Focusing on You

V1 13/05/2013

Questionnaire Number

44631

INTRODUCTION

You are receiving this questionnaire because you are the father or father figure of a young person in our study.

Some questions may seem very similar to each other; this is because the combination of answers gives a clearer picture than one single answer. There may be questions that seem a bit strange and are not applicable to you because they are concerned with specific feelings or problems.

We would be very grateful if you would try to answer all the questions, but we understand that there may be questions that you either prefer not to answer or are unable to answer. We understand that some of the questions are of a sensitive nature, please remember that your answers are confidential and anonymous.

We appreciate the time and effort required to complete the questionnaire and thank you for your continued support. The success of the study is entirely dependent on the support and goodwill of the participating families

FILLING IN THE QUESTIONNAIRE

Please use **black** pen. To answer questions simply put a cross in the box which is most accurate in your opinion, like this:

If you make a mistake, shade the box in like this:

then cross the correct box.

If you are answering questions which ask you to give further details, please make sure you write inside the boxes.

If you do not want to answer a question or if it does not apply to you, leave it blank. There are no right or wrong answers. Just tell us what is true for you.

THANK YOU FOR YOUR HELP

Contents page

Section A: Your Home Life

Your Household
('Household' is the people living with you in your house or flat)

A1. **When did you m**ove to your present address? **Month** **Year**

A2. Is your home (Please mark **one** box only).

Owned - with mortgage	1 ☐	Being bought from council	2 ☐
Owned - with no mortgage to pay	3 ☐	Rented from council	4 ☐
Rented from private landlord - furnished	5 ☐	Rented from private landlord -unfurnished	6 ☐
Rented from housing association	7 ☐	Other (please mark & describe):	8 ☐

A3. If you know your council tax band (A, B, C, etc.) please write it here:

A4. How many people live in your household now (including yourself)?

a) Adults (18 years and older)

b) Young adults (16-17 years)

c) Older children (14-15 years)

d) Younger children (less than 14 years)

A5. a) What is your **present** marital/relationship status? (Mark **one** only)

Never married	1 ☐	Widowed	2 ☐	Divorced	3 ☐
Separated	4 ☐	Married (once only)	5 ☐	Married for second time	6 ☐
Married for third time or more	7 ☐	Living as married	8 ☐	Civil partnership	9 ☐

b) Do you currently have a partner who lives with you?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to A7 on page 6**

A6. Below are attitudes and behaviours which people reveal in their close relationships. Please rate your spouse's/partner's attitudes and behaviour towards you in recent times and mark the most appropriate box for each item.

My spouse/partner:	**Very true**	**Moderately true**	**Somewhat true**	**Not at all true**
a) Is very considerate of me	1 ☐	2 ☐	3 ☐	4 ☐
b) Wants me to take his/her side in an argument	1 ☐	2 ☐	3 ☐	4 ☐
c) Wants to know exactly what I'm doing and where I am	1 ☐	2 ☐	3 ☐	4 ☐
d) Is a good companion	1 ☐	2 ☐	3 ☐	4 ☐
e) Is affectionate to me	1 ☐	2 ☐	3 ☐	4 ☐
f) Is clearly hurt if I don't accept his/her views	1 ☐	2 ☐	3 ☐	4 ☐
g) Tends to try and change me	1 ☐	2 ☐	3 ☐	4 ☐
h) Confides closely in me	1 ☐	2 ☐	3 ☐	4 ☐

A6. cont.

My spouse/partner:	Very true	Moderately true	Somewhat true	Not at all true
i) Tends to criticise me over small issues	1 ☐	2 ☐	3 ☐	4 ☐
j) Understands my problems and worries	1 ☐	2 ☐	3 ☐	4 ☐
k) Tends to order me about	1 ☐	2 ☐	3 ☐	4 ☐
l) Insists I do exactly as I'm told	1 ☐	2 ☐	3 ☐	4 ☐
m) Is physically gentle and considerate	1 ☐	2 ☐	3 ☐	4 ☐
n) Makes me feel needed	1 ☐	2 ☐	3 ☐	4 ☐
o) Wants me to change in small ways	1 ☐	2 ☐	3 ☐	4 ☐
p) Is very loving to me	1 ☐	2 ☐	3 ☐	4 ☐
q) Seeks to dominate me	1 ☐	2 ☐	3 ☐	4 ☐
r) Is fun to be with	1 ☐	2 ☐	3 ☐	4 ☐
s) Wants to change me in big ways	1 ☐	2 ☐	3 ☐	4 ☐
t) Tends to control everything I do	1 ☐	2 ☐	3 ☐	4 ☐
u) Shows his/her appreciation of me	1 ☐	2 ☐	3 ☐	4 ☐
v) Is critical of me in private	1 ☐	2 ☐	3 ☐	4 ☐
w) Is gentle and kind to me	1 ☐	2 ☐	3 ☐	4 ☐
x) Speaks to me in a warm and friendly voice	1 ☐	2 ☐	3 ☐	4 ☐

A7. How difficult does your household find it at the moment to afford each of the following? (Please mark **one** box on each line).

		Very difficult	Fairly difficult	Slightly difficult	Not difficult	Paid by Government (e.g. DSS /LEA)	Don't pay for this
a)	Food	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b)	Clothing	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c)	Heating	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d)	Rent/mortgage	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e)	Things you need for your children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f)	Costs of educational resources for your study teenager (music lessons/school trips/ school uniform)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
g)	Medical or dental care	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
h)	Childcare	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

A8. **Your family life**

		True	False
a)	There is very little commotion in our home	1 ☐	2 ☐
b)	We can usually find things when we need them	1 ☐	2 ☐
c)	We almost always seem to be rushed	1 ☐	2 ☐
d)	We are usually able to stay on top of things	1 ☐	2 ☐
e)	No matter how hard we try, we always seem to be running late	1 ☐	2 ☐
f)	It's a real zoo in our home	1 ☐	2 ☐
g)	At home we can talk to each other without being interrupted	1 ☐	2 ☐
h)	There is often a fuss going on at our home	1 ☐	2 ☐
i)	No matter what our family plans, it usually doesn't seem to work out	1 ☐	2 ☐
j)	You can't hear yourself think in our home	1 ☐	2 ☐
k)	I often get drawn into other people's arguments at home	1 ☐	2 ☐
l)	Our home is a good place to relax	1 ☐	2 ☐
m)	The telephone takes up a lot of our time at home	1 ☐	2 ☐
n)	The atmosphere in our home is calm	1 ☐	2 ☐
o)	First thing in the day, we have a regular routine at home	1 ☐	2 ☐

Section B: Your Neighbourhood, Family and Friends

Where you live

B1. Here is a list of some things that can be a problem in people's homes or in the neighbourhood. How much of a problem are the following for you and your family? (Please mark **one** box on each line)

		Serious problem	Minor problem	Not a problem	No opinion
a)	Noise from other homes	1 ☐	2 ☐	3 ☐	4 ☐
b)	Noise from outside in the street	1 ☐	2 ☐	3 ☐	4 ☐
c)	Rubbish or litter dumped around your neighbourhood	1 ☐	2 ☐	3 ☐	4 ☐
d)	Dog dirt on pavement/walkways	1 ☐	2 ☐	3 ☐	4 ☐
e)	Worry about vandalism	1 ☐	2 ☐	3 ☐	4 ☐
f)	Worry about burglaries	1 ☐	2 ☐	3 ☐	4 ☐
g)	Worry about muggings or attacks	1 ☐	2 ☐	3 ☐	4 ☐
h)	Disturbance from teenagers or youths	1 ☐	2 ☐	3 ☐	4 ☐
i)	Traffic	1 ☐	2 ☐	3 ☐	4 ☐
j)	Parking	1 ☐	2 ☐	3 ☐	4 ☐

B2.a) How often do the other people in your neighbourhood do each of the following? (Please mark **one** box on each line):

		Never	Rarely	Some-times	Often	Always
i)	Visit your home	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
ii)	Argue with you	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
iii)	Look after your children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
iv)	Keep to themselves	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

b) How often do you do each of the following?

		Never	Rarely	Some-times	Often	Always
i)	Visit the home of your neighbours	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
ii)	Argue with your neighbours	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
iii)	Look after your neighbours' children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
iv)	Keep to yourself	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

B3. What do you think of your neighbourhood as a place to live?

A very good place to live 1 ☐ A fairly good place to live 2 ☐

Not a very good place to live 3 ☐ Not at all a good place to live 4 ☐

B4. How heavy is the traffic on the street where you live?

Very heavy 1 ☐ Quite heavy 2 ☐ Not very heavy 3 ☐ Hardly any traffic 4 ☐

Your friends and family

Please mark **one** box on each line:

		None	One	Two to four	More than 4
B5.	How many of your relatives and your partner's relatives do you see at least twice a year?	1 ☐	2 ☐	3 ☐	4 ☐
B6.	About how many friends do you have?	1 ☐	2 ☐	3 ☐	4 ☐
B7.	How many people are there that you can talk to about personal problems?	1 ☐	2 ☐	3 ☐	4 ☐
B8.	How many people talk to you about their personal problems or their private feelings?	1 ☐	2 ☐	3 ☐	4 ☐
B9.	If you have to make an important decision, how many people are there with whom you can discuss it?	1 ☐	2 ☐	3 ☐	4 ☐
B10.	How many people are there among your family and friends from whom you could borrow £200 if you needed to?	1 ☐	2 ☐	3 ☐	4 ☐
B11.	How many of your family and friends would help you in times of trouble?	1 ☐	2 ☐	3 ☐	4 ☐
B12.	During the last month, how many times did you get together with one or more friends?	1 ☐	2 ☐	3 ☐	4 ☐
B13.	During the last month, how many times did you get together with one or more of your relatives or your partner's relatives?	1 ☐	2 ☐	3 ☐	4 ☐
B14.	Overall, would you say you belong to a close circle of friends?	Yes 1 ☐		No 2 ☐	

Section C: Your Employment

Your job

C1. Are you **currently** (please mark all that apply)?

a) Employed in a paid job (full or part-time) 1 ☐

b) Retired 2 ☐

c) Unemployed and seeking work 3 ☐

d) Unable to work through sickness/disability 4 ☐

e) Full/part-time student 5 ☐

f) Doing voluntary work 6 ☐

g) Looking after family/home 7 ☐

h) Self employed 8 ☐

i) Other, please describe: 9 ☐

C2. a) In your job, do you have any formal responsibility for supervising the work of other employees? Do not include supervising children e.g. teachers.

Yes 1 ☐ No 2 ☐

b) If yes, how many people do you supervise?

1-24 1 ☐ 25+ 2 ☐

c) How many people work for your employer in the place where you work? We mean the actual building/branch or part of a building.

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

d) If self employed, do you work on your own or do you have employees?

On own or with partner but no employees	1 ☐
With employees	2 ☐

e) Do you work from home?

Yes, all of the time 1 ☐ Yes, some of the time 2 ☐ No 3 ☐

C3 . Please describe your current or most recent job.
(If you have more than one job, please describe your main role)

(Use precise terms such as Primary Teacher, Laboratory Technician, Care Assistant, Mortgage Adviser, Bus Driver, Software Developer, Call Centre Operator. If the occupation is known by a special name, please use that name. If in HM Forces, give the rank in addition to the actual job. Please also describe the type of industry or service given and give details of what is made, materials used or services given).

a) What is the job title?

b) What is the business/ industry?

c) Please describe the main things you do in this job.

d) Which one best describes your current position at work?

Self employed (25 or more employees*)	1 ☐
Self employed (less than 25 employees*)	2 ☐
Self employed (no employees)	3 ☐
Manager (25 or more employees*)	4 ☐
Manager (less than 25 employees*)	5 ☐
Supervisor	6 ☐
Employee	7 ☐

(*Total number in the company, not just those of who you are in charge)

e) When did you start this job? Month ☐☐ Year ☐☐☐☐

f) If not current, when did you end this job? Month ☐☐ Year ☐☐☐☐

This next question concerns your finances. If you would rather not answer it, please leave it blank.

C4. What is the individual total take-home pay each month of yourself/your partner (after tax and national insurance are removed as appropriate)? If possible, please refer to a recent payslip. If this is not possible, please estimate. Please mark only **one** box for **each person**.

a) **Yourself:**

Up to £399	1 ☐	£400-£599	2 ☐	£600-£899	3 ☐
£900-£1149	4 ☐	£1150-£1499	5 ☐	£1500-£1899	6 ☐
£1900-£2249	7 ☐	£2250-£2749	8 ☐	£2750-£3299	9 ☐
£3300 and above	10 ☐	Not doing paid work	11 ☐		

b) **Your partner:**

Up to £399	1 ☐	£400-£599	2 ☐	£600-£899	3 ☐
£900-£1149	4 ☐	£1150-£1499	5 ☐	£1500-£1899	6 ☐
£1900-£2249	7 ☐	£2250-£2749	8 ☐	£2750-£3299	9 ☐
£3300 and above	10 ☐	Not doing paid work	11 ☐		

C5. How many hours do you work in a usual week? ☐☐ hours

C6. How many hours does your partner work in a usual week? ☐☐ hours

C7. Have you or your partner started a new job in the last five years? Please mark **one** box only.

Yes, I have 1 ☐

Yes, my partner has 2 ☐

Yes, we both have 3 ☐

No, neither of us has 4 ☐

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Section D: How you cope with life

Below are some statements. Please say how true they are of you.

	Almost always true	Often true	Some-times true	Seldom true	Never true
D1. I feel that I am a person of worth, at least equal to others	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D2. I feel I have a number of good qualities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D3. I am able to do things as well as most other people	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D4. I feel I do not have much to be proud of	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D5. I take a positive attitude towards myself	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D6. Sometimes I think I am no good at all	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D7. I am a useful person to have around	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D8. I feel I cannot do anything right	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D9. When I do a job I do it well	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D10. I feel that my life is not very useful	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D11. I am unlucky	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Your outlook on life:

	Yes	No
D12. Did getting good marks at school mean a great deal to you?	1 ☐	2 ☐
D13. Are you often blamed for things that just are not your fault?	1 ☐	2 ☐
D14. Do you feel that most of the time it does not pay to try hard because things never turn out right anyway?	1 ☐	2 ☐

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	Yes	No
D15. Do you feel that if things start out well in the morning then it's going to be a good day no matter what you do?	1 ☐	2 ☐
D16. Do you believe that whether or not people like you depends on how you act?	1 ☐	2 ☐
D17. Do you believe that when bad things are going to happen they are just going to happen no matter what you try to do to stop them?	1 ☐	2 ☐
D18. Do you feel that when good things happen they happen because of hard work?	1 ☐	2 ☐
D19. Do you feel that when someone does not like you there is little you can do about it?	1 ☐	2 ☐
D20. Did you usually feel that it was almost useless to try in school because most other children were cleverer than you?	1 ☐	2 ☐
D21. Are you the kind of person who believes that planning ahead makes things turn out better?	1 ☐	2 ☐
D22. Most of the time, do you feel that you have little to say about what your family decides to do?	1 ☐	2 ☐
D23. Do you think it's better to be clever than to be lucky?	1 ☐	2 ☐

The questions in this section ask you about your feelings and the way you behave. You may have answered these questions in other questionnaires, but you might be feeling differently now.

Your feelings in the past week.

D24. I have been able to laugh and see the funny side of things:

As much as I always could	1 ☐	Not quite so much now	2 ☐
Definitely not so much now	3 ☐	Not at all	4 ☐

D25. I have looked forward with enjoyment to things:

As much as I ever did	1 ☐	Rather less than I used to	2 ☐
Definitely less than I used to	3 ☐		
Hardly at all	4 ☐		

D26. I have blamed myself unnecessarily when things went wrong:

Yes, most of the time	1 ☐	Yes, some of the time	2 ☐
Not very often	3 ☐	Never	4 ☐

D27. I have been anxious or worried for no good reason:

No, not at all	1 ☐	Hardly ever	2 ☐
Yes, sometimes	3 ☐	Yes, often	4 ☐

D28. I have felt scared or panicky for no good reason:

Yes, quite a lot	1 ☐	Yes, sometimes	2 ☐
No, not much	3 ☐	No, not at all	4 ☐

D29. Things have been getting on top of me:

Yes, most of the time I haven't been able to cope	1 ☐	Yes, sometimes I haven't been coping as well as usual	2 ☐
No, most of the time I have coped quite well	3 ☐	No, I have been coping as well as ever	4 ☐

D30. I have been so unhappy that I have had difficulty sleeping:

Yes, most of the time	1 ☐	Yes, sometimes	2 ☐
Not very often	3 ☐	No, not at all	4 ☐

D31. I have felt sad or miserable:

Yes, most of the time	1 ☐	Yes, sometimes	2 ☐
Not very often	3 ☐	No, not at all	4 ☐

D32. I have been so unhappy that I have been crying:

Yes, most of the time	1 ☐	Yes, quite often	2 ☐
Only occasionally	3 ☐	Never	4 ☐

D33. The thought of harming myself has occurred to me:

Yes, quite often	1 ☐	Sometimes	2 ☐
Hardly ever	3 ☐	Never	4 ☐

D34.

		Very like me	Moderately like me	Moderately unlike me	Very unlike me
a)	I avoid saying what I think for fear of being rejected.	1 ☐	2 ☐	3 ☐	4 ☐
b)	If others knew the real me they would not like me.	1 ☐	2 ☐	3 ☐	4 ☐
c)	If other people knew what I am really like they would think less of me.	1 ☐	2 ☐	3 ☐	4 ☐
d)	I always expect criticism.	1 ☐	2 ☐	3 ☐	4 ☐
e)	I don't like people to really know me.	1 ☐	2 ☐	3 ☐	4 ☐
f)	My value as a person depends enormously on what others think of me.	1 ☐	2 ☐	3 ☐	4 ☐

Events in your life

Listed below are a number of events which may have brought changes in your life. Have any of these occurred **in the last year?**

In the last year:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D35. Your partner died	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D36. One of your children died	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D37. A friend or relative died	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D38. One of your children was ill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D39. Your partner was ill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D40. A friend or relative was ill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D41. You were admitted to hospital	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D42. You were in trouble with the law	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D43. You were divorced	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D44. You were very ill	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D45. Your partner lost their job	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D46. Your partner had problems at work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D47. You had problems at work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D48. You lost your job	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D49. Your partner went away	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D50. Your partner was in trouble with the law	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

In the last year::	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D51. You and your partner separated	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D52. Your income was reduced	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D53. You argued with your partner	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D54. You argued with your family and friends	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D55. You moved house	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D56. Your partner was physically cruel to you	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D57. You became homeless	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D58. You had a major financial problem	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D59. You got married	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D60. Your partner was physically cruel to your children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D61. You were physically cruel to your children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D62. You attempted suicide	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D63. You were convicted of an offence	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D64. You started a new job	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D65. You returned to work	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D66. You took an examination	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

In the last year:	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
D67. Your partner was emotionally cruel to you	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D68. Your partner was emotionally cruel to your children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D69. You were emotionally cruel to your children	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D70. Your house or car was burgled	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D71. You found a new partner	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D72. One of your children started school	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D73. Your partner started a new job	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D74. A pet died	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
D75. You had an accident (please mark and describe):	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Section E: Your Physical Activity and Your Lifestyle

E1. Which of the following forms of transport do you use most often? (Please mark **one** box only)

Car 1 ☐ Motorbike 2 ☐ Public transport 3 ☐

Cycle 4 ☐ Walk 5 ☐ Not applicable 7 ☐

E2. Do you make regular journeys every day or most days either walking or cycling?

No 1 ☐ I walk 2 ☐ I cycle 3 ☐ Both 4 ☐

E3. Which of the following best describes your walking pace?

Slow 1 ☐ Steady average 2 ☐ Fairly brisk 3 ☐ Fast (at least 4miles/hr) 4 ☐

E4. **If you cycle regularly**, how long do you spend cycling in an average week?

☐☐ Hours/week

E5. a) Do you take part in physical activity (e.g. running, swimming, dancing, golf, tennis, squash, jogging, bowls)?

No 1 ☐ Occasionally (less than monthly) 2 ☐ Frequently (once a month or more) 3 ☐

Go to E6 on the next page

If frequently go to E5b below

b) How many times on average do you take part in these activities?

(i) Summer ☐☐ times per week

(ii) Winter ☐☐ times per week

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E6. In a typical **week** during the past year, how many hours did you spend each week in the following activities? (Please write **00** in the boxes if you did not do this activity).

		(i) Summer (hours/week)	(ii) Winter (hours/week)
a)	Walking to work, shopping or leisure		
b)	Cycling, including to work and leisure		
c)	Gardening, **light** e.g. pruning, watering		
d)	Gardening, **heavy** e.g. digging, mowing		
e)	Physical exercise e.g. fitness, sports		
f)	DIY e.g. on house or car		
g)	Household activities, **light** e.g. cooking, washing up		
h)	Household activities, **heavy** e.g. hoovering, cleaning windows		

E7. a) In a typical **<u>week</u>** in the **<u>last year</u>**, did you do any of these activities vigorously enough to cause breathlessness, sweating or a faster heartbeat?

Yes 1 ☐ ↓ **If <u>yes</u>,**

No 2 ☐ → **If <u>no</u>, go to E8 on the next page**

b) For how many **<u>minutes</u>** each week did you perform vigorous activity?

☐☐☐ minutes/week

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E8. In a typical **weekday** in the last year, how many flights of stairs did you climb?

☐☐ flights per day

E9. a) Compared with your activity level two years ago, are you doing?

More 1 ☐ Same 2 ☐ Less 3 ☐

If not the same,

b) Please give a reason:

E10. Compared with other people your age, are you?

Much more active 1 ☐ More active 2 ☐ Similar 3 ☐

Less active 4 ☐ Much less active 5 ☐

You and gambling

For the next set of questions about gambling (by "gambling" we mean **all gambling for money including bingo, scratch cards and the lottery**), please indicate the extent to which each one has applied to you in the **last 12 months**. Please mark **one** box for each question:

E11. In the last 12 months, have you ever gambled for money?

Yes 1 ☐ No 2 ☐ → **If no, go to E21 on page 27**

E12. How often have you bet more than you could really afford to lose?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E13. How often have you needed to gamble with larger amounts of money to get the same excitement?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E14. How often have you gone back to try to win back the money you'd lost?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E15. How often have you borrowed money or sold anything to get money to gamble?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E16. How often have you felt that you might have a problem with gambling?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E17. How often have you felt that gambling has caused you any health problems, including stress or anxiety?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E18. How often have people criticised your betting, or told you that you have a gambling problem, whether or not you thought it is true?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E19. How often have you felt your gambling has caused financial problems for you or your household?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

E20. How often have you felt guilty about the way you gamble or what happens when you gamble?

Never 1 ☐ Sometimes 2 ☐ Most of the time 3 ☐ Almost always 4 ☐

Smoking

E21. Are you currently a smoker (cigarettes or tobacco)?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to E31 on the next page**

E22. Do you smoke every day?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to E31 on the next page**

If <u>yes,</u>

E23. How old were you when you started smoking regularly (at least one cigarette or equivalent per day)? ☐☐ years old

E24.a) How many cigarettes do you usually smoke <u>each day</u>? ☐☐ cigarettes

b) If hand-rolled, how much tobacco do you use <u>per week</u>? ☐☐ oz **<u>OR</u>** ☐☐☐ grams

E25. How soon after you wake up do you smoke your first cigarette?

Within 5 minutes 1 ☐ 6-30 minutes 2 ☐

31-60 minutes 3 ☐ After 60 minutes 4 ☐

E26. Do you find it difficult to refrain from smoking in places where it is forbidden, e.g. at work, restaurants, cinema and other public places.?

Yes 1 ☐ No 2 ☐

E27. In the UK, smoking is now banned in many public places. Has this affected how much you smoke?

Yes, smoke less than before 1 ☐ No, smoke same amount 2 ☐ Yes, smoke more than before 3 ☐

E28. Do you smoke more frequently during the first hours after waking than during the rest of the day?

Yes 1 ☐ No 2 ☐

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E29. Do you smoke if you are so ill that you are in bed most of the day?

Yes 1 ☐ No 2 ☐

E30. Which cigarette would you hate most to give up?

The first one in the morning 1 ☐ Any other 2 ☐

Now go to E36 on the next page

For non-smokers only:

E31. Have you ever smoked in the past?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to E36 on the next page**

E32. When you smoked in the past did you smoke every day?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to E36 on the next page**

↓

If <u>yes</u>,

E33. How old were you when you started smoking regularly (at least one cigarette or equivalent per day)? ☐☐ years old

E34.a) How many cigarettes did you usually smoke each day? ☐☐ cigarettes

b) If hand-rolled, how much tobacco did you use per week? ☐☐ oz **<u>OR</u>** ☐☐☐ grams

E35. How long ago did you stop smoking? If you can't remember give your age at the time you stopped.

years ☐☐ months ☐☐ ago **<u>OR</u>** ☐☐ years old

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Alcohol

In this question **COUNT ONE DRINK AS APPROXIMATELY HALF A PINT OF BEER, A SMALL GLASS OF WINE OR A SINGLE PUB MEASURE OF SPIRITS ETC.**
PLEASE SEE OUR DRINKOGRAM FOR MORE INFORMATION.

E36. a) How often do you have a drink containing alcohol?

Never	1 ☐	→ **Go to Section F on page 31**	
Monthly or less	2 ☐	2 to 4 times a month	3 ☐
2 to 3 times a week	4 ☐	4 or more times a week	5 ☐

b) How many drinks containing alcohol do you have on a typical day when you are drinking?

1 or 2	1 ☐	3 or 4	2 ☐	5 or 6	3 ☐
7, 8 or 9	4 ☐	10 or more	5 ☐		

c) How often do you have six or more drinks on one occasion?

Never	1 ☐	Less than monthly	2 ☐	Monthly	3 ☐
Weekly	4 ☐	Daily or almost daily	5 ☐		

d). How often during the last year have you found that you were not able to stop drinking once you had started?

Never	1 ☐	Less than monthly	2 ☐	Monthly	3 ☐
Weekly	4 ☐	Daily or almost daily	5 ☐		

e). How often during the last year have you failed to do what was normally expected from you because of drinking?

Never	1 ☐	Less than monthly	2 ☐	Monthly	3 ☐
Weekly	4 ☐	Daily or almost daily	5 ☐		

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E36. cont.

f) How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

Never	1 ☐	Less than monthly	2 ☐	Monthly	3 ☐
Weekly	4 ☐	Daily or almost daily	5 ☐		

g). How often during the last year have you had a feeling of guilt or remorse after drinking?

Never	1 ☐	Less than monthly	2 ☐	Monthly	3 ☐
Weekly	4 ☐	Daily or almost daily	5 ☐		

h) How often during the last year have you been unable to remember what happened the night before because you had been drinking?

Never	1 ☐	Less than monthly	2 ☐	Monthly	3 ☐
Weekly	4 ☐	Daily or almost daily	5 ☐		

i) Have you or someone else been injured as a result of your drinking?

Yes, during the last year	1 ☐	Yes, but not in the last year	2 ☐	No	3 ☐

j) Has a relative or friend or a doctor or another health worker been concerned about your drinking or suggested you cut down?

Yes, during the last year	1 ☐	Yes, but not in the last year	2 ☐	No	3 ☐

Section F: Your Health

The following questions ask for your views about your health and how you feel about **life in general.** If you are unsure about how to answer any question, try and think about **your overall health** and give the best answer you can. Do not spend too much time answering, as your immediate response is likely to be the most accurate.

F1. **In genera**l, would you say your health is: (Please mark **one** box)

Excellent 1 ☐ Very good 2 ☐ Good 3 ☐ Fair 4 ☐ Poor 5 ☐

F2. **Compared to 3 months ago**, how would you rate your health in general **now**? (Please mark **one** box).

Much better than 3 months ago 1 ☐ Somewhat better than 3 months ago 2 ☐ About the same 3 ☐

Somewhat worse now than 3 months ago 4 ☐ Much worse now than 3 months ago 5 ☐

F3. The following questions are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much? (Please mark **one** box on each line).

		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 ☐
b)	**Moderate activities**, such as moving a table, pushing a vacuum, bowling or playing golf.	1 ☐	2 ☐	3 ☐
c)	Lifting or carrying groceries	1 ☐	2 ☐	3 ☐
d)	Climbing **several** flights of stairs	1 ☐	2 ☐	3 ☐
e)	Climbing **one** flight of stairs	1 ☐	2 ☐	3 ☐
f)	Bending, kneeling or stooping	1 ☐	2 ☐	3 ☐
g)	Walking **more than a mile**	1 ☐	2 ☐	3 ☐
h)	Walking **half a mile**	1 ☐	2 ☐	3 ☐

F3. cont.

		Yes, limited a lot	Yes, limited a little	No, not limited at all
i)	Walking **100 yards**	1 ☐	2 ☐	3 ☐
j)	Bathing and dressing yourself	1 ☐	2 ☐	3 ☐

F4. During the **past 2 weeks**, how much of the time have you had any of the following problems with your work or other regular daily activities **as a result of your physical health**? (Please mark **one** box on each line)

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a)	Cut down on the **amount of time** you spent on work or other activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b)	**Accomplished less** than you would like	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c)	Were limited in the **kind** of work or other activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d)	Had difficulty performing the work or other activities (e.g. it took more effort)	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

F5. During the **past 2 weeks,** how much of the time 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)? (Please mark **one** box on each line)

		All of the time	Most of the time	Some of the time	A little of the time	None of the time
a)	Cut down on the **amount of time** you spent on work or other activities	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b)	**Accomplished less** than you would like	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c)	Didn't do work or other activities as **carefully** as usual	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

F6. During the **past 2 weeks**, to what extent have your physical health or emotional problems interfered with your normal social activities with family, neighbours or groups? (Please mark **one** box.)

Not at all	1 ☐	Slightly	2 ☐	Moderately	3 ☐
Quite a bit	4 ☐	Extremely	5 ☐		

F7. How much bodily pain have you had during the **past 2 weeks**? (Please mark **one** box).

None	1 ☐	Very mild	2 ☐	Mild	3 ☐
Moderate	4 ☐	Severe	5 ☐	Very severe	6 ☐

F8. During the **past 2 weeks**, how much did pain interfere with your normal work, including both outside the home and housework? (Please mark **one** box.)

Not at all	1 ☐	Slightly	2 ☐	Moderately	3 ☐
Quite a bit	4 ☐	Extremely	5 ☐		

F9. These questions are about how you feel and how things have been with you during the **past 2 weeks**. For each question please give one answer that comes closest to the way you have been feeling. (Please mark **one** box on each line.)

	How much time during the last 2 weeks:	**All of the time**	**Most of the time**	**A good bit of the time**	**Some of the time**	**A little of the time**	**None of the time**
a)	Did you feel full of life?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b)	Have you been a very nervous person?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c)	Have you felt so down in the dumps that nothing would cheer you up?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

F9. cont.

	How much time during the last 2 weeks:	All of the time	Most of the time	A good bit of the time	Some of the time	A little of the time	None of the time
d)	Have you felt calm and peaceful?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e)	Did you have a lot of energy?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f)	Have you felt downhearted and low?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
g)	Did you feel worn out?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
h)	Have you been a happy person?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
i)	Did you feel tired?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

F10. During the **past 2 weeks**, how much of your time has your **physical health or emotional problems** interfered with your social activities (like visiting friends, relatives, etc.)? (Please mark **one** box).

All of the time 1 ☐ Most of the time 2 ☐ Some of the time 3 ☐

A little of the time 4 ☐ None of the time 5 ☐

F11. How **TRUE** or **FALSE** is **each** of the following statements for you? (Please mark **one** box on each line)

		Definitely true	Mostly true	Not sure	Mostly false	Definitely false
a)	I seem to get ill more easily than other people	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
b)	I am as healthy as anybody I know	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
c)	I expect my health to get worse	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐
d)	My health is excellent	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐

Other Health Issues

F12. Have you **ever** been told that you have had any of the following conditions? Please **mark** one box for each answer.

		(i) Yes	(i) No	(ii) If yes, please give the year of most recent diagnosis
a)	Heart attack (coronary thrombosis or myocardial infarction)	1 ☐	2 ☐	
b)	Heart failure	1 ☐	2 ☐	
c)	Angina	1 ☐	2 ☐	
d)	Other heart trouble	1 ☐	2 ☐	
e)	Aortic aneurysm	1 ☐	2 ☐	
f)	Narrowing or hardening of the arteries in the leg (including claudication)	1 ☐	2 ☐	
g)	High blood pressure	1 ☐	2 ☐	
h)	High cholesterol	1 ☐	2 ☐	
i)	Pulmonary embolism (PE)	1 ☐	2 ☐	
j)	Deep vein thrombosis (DVT)	1 ☐	2 ☐	

F13. Have you **ever** been told by a doctor that you have had a stroke?

Yes 1 ☐ No 2 ☐ → **If no, go to F14 below**

If yes,

a) Please give year of most recent stroke: Year ☐☐☐☐

b) Did the symptoms last more than 24 hours?

Yes 1 ☐ No 2 ☐

c) Have you made a complete recovery from your stroke?

Yes 1 ☐ No 2 ☐

F14. Have you **ever** been told by a doctor that you have cancer?

Yes 1 ☐ No 2 ☐ → **If no, go to F15 on the next page**

If yes,

a) What type of cancer(s)? Please write in the space below starting with the most recent:

(i) ☐ Year of diagnosis? ☐☐☐☐

(ii) ☐ Year of diagnosis? ☐☐☐☐

(iii) ☐ Year of diagnosis? ☐☐☐☐

F15. Have you **ever** been told by a doctor that you have arthritis?

Yes 1 ☐ No 2 ☐ → **If no, go to F16 below**

↓

If yes,

a) What year was it diagnosed? ☐☐☐☐

b) Please give the type of arthritis if known (mark **one** box only):

Osteoarthritis 1 ☐

Rheumatoid arthritis 2 ☐

Other (please give details): 3 ☐

F16. Have you had a fall in the last 12 months?

Yes 1 ☐ No 2 ☐ → **If no, go to F17 on the next page**

↓

If yes,

a) How many times have you fallen? ☐☐ times

b) Did you seek medical attention?

Yes 1 ☐ No 2 ☐

F17. Have you ever had a fracture (broken a bone)?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to F18 below**

If <u>yes</u>,

a) What did you fracture?

F18. Are you troubled by shortness of breath when hurrying on level ground or walking up a slight hill?

Yes 1 ☐ No 2 ☐ Unable to walk 3 ☐

F19. Do you get short of breath walking with other people of your own age on level ground?

Yes 1 ☐ No 2 ☐ Unable to walk 3 ☐

F20. In the past twelve months, have you at any time been awoken at night by an attack of shortness of breath?

Yes 1 ☐ No 2 ☐

F21. Have you ever been told by a doctor that you have chronic bronchitis or emphysema?

Yes 1 ☐ No 2 ☐

F22. Have you ever been told by a doctor that you have asthma?

Yes 1 ☐ No 2 ☐

F23.a) Have you ever been told by a doctor that you have diabetes?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to F24a) below**

If <u>yes</u>,

b) What year was this first diagnosed? ☐☐☐☐

c) How is your diabetes controlled? (Please mark **<u>all</u>** that apply).

i) Diet 1 ☐

ii) Tablets 1 ☐

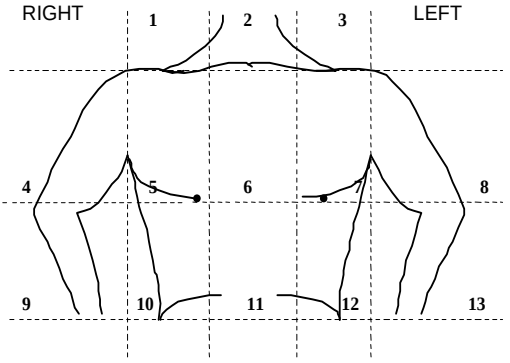
iii) Insulin 1 ☐

F24.a) Do you ever have any pain or discomfort in your chest?

Yes 1 ☐ No 2 ☐ → **If <u>no</u>, go to F30 on page 41**

If <u>yes</u>,

b) Where do you get this pain or discomfort?
Please mark the appropriate boxes underneath the diagram.



FRONT VIEW

1 ☐ 2 ☐ 3 ☐ 4 ☐ 5 ☐ 6 ☐
7 ☐ 8 ☐ 9 ☐ 10 ☐ 11 ☐ 12 ☐ 13 ☐

F25. When you walk at an ordinary pace on the level does this produce the pain?

Yes 1 ☐ No 2 ☐ Unable to walk 3 ☐

F26. When you walk uphill or hurry does this produce the pain?

Yes 1 ☐ No 2 ☐ Unable to walk 3 ☐

F27. When you get any pain or discomfort in your chest on walking, what do you do?

Stop 1 ☐ Slow down 2 ☐ Continue at same pace 3 ☐ Not applicable 7 ☐

F28. Does the pain or discomfort in your chest go away if you stand still?

Yes 1 ☐ No 2 ☐

F29. How long does it take to go away?

10 minutes or less 1 ☐ More than 10 minutes 2 ☐

F30.a) Have you ever had a PSA (Prostate-Specific Antigen) test?
This is a blood test to find out if you might have early prostate cancer.

Yes 1 ☐ No 2 ☐ → **If no go to F32 on the next page**

b) **If yes**, when was this?

	month	**year**	**guess**
	☐☐	☐☐☐☐	1 ☐

If you have had more than one tell us the latest one.
If you are not sure please give us your best guess and tick the guess box

c) I am not sure when it was 1 ☐

d) Where did you have this ?

GP/local health centre 1 ☐

Hospital 2 ☐

Other place 3 ☐ → please specify

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F31) Why did you have the test? (please mark all that apply)

a) Part of hospital management 1 ☐
b) GP ordered it 1 ☐
c) I requested screening 1 ☐
d) Private insurance check-up 1 ☐
e) Going abroad 1 ☐
f) Family member was diagnosed with prostate cancer 1 ☐
g) Other 1 ☐ → specify
h) Don't know 1 ☐

The following questions are about urinary symtoms, sexual feelings and activity. These obviously change as we get older and we are interested to find out about how things are at the moment. if you do not wish to answer any specific question then it is fine to simply leave it blank and go onto the next question.

F32.**During the last month or so, how often have you :**	**Not at all**	**Less than 1 time in 5**	**Less than half the time**	**About half the time**	**More than half the time**	**Almost always**
a) Had a sensation of not emptying your bladder completely after urinating?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
b) Had to urinate again less than two hours after you had urinated?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
c) Stopped and started, several times when you urinated?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
d) Found it difficult to postpone urination?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
e) Had a weak urinary stream?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐
f) Had to push or strain to urinate?	1 ☐	2 ☐	3 ☐	4 ☐	5 ☐	6 ☐

F33. How many times did you most typically get up to urinate from the time you went to bed at night until the time you got up in the morning?

None	1 ☐	One time	2 ☐	Two times	3 ☐
Three times	4 ☐	Four times	5 ☐	Five times or more	6 ☐

F34. Which statement best describes your circumstances

I have been living with my wife 1 ☐

I have been living with my partner 2 ☐

I have a sexual partner but we did not live together 3 ☐

I do not have a sexual partner 4 ☐

F35. How often do you think about sex? This includes times of just being interested in sex, daydreaming or fantasizing about sex, as well as times when you wanted to have sex.

Not at all 0 ☐

Once in the last month 1 ☐

2-3 times in the last month 2 ☐

Once a week 3 ☐

2-3 times a week 4 ☐

4-6 times a week 5 ☐

Once a day 6 ☐

More than once a day 7 ☐

F36. Are you worried or distressed by your current level of sexual drive/desire?

Not at all worried or distressed	1 ☐
A little bit worried or distressed	2 ☐
Moderately worried or distressed	3 ☐
Very worried or distressed	4 ☐
Extremely worried or distressed	5 ☐

F37. Compared with a year ago, has your sexual drive/desire changed?

Increased a lot	1 ☐
Increased moderately	2 ☐
Neither increased or decreased	3 ☐
Decreased moderately	4 ☐
Decreased a lot	5 ☐

If you did NOT have a sexual partner in the LAST MONTH please go to F40.

F38. How many times have you attempted sexual intercourse?

Not at all	0 ☐
Once in the last month	1 ☐
2-3 times in the last month	2 ☐
Once a week	3 ☐
2-3 times a week	4 ☐
4-6 times a week	5 ☐
Once a day	6 ☐
More than once a day	7 ☐

F39. Apart from when you attempted sexual intercourse, how frequently did you engage in activities such as kissing, fondling, petting etc?

Not at all	0 ☐
Once in the last month	1 ☐
2-3 times in the last month	2 ☐
Once a week	3 ☐
2-3 times a week	4 ☐
4-6 times a week	5 ☐
Once a day	6 ☐
More than once a day	7 ☐

F40. How often do you masturbate?

Not at all	0 ☐
Once in the last month	1 ☐
2-3 times in the last month	2 ☐
Once a week	3 ☐
2-3 times a week	4 ☐
4-6 times a week	5 ☐
Once a day	6 ☐
More than once a day	7 ☐

F41. Are you worried or distressed by the overall frequency of your sexual activities (including intercourse, kissing etc and masturbation)?

Not at all worried or distressed	0 ☐	→ **go to F42 below**
A little bit worried or distressed	1 ☐	
Moderately worried or distressed	2 ☐	
Very worried or distressed	3 ☐	
Extremely worried or distressed	4 ☐	

F41a. If you are worried or distressed by the current frequency of your sexual activities, do you consider it to be

Too frequent	1 ☐
Not frequent enough	2 ☐

F42. Compared with a year ago, has the overall frequency of your sexual activities changed?

Increased a lot	1 ☐
Increased moderately	2 ☐
Neither increases or decreased	3 ☐
Decreased moderately	4 ☐
Decreased a lot	5 ☐

It is common for men to experience erectile problems. This may mean that one is not always able to get or keep an erection that is rigid enough for satisfactory activity (including sexual intercourse and masturbation). In the LAST MONTH:

F43. You are:

Always able to keep an erection which would be good enough for sexual intercourse 1 ☐

Usually able to get and keep an erection which would be good enough for sexual intercourse 2 ☐

Sometimes able to get and keep an erection which is good enough for sexual intercourse 3 ☐

Never able to get and keep an erection which would be good enough for sexual intercourse 4 ☐

F44. Are you worried or distressed by your current ability to have an erection?

Not at all worried or distressed 1 ☐

A little bit worried or distressed 2 ☐

Moderately worried or distressed 3 ☐

Very worried or distressed 4 ☐

Extremely worried or distressed 5 ☐

F45. Compared with a year ago, has your ability to have an erection changed?

Increased a lot 1 ☐

Increased moderately 2 ☐

Neither increases or decreased 3 ☐

Decreased moderately 4 ☐

Decreased a lot 5 ☐

F46. When you had sexual stimulation, how often did you have the feeling of orgasm or climax?

No sexual intercourse/masturbation	1 ☐
Almost never/never	2 ☐
A few times (much less than half the time)	3 ☐
Sometimes (about half the time)	4 ☐
Most of the time (much more than half the time)	5 ☐
Almost always/always	6 ☐

F47. Are you worried or distressed by your current orgasmic experience?

Not at all worried or distressed	1 ☐
A little bit worried or distressed	2 ☐
Moderately worried or distressed	3 ☐
Very worried or distressed	4 ☐
Extremely worried or distressed	5 ☐

F48. Compared with a year ago, has the enjoyment of your orgasmic experience changed?

Increased a lot	1 ☐
Increased moderately	2 ☐
Neither increased or decreased	3 ☐
Decreased moderately	4 ☐
Decreased a lot	5 ☐

F49. How frequently did you awaken with full erection?

Not at all	0 ☐
Once in the last month	1 ☐
2-3 times in the last month	2 ☐
Once a week	3 ☐
2-3 times a week	4 ☐
4-6 times a week	5 ☐
Once a day	6 ☐
More than once a day	7 ☐

F50. Are you worried or distressed by the frequency of your morning erections?

Not at all worried or distressed	1 ☐
A little bit worried or distressed	2 ☐
Moderately worried or distressed	3 ☐
Very worried or distressed	4 ☐
Extremely worried or distressed	5 ☐

F51. Compared with a year ago, has the frequency of your morning erections changed?

Increased a lot	1 ☐
Increased moderately	2 ☐
Neither increased or decreased	3 ☐
Decreased moderately	4 ☐
Decreased a lot	5 ☐

F52. How satisfied have you been with your overall sex life?

Very dissatisfied	1 ☐
Moderately dissatisfied	2 ☐
About equally satisfied and dissatisfied	3 ☐
Moderately satisfied	4 ☐
Very satisfied	5 ☐

F53. How satisfied have you been with your general (non-sexual) relationship with your partner?

Very dissatisfied	1 ☐
Moderately dissatisfied	2 ☐
About equally satisfied and dissatisfied	3 ☐
Moderately satisfied	4 ☐
Very satisfied	5 ☐

Your medications

F54 Do you **currently** take any regular medication? Yes 1 ☐ No 2 ☐

F55. **In the last 2 years** how often have you taken the following?

In the last 2 years:	Every day	Often	Sometimes	Not at all
a) Sleeping pills	1 ☐	2 ☐	3 ☐	4 ☐
b) Vitamins	1 ☐	2 ☐	3 ☐	4 ☐
c) Cannabis/marijuana	1 ☐	2 ☐	3 ☐	4 ☐
d) Tranquillisers	1 ☐	2 ☐	3 ☐	4 ☐
e) Pills for depression	1 ☐	2 ☐	3 ☐	4 ☐
f) Antibiotics	1 ☐	2 ☐	3 ☐	4 ☐
g) Cocaine	1 ☐	2 ☐	3 ☐	4 ☐
h) Aspirin, acylpyrin	1 ☐	2 ☐	3 ☐	4 ☐
i) Paracetamol	1 ☐	2 ☐	3 ☐	4 ☐
j) Other painkillers	1 ☐	2 ☐	3 ☐	4 ☐
k) Amphetamines, ecstasy or other stimulants	1 ☐	2 ☐	3 ☐	4 ☐
l) Heroin, methadone, crack, other hard drug	1 ☐	2 ☐	3 ☐	4 ☐
m) Anticonvulsants	1 ☐	2 ☐	3 ☐	4 ☐

About You

F56. What colour eyes do you have?

Blue 1 ☐ Green 2 ☐ Brown 3 ☐

Grey 4 ☐ Other 5 ☐

F57. What is your **natural** hair colour? (i.e. when you were aged 20)

Blond 1 ☐ Light brown 2 ☐ Dark brown 3 ☐

Black 4 ☐ Ginger/red 5 ☐

F58. Please give your **present** weight and measurements if you know them.

	metres	centimetres		feet	inches		
a) Height	☐	☐☐	**OR**	☐	☐☐	**OR**	Don't know 9 ☐

b) Weight	☐☐☐ kg	**OR**	☐☐ st	☐☐ lbs	Don't know 9 ☐
c) Chest	☐☐☐ cm	**OR**	☐☐ inches	**OR**	Don't know 9 ☐
d) Hips	☐☐☐ cm	**OR**	☐☐ inches	**OR**	Don't know 9 ☐
e) Waist	☐☐☐ cm	**OR**	☐☐ inches	**OR**	Don't know 9 ☐

Section G:

G1. This questionnaire was completed by:

a) study young person's biological father 1 ☐

b) study young person's father figure 2 ☐

c) someone else 3 ☐
(please mark box and describe below):

G2. If you have a partner/spouse are they:

a) study young person's biological mother 1 ☐

b) study young person's mother figure 2 ☐

c) someone else 3 ☐
(please mark box and describe below):

G3a Did you live in the same house as the study young person when they were born? Yes 1 ☐ No 2 ☐

If yes, go to G4a

If no, go to G3b

G3b If no, what was their age when you/they moved in? ☐☐

G4a Do you still live in the same house as the study young person? Yes 1 ☐ No 2 ☐

If yes, go to G4c

If no, go to G4b

G4b What was their age when either they or you moved out of the family home? ☐☐
(Ignore any periods when you/they may have temporarily moved out of the house for less than a year)

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G4c During the period you lived with the study young person, did you or they ever move out and back into the family home?

(Ignore any periods when you/they may have temporarily moved out of the house for less than a year)

Yes 1 ☐ No 2 ☐

If yes, how old were they when this occured? **If no**, go to G5

Please indicate up to two occasions when this occured.

G4d period 1 age moved in ☐☐ age moved out ☐☐

G4e period 2 age moved in ☐☐ age moved out ☐☐

G5. On what date did you complete this questionnaire? DD ☐☐ MM ☐☐ YYYY ☐☐☐☐

G6. Please give **your** date of birth: DD ☐☐ MM ☐☐ YYYY ☐☐☐☐

G7. Please give your **study young person's** date of birth: DD ☐☐ MM ☐☐ YYYY ☐☐☐☐

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

NB: Please remember we cannot reply to any comment unless you sign it.

When completed, please send this back to:

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