rent it from a private landlord 5
- Rent it from a housing association 6
- Other (please specify) 7

25b. About how much would you expect to get for your home if you sold it today? **HOUN0610**
66666666 = Question only asked in Feasibility Study

26. How many people in total live in your household, including yourself? Include those who live in the household but are away e.g. working away or a student.

Number **HOU0610**

If only yourself, go to Q28a

27a. Do you have a husband/wife or partner living in this household? **REL10610**

- Husband/wife 1
- Partner 2
- Neither 3 → go to Q28a

b. What is your husband/wife or partner's highest level of qualification? **SPQU0610**

- CSE 1
- GCSE 2
- GCSE O Level 3
- A/S Level 4
- GCE A Level (or S Level) 5
- Scottish School Certificate, Higher School Certificate or Scottish School Qualification 6
- Diploma of Higher Education 7
- First degree (e.g. BA, BSc) 8
- Other degree level qualification

- such as graduate membership of professional institute 9
- Higher degree (e.g. PhD, MSc) 10
- Nursing or other para-medical qualification 11
- PGCE – Post-graduate Certificate of Education 12
- Other teaching qualification 13
- None of these 14

28a. Since 1999 have you been married, remarried, separated, divorced or widowed?

(circle all that apply)

- No **NMARN0610** 0 → go to Q29a
- Married or remarried 1 → go to Q28b **MARM0610**
- Separated **MARS0610** 2 → go to Q28c
- Divorced **MARD0610** 3 → go to Q28c
- Widowed **MARW0610** 4 → go to Q28d

b. In what year were you married/ remarried?

Year **MARY0610**

c. When did you stop living together?

Year **MASY0610**

d. When did your husband/wife or partner die?

Year **MADY0610**

29a. So, are you currently **MARJ0610**

- Single, that is **never** married 1 → go to Q29b
- Married & living with husband/wife 2
- Married & separated from husband/wife 3 } → go to Q30a
- Divorced 4
- Widowed 5

b. Since 1999, have you lived with a partner for more than a year? **MARP0610**

No	0
Yes	1

30a. Since 1999, have you had any children? **CHS0610**

No	0 → go to Q31
Yes	1

b. How many children have you had since 1999?

Number of children **CHSN0610**

Please fill in details of each child below.

1st child: Male **CHSS10610** 1
 Female 2

Year of birth **CHYS10610**

2nd child: Male **CHSS20610** 1
 Female 2

Year of birth **CHYS20610**

3rd child: Male **CHSS30610** 1
 Female 2

Year of birth **CHYS30610**

31a. Do you have any grandchildren? **GCH0610**

No	0 → go to Q32
Yes	1
Yes, step grandchildren	2
If own and step	3

b. How many grandchildren do you have?

Number of grandchildren **GCHN0610**

c. In what year was your first grandchild born?

Year **GCHDF0610**

The following questions are about **work and retirement**.

32. Have you retired from your *main* occupation, even if you are now doing other paid work? **RET0610**

No	0
Yes	1 → go to Q34

33. At what age do you plan to retire from your *main* occupation? **Housewife - 994**
995
996
997
998
999

Age years → go to Q36 **RETP0610**

34. How old were you when you retired from your *main* occupation?

Age years **RETA0610**

35. What was the reason you retired from your *main* occupation? **RETR0610**
2 variables coded

Usual retirement age for your job	1
Retired with husband/wife/partner	2
Left early with good bonus	3
Made redundant	4
Unhappy with job	5
Health reasons	6
Other reason, (please specify)	7

RETR20610

36. Are you currently in paid work, including part-time work and self-employment? **JOB0610**

No	0 → go to Q41
Yes	1

37a. What is the full title of your current main job?

Please use precise terms, for example 'primary school teacher' rather than 'teacher', 'production engineer' rather than 'engineer', 'chartered accountant' rather than 'accountant'. For government or civil service, please provide grade. For armed forces, please provide rank.

.....

.....

.....

b. What are the main things you do in the job. *If this is self-explanatory, please write 'as above'.*

.....

.....

.....

c. What does the firm/organisation you work for mainly make or do (at the place where you work)?

Please describe fully e.g., manufacturing or processing or distributing etc and main goods produced, materials used, wholesale or retail, etc.

.....

.....

.....

d. Are you working as an employee or self-employed?

ESR0610

Employee	1
Self employed	2 → go to Q38a

e. Do you have any managerial duties, or are you supervising any other employees?

ESS0610

Manager	1
Foreman, supervisor or charge hand	2
Not supervising others	3

f. How many employees are there at the place where you work?

ESR10610

1-9	1	} → go to Q39
10 to 24	2	
25 to 499	3	
500 or more	4	

38a. Are you working on your own or do you have employees?

ESSA0610

On own/with partner(s) but no employees	1 → go to Q39
With employees	2

b. How many people do you employ at the place where you work?

ESSB0610

1-9	1
10 to 24	2
25 to 499	3
500 or more	4

39. Do you work full time or part-time?

WKFR0610

Full time i.e. 30 hours or more per week	1
Part-time	2

40a. How many hours a week do you usually work in this job, including regular overtime?

Hours **WKHW0610**

b. Does your employer contribute towards your pension?

EMCPN0610

No	0
Yes	1

c. In what year did you start this job?

Year **EMPSTR0610**

6666= Question not asked

d. As well as this job, do you have a second job?

JOBTW0610

No	0
Yes	1

Now go to question 44

SOCO0610 (Occupational code from Standard Occupation Classification 2000)

EMSTNO0610 (Employment Status No.)

NSSECO0610 (National Statistics-Socioeconomic Classification)

41. Are you seriously looking for any kind of paid work? **JOBLK0610**

No 0
Yes 1 → go to Q43

42. What is the main reason you are not looking for paid work? **WHAT0610**
(circle one)

Retired 1
Looking after home, family
(including grandchildren),
or friend 2
Laid off for a short time 3
Temporarily sick or
injured 4
Other reason
(please specify) 5
.....

43. Since 1999 have you had any paid work? **JOBE0610**

No 0 → go to Q46
Yes 1

44. Since 1999, how many jobs have you had altogether, including any job held in 1999 and any current job? **JOBN0610**

Number of jobs

45a. Since 1999, have you had any spells of a month or more when you were not in any kind of paid work? (please include spells out of work in 1999) **NWKS0610**

No 0 → go to Q46
Yes 1

b. Since 1999, how much of the time have you not been in any paid work? **TIME10610**

Less than 6 months 1
6 - 11 months 2
1-4 years 3
5 years 4
Since 1999 5

c. How much of that time were you unemployed, that is, seriously looking for work? **TIME20610**

None of the time 1
Less than 6 months 2
6 - 11 months 3
1 - 4 years 4
5 years 5
Since 1999 6

46. Has your husband/wife or partner retired from their *main* occupation, even if they are now doing other paid work? **SPRET0610**

No 0
Yes 1 → go to Q48
Husband/wife or partner
never worked 2 → go to Q54a
No husband/wife
or partner 3 → go to Q54a

47. At what age does your husband/ wife or partner plan to retire from their *main* occupation? **SPRTP0610**

Age years → go to Q50

48. How old was your husband/ wife or partner when they retired from their *main* occupation? **SPRTA0610**

Age years

49. What was the reason they retired from their *main* occupation? **SPRTR0610**
2 variables coded

Usual retirement age for their job 1
Retired with husband/wife/partner 2
Left early with good bonus 3
Made redundant 4
Unhappy with job 5
Health reasons 6
Other reason, (please specify) 7

...**SPRTR20610**.....

- 50.** Is your husband/wife or partner currently in paid work, including part-time work and self-employment?

SPJW0610

No 0 → go to Q53
Yes 1

- 51a.** What is the full title of your husband/wife or partner's current main job?
Please use precise terms, for example 'primary school teacher' rather than 'teacher', 'production engineer' rather than 'engineer', 'chartered accountant' rather than 'accountant'. For government or civil service, please provide grade. For armed forces, please provide rank.

.....
.....

- b.** What are the main things they do in the job? *If this is self-explanatory, please write 'as above'.*

.....
.....

- c.** What does the firm/organisation they work for mainly make or do (at the place where they work)?
Please describe fully e.g., manufacturing or processing or distributing etc and main goods produced, materials used, wholesale or retail, etc.

.....
.....

- d.** Are they working as an employee or are they self-employed?

SPESR0610

Employee 1
Self-employed 2 → go to Q52a

- e.** Do they have any managerial duties, or are they supervising any other employees?

SPESS0610

Manager 1
Foreman, supervisor or charge hand 2
Not supervising others 3

- f.** How many employees are there at the place where they work?

SPER10610

1 to 9 1 }
10 to 24 2 } → go to Q54a
25 to 499 3 }
500 or more 4 }

- 52a.** Do they work on their own or do they have any employees?

SPESA0610

On own/with partner(s)
but no employees 1 → go to Q54a
With employees 2

- b.** How many people do they employ at the place where they work?

SPESB0610

1 to 9 1 }
10 to 24 2 } → go to Q54a
25 to 499 3 }
500 or more 4 }

- 53.** Since 1999 has your husband/wife or partner had any paid work?

SPJE0610

No 0
Yes 1

SOCP0610

EMSTNP0610

NSSEC0610

Questions 54-56 on household income, etc., moved to Nurse Clinic and Home Schedules

INCH0610 OINC0610 PENS0610 DISB0610
INCM0610 OINC10610 PENST0610 DISB10610
INCGW0610 OINC20610 PENSM0610 DISB20610
INCUB0610 OINC30610 PENSR0610 DISB30610
OINC40610 DISB40610
OINC50610
OINC60610

GENB0610 ENBT0610
GENB10610
GENB20610
GENB30610
GENB40610
GENB50610
GENB60610
GENB70610

These questions are about your **smoking** habits.

54a. Do you smoke **cigarettes** at all nowadays?

SMO0610

No 0 → go to Q55a
Yes 1

b. How many cigarettes **a day** do you usually smoke? *If you smoke roll-ups, please give the equivalent number of cigarettes.*

SMOD0610

Number of cigarettes

c. What is the main brand of cigarettes you smoke?

SMOB0610

Please specify brand:

.....

d. At what age did you start smoking?

Years

SMAG0610

Now go to question 56a

3 = Smoking data from Pre-assessment Q (SM has no Postal Q)

3 = Smoking data from Pre-assessment Q (SM has no Postal Q)

55a. Have you **ever** smoked cigarettes regularly, by which we mean at least one cigarette a day for 12 months or more?

SMOR0610

No 0 → go to Q56a
Yes 1

b. How long ago did you give up smoking? *(Fill in number of weeks or months or years in box below)*

Weeks ago WSMU0610

OR Months ago MSMU0610

OR Years ago YSMU0610

c. At what age did you start smoking?

Years

SMUA0610

56a. Do you smoke a **pipe**?

PIP0610

No 0 → go to Q57a
Yes 1

666 = question not asked

667 = question not coded

b. How much pipe tobacco do you usually smoke **per week**?

NPIP0610

Amount

Is that grams or ounces?

GPIP0610

Grams 1
Ounces 2

c. What brand of tobacco do you smoke?

Please specify brand:

.....

57a. Do you smoke **cigars**?

CIG0610

No 0 → go to Q58
Yes 1

b. How many cigars do you smoke **per week**?

Number of cigars NCIG0610

c. What brand of cigars do you smoke?

Please specify brand:

CIGB0610

.....

666 = question not asked

667 = question not coded

SMOKDEN0610

0 = No smoking data - i.e. no Postal or Pre-assessment Questionnaire

1 = Smoking data from Postal Questionnaire

2 = Smoking data from Pre-assessment Q (SM has a Postal Q)

3 = Smoking data from Pre-assessment Q (SM has no Postal Q)

4 = SM has no Pre-assessment but has Postal Q but was not asked about the smoking

5 = SM has Pre-assessment and postal Q but was not asked about smoking

58. In your spare time are you involved in any of the following activities?

SPARE0610

No 0 → go to Q59
Yes 1

If yes, please indicate how often you have taken part in these activities in the last 12 months.

		Please circle one number for each activity. If you do not take part in the activity, please circle '0'			
		Weekly	Monthly	Less often	Never
a.	Church-related group or religious activities, e.g. board/standing committee, men's/ women's group CHCHR0610	3	2	1	0
b.	Job-related association, e.g. trade union or business/professional organisation TRVR0610	3	2	1	0
c.	Recreational groups, e.g. bowling league, golf club or other sports club; chess, bridge or other game-based group; book reading or creative-writing group; art, music or craft based group SPTR0610	3	2	1	0
d.	Civic-political group, e.g. political party club, Chamber of Commerce, local government, parent-teacher association or other school-based work LGR0610	3	2	1	0
e.	Other voluntary work VOLSR0610	3	2	1	0
f.	Other groups or clubs, including Lions or Rotary ADECR0610	3	2	1	0
g.	Other social activities, e.g. going to pubs, cinema, theatre or concerts with others SPARR0610	3	2	1	0

The final questions are about how you have been feeling recently and your **quality of life**.

- 59.** The following items are about activities you might do during a typical day. Does **your health now limit you** in these activities? If so, how much?

		<i>Please circle one number for each question</i>		
		Yes, limited a lot	Yes, limited a little	No, not limited at all
a.	Vigorous activities , such as running, lifting heavy objects, participating in strenuous sports	1	2	3 PF010610
b.	Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling or playing golf	1	2	3 PF020610
c.	Lifting or carrying groceries	1	2	3 PF030610
d.	Climbing several flights of stairs	1	2	3 PF040610
e.	Climbing one flight of stairs	1	2	3 PF050610
f.	Bending, kneeling or stooping	1	2	3 PF060610
g.	Walking more than one mile	1	2	3 PF070610
h.	Walking half a mile	1	2	3 PF080610
i.	Walking one hundred yards	1	2	3 PF090610
j.	Bathing and dressing yourself	1	2	3 PF0100610

Circled two answers = 7

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

		<i>Please circle one number for each question</i>	
		Yes	No
a.	Cut down the amount of time you spent on work or other activities	1	0 RP10610
b.	Accomplished less than you would like	1	0 RP20610
c.	Were limited in the kind of work or other activities you could do	1	0 RP30610
d.	Had difficulty performing the work or other activities (for example, it took extra effort)	1	0 RP40610

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

		<i>Please circle one number for each question</i>		
		Yes	No	
a.	Cut down the amount of time you spent on work or other activities	1	0	RE10610
b.	Accomplished less than you would like	1	0	RE20610
c.	Didn't do work or other activities as carefully as usual	1	0	RE30610

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

	<i>Please circle one</i>	
Not at all	0	SF10610
Slightly	1	
Moderately	2	
Quite a bit	3	
Extremely	4	

Circled both = 7

- 63.** How much **bodily** pain have you had during the **past four weeks**?

	<i>Please circle one</i>	
None	0	BP10610
Very mild	1	
Mild	2	
Moderate	3	
Severe	4	
Very severe	5	Circled both = 7

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

	<i>Please circle one</i>	
Not at all	0	BP20610
A little bit	1	
Moderately	2	
Quite a bit	3	
Extremely	4	

Circled both = 7

65. How much of the time during the **past four weeks...**

		<i>Please circle one number for each question</i>					
		All of the time	Most of the time	A good bit of the time	Some of the time	A little bit of the time	None of the time
a.	Did you feel full of life? VT10610	1	2	3	4	5	6
b.	Have you been a very nervous person? MH10610	1	2	3	4	5	6
c.	Have you felt so down in the dumps that nothing could cheer you up? MH20610	1	2	3	4	5	6
d.	Have you felt calm and peaceful? MH30610	1	2	3	4	5	6
e.	Did you have a lot of energy? VT20610	1	2	3	4	5	6
f.	Have you felt downhearted and low? MH40610	1	2	3	4	5	6
g.	Did you feel worn out? VT30610	1	2	3	4	5	6
h.	Have you been a happy person? MH50610	1	2	3	4	5	6
i.	Did you feel tired? VT40610	1	2	3	4	5	6

66. During the **past four weeks**, how much of the time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc)?

	<i>Please circle one</i>
All of the time	1
Most of the time	2
Some of the time	3
A little bit of the time	4
None of the time	5

SF20610

- 67.** Please choose the answer that best describes how **TRUE** or **FALSE** each of the following statements is for you:

		<i>Please circle one number for each question</i>				
		Definitely true	Mostly true	Don't know	Mostly false	Definitely false
a.	I seem to get sick a little easier than other people GH20610	1	2	3	4	5
b.	I'm as healthy as anyone I know GH30610	1	2	3	4	5
c.	I expect my health to get worse GH40610	1	2	3	4	5
d.	My health is excellent GH50610	1	2	3	4	5

P.T.O

If you would like to give further details to any questions or make any comments about the questionnaire, please feel free to do so in the space below:

NOTE0610

Thank you very much for the time you have spent filling in this questionnaire.

Please could you now fill in the consent form on page 25 and, if you have moved house recently, turn to the back page of the questionnaire and provide us with your new address. Please put the questionnaire in the pre-paid envelope and post it back to us.

STRICTLY CONFIDENTIAL

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Royal Free & University College Medical School
Department of Epidemiology and Public Health
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CONSENT: ACCESS TO HOSPITAL AND GP RECORDS

We may need to obtain additional details about your health from your hospital records and from your general practitioner (GP). In order to do this we need to ask your permission. Please complete the following:

I , give my consent for the MRC National Survey of Health and Development to access my hospital and GP records. I understand that all information provided will be treated in the strictest confidence and used for medical research purposes only.

Signed
(study member)

Date

Please give details of your GP:

GP's name

Address

.....

.....Postcode.....

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If you have recently changed your address or are about to do so, please will you provide your new address and telephone number below.

New address:

.....

.....

I am now living at this address YES / NO

I will be living at this address from (please give date)

New telephone number:

If you do not wish to complete the questionnaire we would be grateful if you could tell us why and return the uncompleted questionnaire to us in the pre-paid envelope:

Please give your reason for not completing the questionnaire:

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