

Questionnaire Number



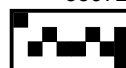
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You and Your Life

**This questionnaire is for the study child's mother
or the person taking the role of the mother**

15/04/2010

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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

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Section A: Your Home Life

Your Household

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

A1. When did you move to your present address?

Month		Year			

A2. How many times have you moved home since your study teenager was 10 years old?

--	--

 times

A3. 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 8 ☐
(please mark & describe):

--

A4. If you know your council tax band (A, B, C, etc.) please write it here:

--

A5. How many people live in your household now (including yourself)?

a) Adults (18 years and older)

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b) Young adults (16-17 years)

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c) Older children (14-15 years)

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d) Younger children (less than 14 years)

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A6. Please indicate how many of the children/young people (under 18 years) living in your household have:

- a) You and your partner as their natural parents
- b) Their natural mother present (but their natural father is not present)
- c) The natural father present (but not their natural mother)
- d) Neither natural parent present (please describe whether you have adopted, fostered, etc.)

A7. Are there other children of yourself or your partner who visit? (Please mark **one** box on each line and **if yes**, write in the number)

- (i)

(ii)
- No

Yes

Number of children
- a) Children of my partner but not me

1 ☐

2 ☐

→
- b) Children of myself but not my partner

1 ☐

2 ☐

→
- c) Children of me and my partner

1 ☐

2 ☐

→

A8. How many brothers and sisters does your study teenager have that live with you or visit **at least 1 day a week**? (Include half-brothers and half-sisters, step-brothers and step-sisters, fostered or adopted children).

- (i) Brothers

(ii) Sisters
- a) Younger
- b) Same age (i.e. twin of study teenager)
- c) Older

A9. 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) If **married**, what was the date of the most recent marriage?

Day		Month		Year			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A10.a) Does the biological (natural) father of your study teenager live with him/her?

Yes 1 ☐

No 2 ☐



If **yes**, go to A10b) on the next page

i) How old was he/she when the natural father stopped living with your study teenager?

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

or if less than one year

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

months

(put **00** if the father never lived with the study teenager)

ii) How often does the natural father see your study teenager?

Not at all 1 ☐

Less than once a month 2 ☐

About once a month 3 ☐

About once a fortnight 4 ☐

Once or twice a week 5 ☐

Nearly every day 6 ☐

Study teenager's father is dead 7 ☐ → **Go to A10b) on the next page**

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A10.a) iii) Does he help support your study teenager financially?

Yes, on a regular basis ¹ ☐

Yes, occasionally ² ☐

No ³ ☐

b) Does the biological (natural) mother of your study teenager live with him/her?

Yes ¹ ☐

No ² ☐



If yes, go to A11 below

i) How old was he/she when the natural mother stopped living with your study teenager?

--	--

years

or if less than one year

--	--

months

(put **00** if the mother never lived with the study teenager)

ii) How often does the natural mother see your study teenager?

Not at all ¹ ☐

Less than once ² ☐
a month

About once ³ ☐
a month

About once ⁴ ☐
a fortnight

Once or twice ⁵ ☐
a week

Nearly every ⁶ ☐
day

Study teenager's ⁷ ☐ → **Go to A11 below**
mother is dead

iii) Does she help support your study teenager financially?

Yes, on a regular basis ¹ ☐

Yes, occasionally ² ☐

No ³ ☐

A11. Do you currently have a partner who lives with you?

Yes ¹ ☐

No ² ☐ → **If no, go to A13 on page 8**



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A12. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Wants me to take his/her side in an argument	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Wants to know exactly what I'm doing and where I am	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Is a good companion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Is affectionate to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Is clearly hurt if I don't accept his/her views	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Tends to try and change me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Confides closely in me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Tends to criticise me over small issues	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j) Understands my problems and worries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k) Tends to order me about	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l) Insists I do exactly as I'm told	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m) Is physically gentle and considerate	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n) Makes me feel needed	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o) Wants me to change in small ways	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p) Is very loving to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
q) Seeks to dominate me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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	A12. cont. My spouse/partner:	Very true	Moderately true	Somewhat true	Not at all true	
r)	Is fun to be with	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
s)	Wants to change me in big ways	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
t)	Tends to control everything I do	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
u)	Shows his/her appreciation of me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
v)	Is critical of me in private	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
w)	Is gentle and kind to me	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	
x)	Speaks to me in a warm and friendly voice	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

The section below is about your employment and that of your partner.

*If you do not currently have a partner **who lives with you**
please only complete the sections about yourself.*

Your job

A13. Are you / your partner **currently** (please mark all that apply for **each person**)?

	(i) Yourself	(ii) Your partner
a) Employed in a paid job (full or part-time)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b) Retired	1 <input type="checkbox"/>	1 <input type="checkbox"/>
c) Unemployed and seeking work	1 <input type="checkbox"/>	1 <input type="checkbox"/>
d) Unable to work through sickness/disability	1 <input type="checkbox"/>	1 <input type="checkbox"/>
e) Full/part-time student	1 <input type="checkbox"/>	1 <input type="checkbox"/>
f) Doing voluntary work	1 <input type="checkbox"/>	1 <input type="checkbox"/>
g) Looking after family/home	1 <input type="checkbox"/>	1 <input type="checkbox"/>
h) Self employed	1 <input type="checkbox"/>	1 <input type="checkbox"/>
i) Other, please describe:	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

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- A14 a) In your job, do you or your partner have any formal responsibility for supervising the work of other employees? Do not include supervising children e.g. teachers.

	(i) Yourself	(ii) Your partner
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>

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

	(i) Yourself	(ii) Your partner
1-9	1 <input type="checkbox"/>	1 <input type="checkbox"/>
10-24	2 <input type="checkbox"/>	2 <input type="checkbox"/>
25-499	3 <input type="checkbox"/>	3 <input type="checkbox"/>
500 or more	4 <input type="checkbox"/>	4 <input type="checkbox"/>

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

	(i) Yourself	(ii) Your partner
On own or with partner but no employees	1 <input type="checkbox"/>	1 <input type="checkbox"/>
with employees	2 <input type="checkbox"/>	2 <input type="checkbox"/>



A15. Please describe the current or most recent job held by **yourself and your partner**.

(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).

(i) Yourself

(ii) Your partner

a) What is the job title?

--

--

b) What is the business/ industry?

--

--

c) Please describe the main things you do, or your partner does, in this job.

--

--

d) When did you/your partner start this job?

Month		Year			

Month		Year			

e) If not current, when did you/ your partner end this job.

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

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

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A16. 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**.

i) **Yourself:**

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

ii) **Your partner:**

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

A17. How many hours do you work in a usual week?

		hours
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A18. How many hours does your partner work in a usual week?

		hours
--	--	-------

A19. 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 ☐

→ **Please answer A20 & 21**

No, neither of us has

4 ☐

→ **Go to A22 on page 14**

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A20

- a) In your **previous** job, were you or your partner working as employees or were you self employed?

	(i) Yourself	(ii) Your partner
Employee	1 <input type="checkbox"/>	1 <input type="checkbox"/>
Self-employed	2 <input type="checkbox"/>	2 <input type="checkbox"/>

- b) In your **previous** job, did you or your partner have any formal responsibility for supervising the work of other employees? Do not include supervising children e.g. teachers.

	(i) Yourself	(ii) Your partner
Yes	1 <input type="checkbox"/>	1 <input type="checkbox"/>
No	2 <input type="checkbox"/>	2 <input type="checkbox"/>

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

	(i) Yourself	(ii) Your partner
1-9	1 <input type="checkbox"/>	1 <input type="checkbox"/>
10-24	2 <input type="checkbox"/>	2 <input type="checkbox"/>
25-499	3 <input type="checkbox"/>	3 <input type="checkbox"/>
500 or more	4 <input type="checkbox"/>	4 <input type="checkbox"/>

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

	(i) Yourself	(ii) Your partner
On own or with partner but no employees	1 <input type="checkbox"/>	1 <input type="checkbox"/>
With employees	2 <input type="checkbox"/>	2 <input type="checkbox"/>

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A21. Please describe the previous paid job held by **yourself and your partner** (the job held before the job you described in question 16).

(As before, please use precise terms and describe the type of industry or service given, and give details of what is made, materials used, or services given).

	(i) Yourself	(ii) Your partner
a) What was the job title?	<div></div>	<div></div>
b) What was the business /industry?	<div></div>	<div></div>
c) Please describe the main things you or your partner did in this job.	<div></div>	<div></div>
d) When did you/your partner start this job?	<div><div>Month</div><div>Year</div></div>	<div><div>Month</div><div>Year</div></div>
e) When did you/your partner end this job?	<div></div>	<div></div>

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Your finances

A22. On average, about how much is the **take-home household** income **each month?**
Include **all** earnings, social benefits, tax credits etc.

- | | | | | | |
|----------------|-----------------------------|-------------|-----------------------------|-------------|----------------------------|
| Less than £899 | 1 <input type="checkbox"/> | £900-£1149 | 2 <input type="checkbox"/> | £1150-£1549 | 3 <input type="checkbox"/> |
| £1550-£1849 | 4 <input type="checkbox"/> | £1850-£2099 | 5 <input type="checkbox"/> | £2100-£2399 | 6 <input type="checkbox"/> |
| £2400-£2799 | 7 <input type="checkbox"/> | £2800-£3399 | 8 <input type="checkbox"/> | £3400-£4000 | 9 <input type="checkbox"/> |
| £4001 and over | 10 <input type="checkbox"/> | Don't know | 11 <input type="checkbox"/> | | |

A23. How much do you, as a household, pay for rent or mortgage **each month?**

- | | | | | | |
|------------|-----------------------------|------------------------------------|-----------------------------|---------------------------------|-----------------------------|
| Nothing | 1 <input type="checkbox"/> | Less than £200 | 2 <input type="checkbox"/> | £200-£249 | 3 <input type="checkbox"/> |
| £250-£299 | 4 <input type="checkbox"/> | £300-£349 | 5 <input type="checkbox"/> | £350-£399 | 6 <input type="checkbox"/> |
| £400-£499 | 7 <input type="checkbox"/> | £500-£599 | 8 <input type="checkbox"/> | £600-£699 | 9 <input type="checkbox"/> |
| £700-£799 | 10 <input type="checkbox"/> | £800-£999 | 11 <input type="checkbox"/> | £1000 or more | 12 <input type="checkbox"/> |
| Don't know | 13 <input type="checkbox"/> | Paid in full by
social security | 14 <input type="checkbox"/> | Part paid by
social security | 15 <input type="checkbox"/> |

A24. How much do you, as a household, spend on childcare **each month** (e.g. after-school club, sitters, nursery)?

- | | | | | | |
|-----------|-----------------------------|----------------|-----------------------------|------------|-----------------------------|
| Nothing | 1 <input type="checkbox"/> | Less than £200 | 2 <input type="checkbox"/> | £200-£249 | 3 <input type="checkbox"/> |
| £250-£299 | 4 <input type="checkbox"/> | £300-£349 | 5 <input type="checkbox"/> | £350-£399 | 6 <input type="checkbox"/> |
| £400-£499 | 7 <input type="checkbox"/> | £500-£599 | 8 <input type="checkbox"/> | £600-£799 | 9 <input type="checkbox"/> |
| £800-£999 | 10 <input type="checkbox"/> | £1000 or more | 11 <input type="checkbox"/> | Don't know | 12 <input type="checkbox"/> |

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A25. How much do you, as a household, spend on electricity, gas, water and telephone (including mobile phones and Broadband **each month**)?

- | | | | | | |
|----------------|-----------------------------|-----------|----------------------------|--------------|----------------------------|
| Less than £200 | 1 <input type="checkbox"/> | £200-£249 | 2 <input type="checkbox"/> | £250-£299 | 3 <input type="checkbox"/> |
| £300-£349 | 4 <input type="checkbox"/> | £350-£399 | 5 <input type="checkbox"/> | £400-£449 | 6 <input type="checkbox"/> |
| £450-£499 | 7 <input type="checkbox"/> | £500-£549 | 8 <input type="checkbox"/> | £550 or more | 9 <input type="checkbox"/> |
| Don't know | 10 <input type="checkbox"/> | | | | |

A26. About how much do you, as a household, spend on food for the whole family **each month**?

- | | | | | | |
|------------|-----------------------------|----------------|-----------------------------|--------------|-----------------------------|
| Nothing | 1 <input type="checkbox"/> | Less than £200 | 2 <input type="checkbox"/> | £200-£249 | 3 <input type="checkbox"/> |
| £250-£299 | 4 <input type="checkbox"/> | £300-£349 | 5 <input type="checkbox"/> | £350-£399 | 6 <input type="checkbox"/> |
| £400-£449 | 7 <input type="checkbox"/> | £450-£499 | 8 <input type="checkbox"/> | £500-£549 | 9 <input type="checkbox"/> |
| £550-£599 | 10 <input type="checkbox"/> | £600-£649 | 11 <input type="checkbox"/> | £650-£699 | 12 <input type="checkbox"/> |
| £700-£749 | 13 <input type="checkbox"/> | £750-£799 | 14 <input type="checkbox"/> | £800 or more | 15 <input type="checkbox"/> |
| Don't know | 16 <input type="checkbox"/> | | | | |



A27. About how much do you, as a household, spend on clothing, hobbies and entertainment **each month**?

- | | | | | | |
|----------------|----------------------------|--------------|----------------------------|------------|----------------------------|
| Less than £200 | 1 <input type="checkbox"/> | £200-£249 | 2 <input type="checkbox"/> | £250-£299 | 3 <input type="checkbox"/> |
| £300-£349 | 4 <input type="checkbox"/> | £350-£399 | 5 <input type="checkbox"/> | £400-£449 | 6 <input type="checkbox"/> |
| £450-£499 | 7 <input type="checkbox"/> | £500 or more | 8 <input type="checkbox"/> | Don't know | 9 <input type="checkbox"/> |

A28. Do you, as a household, have any outstanding debts (not including mortgages)?

- Yes, I/we owe money 1 ☐ No 2 ☐ ➔ **If no, go to A32 on page 18**

A29. How much do you, as a household, pay for loans/debt repayment (not including mortgage) **each month**?

- | | | | | | |
|-----------|-----------------------------|---------------|-----------------------------|------------|-----------------------------|
| Nothing | 1 <input type="checkbox"/> | Less than £50 | 2 <input type="checkbox"/> | £50-£99 | 3 <input type="checkbox"/> |
| £100-£199 | 4 <input type="checkbox"/> | £200-£299 | 5 <input type="checkbox"/> | £300-£399 | 6 <input type="checkbox"/> |
| £400-£499 | 7 <input type="checkbox"/> | £500-£599 | 8 <input type="checkbox"/> | £600-£799 | 9 <input type="checkbox"/> |
| £800-£999 | 10 <input type="checkbox"/> | £1000 or more | 11 <input type="checkbox"/> | Don't know | 12 <input type="checkbox"/> |

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A30. Please mark which of the following you, as a household, owe money to:

	(a) Mark <u>all</u> that apply	(b) Mark the <u>one</u> you owe most on
i) Hire purchase or rental purchase agreement	1 <input type="checkbox"/>	1 <input type="checkbox"/>
ii) Personal loans (but not a mortgage or student loan)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
iii) Car finance or credit agreement	1 <input type="checkbox"/>	1 <input type="checkbox"/>
iv) Mail order purchases that you are paying in instalments	1 <input type="checkbox"/>	1 <input type="checkbox"/>
v) DSS social fund loan	1 <input type="checkbox"/>	1 <input type="checkbox"/>
vi) Credit union loan	1 <input type="checkbox"/>	1 <input type="checkbox"/>
vii) Loans from a pawn broker or cash converter that you intend to repay	1 <input type="checkbox"/>	1 <input type="checkbox"/>
viii) Loans from individuals	1 <input type="checkbox"/>	1 <input type="checkbox"/>
ix) Overdraft (that you do not repay in full each month)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
x) Store card (that you do not repay in full each month)	1 <input type="checkbox"/>	1 <input type="checkbox"/>
xi) Credit card	1 <input type="checkbox"/>	1 <input type="checkbox"/>
xii) Student loan	1 <input type="checkbox"/>	1 <input type="checkbox"/>

A31. How much do you, as a household, owe in total (including all borrowing on credit cards, credit agreements, social fund loans, but not including mortgage)?

Nothing	1 <input type="checkbox"/>	Less than £1000	2 <input type="checkbox"/>	£1000-£1999	3 <input type="checkbox"/>
£2000-£2999	4 <input type="checkbox"/>	£3000-£3999	5 <input type="checkbox"/>	£4000-£4999	6 <input type="checkbox"/>
£5000-£5999	7 <input type="checkbox"/>	£6000-£7999	8 <input type="checkbox"/>	£8000-£9999	9 <input type="checkbox"/>
£10,000-£11,999	10 <input type="checkbox"/>	£12,000-£14,999	11 <input type="checkbox"/>	£15,000 and over	12 <input type="checkbox"/>
Don't know	13 <input type="checkbox"/>				

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A32. How often do you, as a household, have money left over at the end of the month that you could save?

Always 1 ☐ Most months 2 ☐ More often than not 3 ☐

Sometimes 4 ☐ Hardly ever 5 ☐ Never 6 ☐

Don't know/
too hard to say/
varies too much to say 9 ☐

A33. Does your household save on a regular basis or just from time to time when it can?

Regular basis 1 ☐ From time to time 2 ☐ Very occasionally 3 ☐

Never 4 ☐

A34. About how much, on average, of any leftover money does your household manage to save **a month** (excluding pensions)?

Nothing 1 ☐ £1-£20 2 ☐ £21-£40 3 ☐

£41-£60 4 ☐ £61-£80 5 ☐ £81-£100 6 ☐

£101-£150 7 ☐ £151-£200 8 ☐ £201-£400 9 ☐

£401-£600 10 ☐ £600 or more 11 ☐ Don't know 12 ☐

A35. How well would you say your household is managing financially these days?
Would you say you are:

Living comfortably 1 ☐ Doing alright 2 ☐ Just about getting by 3 ☐

Finding it quite difficult 4 ☐ Finding it very difficult 5 ☐ Don't know 9 ☐

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A36. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
b) Clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
c) Heating	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
d) Rent/mortgage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e) Things you need for your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f) Costs of educational resources for your study teenager (music lessons/school trips/ school uniform)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g) Medical or dental care	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h) Childcare	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

A37. **Your family life**

	True	False
a) There is very little commotion in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) We can usually find things when we need them	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) We almost always seem to be rushed	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) We are usually able to stay on top of things	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) No matter how hard we try, we always seem to be running late	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f) It's a real zoo in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>



A37 cont.

	True	False
g) At home we can talk to each other without being interrupted	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h) There is often a fuss going on at our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i) No matter what our family plans, it usually doesn't seem to work out	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j) You can't hear yourself think in our home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k) I often get drawn into other people's arguments at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l) Our home is a good place to relax	1 <input type="checkbox"/>	2 <input type="checkbox"/>
m) The telephone takes up a lot of our time at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>
n) The atmosphere in our home is calm	1 <input type="checkbox"/>	2 <input type="checkbox"/>
o) First thing in the day, we have a regular routine at home	1 <input type="checkbox"/>	2 <input type="checkbox"/>

Other people's lives

We will now describe some examples of other people's lives. We would like to know how satisfied you think these people would be with their lives. Please assume that the person in each example has the same age and background that you have (unless indicated otherwise). If you are not sure, please give us your best guess.

Please mark one of the answers for every question.

A38. Jim is married and has two children; the total (after tax) household income of his family is £900 per month.

How satisfied do you think Jim is with the total income of his household?

- Not satisfied 1 ☐ Very unsatisfied 2 ☐ Fairly unsatisfied 3 ☐
- Neither satisfied 4 ☐ Fairly satisfied 5 ☐ Very satisfied 6 ☐
or unsatisfied
- Completely 7 ☐
satisfied

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A39. Anne is married and has two children; the total (after tax) household income of her family is £1600 per month.

How satisfied do you think Anne is with the total income of her household?

Not satisfied ¹ ☐ Very unsatisfied ² ☐ Fairly unsatisfied ³ ☐

Neither satisfied ⁴ ☐ Fairly satisfied ⁵ ☐ Very satisfied ⁶ ☐
or unsatisfied

Completely ⁷ ☐
satisfied

A40. John is single, but gets on well with his relatives and has a large circle of friends. They often go out together to attend sporting events or to have a meal.

How satisfied do you think John is with his social contacts (family, friends, etc.)?

Not satisfied ¹ ☐ Very unsatisfied ² ☐ Fairly unsatisfied ³ ☐

Neither satisfied ⁴ ☐ Fairly satisfied ⁵ ☐ Very satisfied ⁶ ☐
or unsatisfied

Completely ⁷ ☐
satisfied

A41. Mary has been married for many years. Lately she has spent little time with her husband and they have been quarrelling more. They seem to prefer spending time with others rather than with each other. Both of them have many friends.

How satisfied do you think Mary is with her social contacts (family, friends, etc.)?

Not satisfied ¹ ☐ Very unsatisfied ² ☐ Fairly unsatisfied ³ ☐

Neither satisfied ⁴ ☐ Fairly satisfied ⁵ ☐ Very satisfied ⁶ ☐
or unsatisfied

Completely ⁷ ☐
satisfied

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A42. Mike works full-time, five days per week; in principle, he can organise his work in his own way but is still often under a lot of pressure to meet deadlines. He works for a big company and feels that his job is quite secure.

How satisfied do you think Mike is with his job?

Not satisfied 1 ☐ Very unsatisfied 2 ☐ Fairly unsatisfied 3 ☐

Neither satisfied 4 ☐ Fairly satisfied 5 ☐ Very satisfied 6 ☐
or unsatisfied

Completely 7 ☐
satisfied

A43. Sally works four days per week and does not experience her job as stressful; she has little say over what she is doing, this is decided by her boss. She feels it is a very secure job.

How satisfied do you think Sally is with her job?

Not satisfied 1 ☐ Very unsatisfied 2 ☐ Fairly unsatisfied 3 ☐

Neither satisfied 4 ☐ Fairly satisfied 5 ☐ Very satisfied 6 ☐
or unsatisfied

Completely 7 ☐
satisfied

A44. John is 63 years old. His wife died 2 years ago and he still spends a lot of time thinking about her. He has 4 children and 10 grandchildren who visit him regularly. John can make ends meet but has no money for extras such as expensive gifts to his grandchildren. He has had to stop working recently due to heart problems. He gets tired easily. Otherwise, he has no serious health conditions.

How satisfied with his life do you think John is?

Not satisfied 1 ☐ Very unsatisfied 2 ☐ Fairly unsatisfied 3 ☐

Neither satisfied 4 ☐ Fairly satisfied 5 ☐ Very satisfied 6 ☐
or unsatisfied

Completely 7 ☐
satisfied

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Where you live

A45. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Noise from outside in the street	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Rubbish or litter dumped around your neighbourhood	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Dog dirt on pavement/walkways	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Worry about vandalism	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Worry about burglaries	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Worry about muggings or attacks	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Disturbance from teenagers or youths	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Traffic	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j) Parking	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

A46.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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
ii) Argue with you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
iii) Look after your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
iv) Keep to themselves	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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

	Never	Rarely	Some- times	Often	Always
i) Visit the home of your neighbours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
ii) Argue with your neighbours	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
iii) Look after your neighbours' children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
iv) Keep to yourself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

A47. 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 ☐

A48. 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
A49. How many of your relatives and your partner's relatives do you see at least twice a year?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A50. About how many friends do you have?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A51. How many people are there that you can talk to about personal problems?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A52. How many people talk to you about their personal problems or their private feelings?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
A53. If you have to make an important decision, how many people are there with whom you can discuss it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

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

- | | | None | One | Two to
four | More
than 4 |
|------|--|----------------------------|----------------------------|----------------------------|----------------------------|
| A54. | How many people are there among your family and friends from whom you could borrow £200 if you needed to? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| A55. | How many of your family and friends would help you in times of trouble? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| A56. | During the last month, how many times did you get together with one or more friends? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| A57. | During the last month, how many times did you get together with one or more of your relatives or your partner's relatives? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> |
| A58. | Overall, would you say you belong to a close circle of friends? | Yes | 1 <input type="checkbox"/> | No | 2 <input type="checkbox"/> |

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:

- A59. In the last 12 months, have you ever gambled for money?

Yes 1 ☐

No 2 ☐

—► **If no, go to Section B on page 27**

- A60. 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 ☐

- A61. 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 ☐

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A62. 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 ☐

A63. 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 ☐

A64. 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 ☐

A65. 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 ☐

A66. 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 ☐

A67. 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 ☐

A68. 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 ☐

Go to Section B on the next page →

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Section B: Transport and Accidents

Your trip to work (this morning, or the last time you went to work)

B1. How long did your trip take? (Mark **one** box only).

Less than 5 minutes ☐ 1 5-10 minutes ☐ 2 11-20 minutes ☐ 3

21-30 minutes ☐ 4 31-45 minutes ☐ 5 More than 45 minutes ☐ 6

I always work at home ☐ 7 Have never worked ☐ 8 ➔ **Go to B7 on page 28**

B2. How did you get to work? (You can mark **more** than **one** answer).

a) On foot ☐ 1

b) By bus ☐ 1

c) By car ☐ 1

d) By motor bike ☐ 1

e) By taxi ☐ 1

f) By bicycle ☐ 1

g) By train ☐ 1

h) Other, please describe ☐ 1 ➔

B3. If you had a complete choice, what would be your preferred way to travel to and from work? (Mark **one** box only)

On foot ☐ 1 By bicycle ☐ 2 By car ☐ 3

By train ☐ 4 By taxi ☐ 5 By bus ☐ 6

By motor bike ☐ 7

Do not wish to change the way I travel ☐ 8

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Your trip home from work (yesterday, or the last time you came home from work)

B4. How long did your trip home take? (Mark **one** box only).

- | | | | | | |
|---------------------|---------------------------------------|---------------|---------------------------------------|----------------------|---------------------------------------|
| Less than 5 minutes | ¹ <input type="checkbox"/> | 5-10 minutes | ² <input type="checkbox"/> | 11-20 minutes | ³ <input type="checkbox"/> |
| 21-30 minutes | ⁴ <input type="checkbox"/> | 31-45 minutes | ⁵ <input type="checkbox"/> | More than 45 minutes | ⁶ <input type="checkbox"/> |

B5. How did you go home from work? (You can mark **more** than **one** answer).

- | | |
|---------------------------|---|
| a) On foot | ¹ <input type="checkbox"/> |
| b) By bus | ¹ <input type="checkbox"/> |
| c) By car | ¹ <input type="checkbox"/> |
| d) By motor bike | ¹ <input type="checkbox"/> |
| e) By taxi | ¹ <input type="checkbox"/> |
| f) By bicycle | ¹ <input type="checkbox"/> |
| g) By train | ¹ <input type="checkbox"/> |
| h) Other, please describe | ¹ <input type="checkbox"/> → |

B6. How safe do you feel crossing the roads outside your workplace?

- | | | | | | | | |
|-----------|---------------------------------------|------------|---------------------------------------|--------------|---------------------------------------|-----------------|---------------------------------------|
| Very safe | ¹ <input type="checkbox"/> | Quite safe | ² <input type="checkbox"/> | A bit unsafe | ³ <input type="checkbox"/> | Not safe at all | ⁴ <input type="checkbox"/> |
|-----------|---------------------------------------|------------|---------------------------------------|--------------|---------------------------------------|-----------------|---------------------------------------|

B7. How safe do you feel crossing the roads near where you live?

- | | | | | | | | |
|-----------|---------------------------------------|------------|---------------------------------------|--------------|---------------------------------------|-----------------|---------------------------------------|
| Very safe | ¹ <input type="checkbox"/> | Quite safe | ² <input type="checkbox"/> | A bit unsafe | ³ <input type="checkbox"/> | Not safe at all | ⁴ <input type="checkbox"/> |
|-----------|---------------------------------------|------------|---------------------------------------|--------------|---------------------------------------|-----------------|---------------------------------------|

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Travelling by car, bus, train and bike

B8. When was the **last time** you travelled in a car, van or taxi? (Mark **one** box only).

Today	1 <input type="checkbox"/>	Yesterday	2 <input type="checkbox"/>	2-4 days ago	3 <input type="checkbox"/>
5-7 days ago	4 <input type="checkbox"/>	Between 1 and 4 weeks ago	5 <input type="checkbox"/>	More than a month ago	6 <input type="checkbox"/>
Never	7 <input type="checkbox"/>	→ If <u>never</u>, go to B12 below			

B9. The **last time** you travelled in a car, van or taxi, did you sit in the front seat or the back seat? (Mark **one** box only)

Front seat	1 <input type="checkbox"/>	Back seat	2 <input type="checkbox"/>	Can't remember	3 <input type="checkbox"/>
------------	----------------------------	-----------	----------------------------	----------------	----------------------------

B10. The **last time** you travelled in a car, van or taxi, did you wear a seat belt?

Yes	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>	Can't remember	3 <input type="checkbox"/>
		↓		↓	
		Go to B12		Go to B12	

B11. If you did wear a seat belt, was this because: (Mark **one** box only)

You chose to obey the law	1 <input type="checkbox"/>	The driver asked you to	2 <input type="checkbox"/>
Everyone else had theirs on and you didn't want to be different		3 <input type="checkbox"/>	

B12. Does someone in your household own a car or van?

Yes	1 <input type="checkbox"/>	No	2 <input type="checkbox"/>
-----	----------------------------	----	----------------------------

B13. When was the **last time** you travelled on a bus? (Mark **one** box only)

Today	1 <input type="checkbox"/>	Yesterday	2 <input type="checkbox"/>	2-4 days ago	3 <input type="checkbox"/>
5-7 days ago	4 <input type="checkbox"/>	Between 1 and 4 weeks ago	5 <input type="checkbox"/>	More than a month ago	6 <input type="checkbox"/>
Never	7 <input type="checkbox"/>				

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Yes 1 ☐ No 2 ☐

Yes 1 ☐ No 2 ☐

Today 1 ☐ Yesterday 2 ☐ 2-4 days ago 3 ☐

5-7 days ago 4 ☐ Between 1 and 5 ☐ More than a 6 ☐
4 weeks ago month ago

Never 7 ☐ —▶ **If never, go to B20 on the next page**

Less than 1 mile ☐ 1-3 miles ☐ 4-5 miles ☐ More than 5 miles ☐

Very safe ¹ ☐ Quite safe ² ☐ A bit unsafe ³ ☐ Not safe ⁴ ☐
at all

	Yes	No	Can't remember
a) A helmet	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Fluorescent clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Reflective clothing	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

Accidents

B20. In the **last 6 months**, have you had any kind of accident which caused you to see a doctor or to go to hospital? (Mark **one** box on each line).

- | | Yes | No |
|---|----------------------------|----------------------------|
| a) Fall | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| b) Fracture (broken bone), please describe: | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| | | |
| c) Burn or scald | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| d) Ingestion/swallowing something | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| e) Sports injury | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| f) Other, please describe: | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> |
| | | |

B21. Since the birth of your study child have you had a head injury resulting in loss of consciousness?

Yes 1 ☐ No 2 ☐

If yes,

Please describe:

B22. In the **last year**, have you been involved in a road accident?

Yes 1 ☐ No 2 ☐ ➔ **If no, go to Section C on page 34**



If yes, go to B23 on the next page

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B23. Thinking about the **last** road accident you had, how were you travelling?
(Mark **one** box only)

In a car as a driver ¹ ☐

In a car as a passenger ² ☐

As a pedestrian ³ ☐

As a cyclist ⁴ ☐

Something else, ⁵ ☐
please describe:

B24. Who was with you at the time of the road accident? (Mark **all** that apply)

a) On my own ¹ ☐

b) With other adult(s) ¹ ☐

c) With child(ren) ¹ ☐

B25. What were you doing at the time of the road accident? (Mark **one** box only)

Going to or from work ¹ ☐

Going to or from a social engagement ² ☐

Transporting children ³ ☐

Going to or from shops ⁴ ☐

Going to or from church, temple, synagogue or mosque ⁵ ☐

Other journey, please describe: ⁶ ☐

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B26. When did the accident happen? (Mark **one** box only)

On a normal weekday ¹ ☐

At the weekend ² ☐

During holidays ³ ☐

B27. Were you hurt?

Yes ¹ ☐

No ² ☐ —► If **no**, go to Section C on page 34

B28. Did you see a family doctor?

Yes ¹ ☐

No ² ☐

B29. Did you go to the casualty (A + E) department at hospital?

Yes ¹ ☐

No ² ☐

B30. If you went to the casualty (A + E) department, did you stay overnight in hospital?

Yes ¹ ☐

No ² ☐

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Section C: Your Physical Activity

C1. 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 ☐

C2. Do you make regular journeys every day or most days either walking or cycling?

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

C3. Which of the following best describes your walking pace?

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

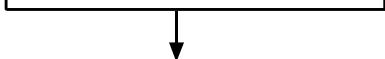
C4. **If you cycle regularly**, how long do you spend cycling in an average week?

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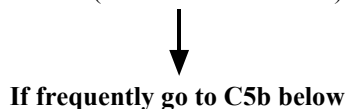
Hours/week

C5. a) Do you take part in physical activity (e.g. running, swimming, dancing, golf, tennis, squash, jogging, bowls)?

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



Go to C6 on the next page



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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C6. 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	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
b) Cycling, including to work and leisure	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
c) Gardening, light e.g. pruning, watering	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
d) Gardening, heavy e.g. digging, mowing	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
e) Physical exercise e.g. fitness, aerobics, sports	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
f) DIY e.g. on house or car	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
g) Household activities, light e.g. cooking, washing up	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
h) Household activities, heavy e.g. Hoovering, cleaning windows	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>

C7. a) In a typical **week** in the **last year**, did you do any of these activities vigorously enough to cause breathlessness, sweating or a faster heartbeat?

Yes ☐ 1

No ☐ 2

→ If **no**, go to C8 on page 36



If **yes**,

b) For how many **minutes** each week did you perform vigorous activity?

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

minutes/week

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C8. In a typical **weekday** in the last year, how many flights of stairs did you climb?

--	--

flights per day

C9. 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:

C10. Compared with other people your age, are you?

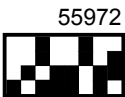
Much more active 1 ☐

More active 2 ☐

Similar 3 ☐

Less active 4 ☐

Much less active 5 ☐



Section D: Your Feelings

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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D2. I feel I have a number of good qualities	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D3. I am able to do things as well as most other people	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D4. I feel I do not have much to be proud of	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D5. I take a positive attitude towards myself	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D6. Sometimes I think I am no good at all	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D7. I am a useful person to have around	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D8. I feel I cannot do anything right	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D9. When I do a job I do it well	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D10. I feel that my life is not very useful	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D11. I am unlucky	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

Your outlook on life:

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

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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 <input type="checkbox"/>	2 <input type="checkbox"/>
D16. Do you believe that whether or not people like you depends on how you act?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
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 <input type="checkbox"/>	2 <input type="checkbox"/>
D18. Do you feel that when good things happen they happen because of hard work?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D19. Do you feel that when someone does not like you there is little you can do about it?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D20. Did you usually feel that it was almost useless to try in school because most other children were cleverer than you?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D21. Are you the kind of person who believes that planning ahead makes things turn out better?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D22. Most of the time, do you feel that you have little to say about what your family decides to do?	1 <input type="checkbox"/>	2 <input type="checkbox"/>
D23. Do you think it's better to be clever than to be lucky?	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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 <input type="checkbox"/>	Not quite so much now	2 <input type="checkbox"/>
	Definitely not so much now	3 <input type="checkbox"/>	Not at all	4 <input type="checkbox"/>
D25.	I have looked forward with enjoyment to things:			
	As much as I ever did	1 <input type="checkbox"/>	Rather less than I used to	2 <input type="checkbox"/>
	Definitely less than I used to	3 <input type="checkbox"/>		
	Hardly at all	4 <input type="checkbox"/>		

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-
- D26. I have blamed myself unnecessarily when things went wrong:
- | | | | |
|-----------------------|----------------------------|-----------------------|----------------------------|
| Yes, most of the time | 1 <input type="checkbox"/> | Yes, some of the time | 2 <input type="checkbox"/> |
| Not very often | 3 <input type="checkbox"/> | Never | 4 <input type="checkbox"/> |
- D27. I have been anxious or worried for no good reason:
- | | | | |
|----------------|----------------------------|-------------|----------------------------|
| No, not at all | 1 <input type="checkbox"/> | Hardly ever | 2 <input type="checkbox"/> |
| Yes, sometimes | 3 <input type="checkbox"/> | Yes, often | 4 <input type="checkbox"/> |
- D28. I have felt scared or panicky for no good reason:
- | | | | |
|------------------|----------------------------|----------------|----------------------------|
| Yes, quite a lot | 1 <input type="checkbox"/> | Yes, sometimes | 2 <input type="checkbox"/> |
| No, not much | 3 <input type="checkbox"/> | No, not at all | 4 <input type="checkbox"/> |
- D29. Things have been getting on top of me:
- | | | | |
|---|----------------------------|---|----------------------------|
| Yes, most of the time I haven't been able to cope | 1 <input type="checkbox"/> | Yes, sometimes I haven't been coping as well as usual | 2 <input type="checkbox"/> |
| No, most of the time I have coped quite well | 3 <input type="checkbox"/> | No, I have been coping as well as ever | 4 <input type="checkbox"/> |
- D30. I have been so unhappy that I have had difficulty sleeping:
- | | | | |
|-----------------------|----------------------------|----------------|----------------------------|
| Yes, most of the time | 1 <input type="checkbox"/> | Yes, sometimes | 2 <input type="checkbox"/> |
| Not very often | 3 <input type="checkbox"/> | No, not at all | 4 <input type="checkbox"/> |
- D31. I have felt sad or miserable:
- | | | | |
|-----------------------|----------------------------|----------------|----------------------------|
| Yes, most of the time | 1 <input type="checkbox"/> | Yes, sometimes | 2 <input type="checkbox"/> |
| Not very often | 3 <input type="checkbox"/> | No, not at all | 4 <input type="checkbox"/> |



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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) If others knew the real me they would not like me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) If other people knew what I am really like they would think less of me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) I always expect criticism.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) I don't like people to really know me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) My value as a person depends enormously on what others think of me.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>



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?**

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

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	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
In the last year::					
D51. You and your partner separated	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D52. Your income was reduced	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D53. You argued with your partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D54. You argued with your family and friends	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D55. You moved house	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D56. Your partner was physically cruel to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D57. You became homeless	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D58. You had a major financial problem	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D59. You got married	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D60. Your partner was physically cruel to your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D61. You were physically cruel to your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D62. You attempted suicide	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D63. You were convicted of an offence	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D64. You became pregnant	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D65. You started a new job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D66. You returned to work	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D67. You had a miscarriage	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D68. You had an abortion	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>

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	Yes & affected me a lot	Yes, moderately affected	Yes, mildly affected	Yes, but did not affect me at all	No, did not happen
In the last year:					
D69. You took an examination	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D70. Your partner was emotionally cruel to you	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D71. Your partner was emotionally cruel to your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D72. You were emotionally cruel to your children	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D73. Your house or car was burgled	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D74. You found a new partner	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D75. One of your children started school	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D76. Your partner started a new job	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D77. A pet died	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>
D78. You had an accident (please mark and describe):	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>



D79.a) Is there anything else which is not on the list which has concerned you or required additional effort from you to cope **in the last year**?

Yes 1 ☐

No 2 ☐ —► **If no, go to Section E on page 45**

If yes,

b) Please describe what happened for each event:

(i)

(ii)

(iii)

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Section E: 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.

E1. **In general**, would you say your health is: (Please mark **one** box)

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

E2. **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 <input type="checkbox"/>	Somewhat better than 3 months ago	² <input type="checkbox"/>	About the same	³ <input type="checkbox"/>
Somewhat worse now than 3 months ago	⁴ <input type="checkbox"/>	Much worse now than 3 months ago	⁵ <input type="checkbox"/>		

E3. 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 <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
b) Moderate activities , such as moving a table, pushing a vacuum, bowling or playing golf.	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
c) Lifting or carrying groceries	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
d) Climbing several flights of stairs	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
e) Climbing one flight of stairs	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
f) Bending, kneeling or stooping	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
g) Walking more than a mile	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>
h) Walking half a mile	¹ <input type="checkbox"/>	² <input type="checkbox"/>	³ <input type="checkbox"/>

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E3. 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 ☐

E4. 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 ☐

E5. 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 ☐

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- E6. 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 ☐
- E7. 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 ☐
- E8. 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 ☐
- E9. 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 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| b) Have you been a very nervous person? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |
| c) Have you felt so down in the dumps that nothing would cheer you up? | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> | 4 <input type="checkbox"/> | 5 <input type="checkbox"/> | 6 <input type="checkbox"/> |

	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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
e)	Did you have a lot of energy?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
f)	Have you felt downhearted and low?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
g)	Did you feel worn out?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
h)	Have you been a happy person?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>
i)	Did you feel tired?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>

E10. 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 ☐

E11. 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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
b)	I am as healthy as anybody I know	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
c)	I expect my health to get worse	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>
d)	My health is excellent	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/> 5 <input type="checkbox"/>

- E12. Paul has a headache once a month that is relieved after taking a pill. During the headache he can carry on with his day-to-day affairs.

In your opinion, what degree of bodily aches or pains does Paul have?

None ¹ ☐ Mild ² ☐ Moderate ³ ☐ Severe ⁴ ☐ Extreme ⁵ ☐

- E13. Karen enjoys her work and social activities and is generally satisfied with her life. She gets depressed every 3 weeks for a day or two and loses interest in what she usually enjoys but is able to carry on with her day-to-day activities.

How much of a problem does Karen have with feeling sad, low or depressed?

None ¹ ☐ Mild ² ☐ Moderate ³ ☐ Severe ⁴ ☐ Extreme ⁵ ☐

- E14. Kevin suffers from back pain that causes stiffness in his back especially at work but is relieved with low doses of medication. He does not have any pains other than this generalised discomfort.

What degree of impairment or health problem does Kevin have that limits his daily activities, including work?

None ¹ ☐ Mild ² ☐ Moderate ³ ☐ Severe ⁴ ☐ Extreme ⁵ ☐

- E15. Anthony generally enjoys his work. He gets depressed every 3 weeks for a day or two and loses interest in what he usually enjoys but is able to carry on with his day-to-day activities on the job.

What degree of impairment or health problem does Anthony have that limits the kind or amount of work he can do?

None ¹ ☐ Mild ² ☐ Moderate ³ ☐ Severe ⁴ ☐ Extreme ⁵ ☐



Sexual and Reproductive Health

E16.a) How often are you having sexual intercourse now?

- | | | | | | |
|-------------------|----------------------------|------------------------|----------------------------|------------------------|----------------------------|
| Not at all | 1 <input type="checkbox"/> | Less than once a month | 2 <input type="checkbox"/> | 1-3 times a month | 3 <input type="checkbox"/> |
| About once a week | 4 <input type="checkbox"/> | 2-4 times a week | 5 <input type="checkbox"/> | 5 or more times a week | 6 <input type="checkbox"/> |

b) In general, do you enjoy it?

- | | | | | | |
|----------------|----------------------------|----------------------|----------------------------|---------------|----------------------------|
| Yes, very much | 1 <input type="checkbox"/> | Yes, somewhat | 2 <input type="checkbox"/> | No, not a lot | 3 <input type="checkbox"/> |
| No, not at all | 4 <input type="checkbox"/> | No sex at the moment | 5 <input type="checkbox"/> | | |

E17.a) Are you currently pregnant?

Yes 1 ☐

No 2 ☐ → **If no, go to E18 below**

↓
If yes,

b) How long were you trying before you became pregnant?

months → **Go to E20 on page 52**

E18.a) Are you currently trying to get pregnant?

Yes, we are trying 1 ☐

No, but intend to later 2 ☐

No 3 ☐

↓
If yes,

↓
If no, go to E19 on the next page

b) For how long have you been trying?

months

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E19. What forms of contraception are you and your partner using now? (Mark all that you have used **in the past 3 months**).

	Yes	No
a) Withdrawal	1 <input type="checkbox"/>	2 <input type="checkbox"/>
b) The pill	1 <input type="checkbox"/>	2 <input type="checkbox"/>
c) IUCD/coil	1 <input type="checkbox"/>	2 <input type="checkbox"/>
d) Condom/sheath	1 <input type="checkbox"/>	2 <input type="checkbox"/>
e) Calendar/rhythm method	1 <input type="checkbox"/>	2 <input type="checkbox"/>
f) Diaphragm/cap	1 <input type="checkbox"/>	2 <input type="checkbox"/>
g) Spermicide	1 <input type="checkbox"/>	2 <input type="checkbox"/>
h) I have been sterilised	1 <input type="checkbox"/>	2 <input type="checkbox"/>
i) My partner has been sterilised	1 <input type="checkbox"/>	2 <input type="checkbox"/>
j) I am no longer fertile	1 <input type="checkbox"/>	2 <input type="checkbox"/>
k) None	1 <input type="checkbox"/>	2 <input type="checkbox"/>
l) Other, please describe:	1 <input type="checkbox"/>	2 <input type="checkbox"/>





E20.a) Since your study teenager's 7th birthday, how many times have you been pregnant?

--	--

times



If none, go to E21 on page 55

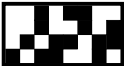
(put **00** if none)

E20.b) How many of these pregnancies ended as:

Number

- i) Miscarriages
- ii) Termination because pregnancy was not wanted, or you were unable to cope
- iii) Termination for medical reasons
- iv) Twins/multiple births
- v) Baby born dead
- vi) Baby born alive but died in 1st month
- vii) Baby born alive but died after 1st month
- viii) Children still alive
- ix) Other, please describe:

--



E20.c) For these pregnancies please tell us what happened:

1st pregnancy		2nd pregnancy		3rd pregnancy	
i) Miscarriage	1 <input type="checkbox"/>	Miscarriage	1 <input type="checkbox"/>	Miscarriage	1 <input type="checkbox"/>
Abortion/termination for unwanted pregnancies	2 <input type="checkbox"/>	Abortion/termination for unwanted pregnancies	2 <input type="checkbox"/>	Abortion/termination for unwanted pregnancies	2 <input type="checkbox"/>
Termination for problem, (please describe)	3 <input type="checkbox"/>	Termination for problem, (please describe)	3 <input type="checkbox"/>	Termination for problem, (please describe)	3 <input type="checkbox"/>
<div></div>		<div></div>		<div></div>	
Still pregnant	4 <input type="checkbox"/>	Still pregnant	4 <input type="checkbox"/>	Still pregnant	4 <input type="checkbox"/>
Baby born	5 <input type="checkbox"/>	Baby born	5 <input type="checkbox"/>	Baby born	5 <input type="checkbox"/>
Other (please describe)	6 <input type="checkbox"/>	Other (please describe)	6 <input type="checkbox"/>	Other (please describe)	6 <input type="checkbox"/>
<div></div>		<div></div>		<div></div>	

(continued overleaf)

If you have had more than 3 pregnancies in this time, please continue on a separate sheet.

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E20.c) For these pregnancies please give:

ii) Date of your last period before the pregnancy

1st pregnancy				2nd pregnancy				3rd pregnancy			
DD		MM		DD		MM		DD		MM	
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YYYY				YYYY				YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

iii) Please give actual date of delivery or end of pregnancy (if still pregnant, leave blank)

1st pregnancy				2nd pregnancy				3rd pregnancy			
DD		MM		DD		MM		DD		MM	
<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
YYYY				YYYY				YYYY			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

iv) Do/did you have any problems?

1st pregnancy	2nd pregnancy	3rd pregnancy
Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>	Yes 1 <input type="checkbox"/> No 2 <input type="checkbox"/>
If <u>yes</u> , please describe:	If <u>yes</u> , please describe:	If <u>yes</u> , please describe:
<div></div>	<div></div>	<div></div>

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E21. Have you ever had any of the following operations? (For **each** operation mark "No" or "Yes" box. **If "Yes"**, please give the date of the operation. If you cannot remember the month and year give your age at the time of the operation).

a) Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy) Yes 1 ☐ No 2 ☐

if **yes**

--	--

--	--	--	--

OR

--	--

 years

b) Removal of uterus (womb) only (hysterectomy) Yes 1 ☐ No 2 ☐

if **yes**

--	--

--	--	--	--

OR

--	--

 years

c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy) Yes 1 ☐ No 2 ☐

if **yes**

--	--

--	--	--	--

OR

--	--

 years

d) Removal of both ovaries only (bilateral oophorectomy) Yes 1 ☐ No 2 ☐

if **yes**

--	--

--	--	--	--

OR

--	--

 years

e) Removal of one ovary only (oophorectomy) Yes 1 ☐ No 2 ☐

if **yes**

--	--

--	--	--	--

OR

--	--

 years



E22.a) In the **last 12 months** have you had a period or menstrual bleeding?

Yes 1 ☐

No 2 ☐ → If **no**, continue to E22b



If **yes**, go to E23 below

E22.b) Were your periods stopped by: (You can mark **more** than **one** box).

i) Surgery? 1 ☐

ii) Chemotherapy or radiation therapy? 1 ☐

iii) Pregnancy or breastfeeding? 1 ☐

iv) No obvious reason/menopause? 1 ☐

v) Other reason, please describe: 1 ☐

→ Now go to E25
on the next page

--

E23. In the **last 3 months** have you had a period or menstrual bleeding?

Yes 1 ☐

No 2 ☐

E24. When was your **last** period? (Include current period if bleeding now).

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

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

If you cannot remember the month and year please give your age at the time:

<input type="text"/>	<input type="text"/>	years
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E25. These questions are for everybody. If you are still having periods tell us about the most recent changes. If your periods have stopped tell us about the changes before your last period.

a) In the last few years/in the years before your last period did your periods? (Please mark **one** box only).

Become more regular 1 ☐ ➔ **go to E25b) below**

Become less regular 2 ☐ ➔ **go to E25b) below**

Remain about the same 3 ☐ ➔ **go to E25c) below**
(i.e. as regular/irregular
as before)

b) If more or less regular, when did you first notice this change? (Please mark **one** box only)

Up to 1 year before
last period 1 ☐

Between 1 and 2 years
before last period 2 ☐

Between 2 and 3 years
before last period 3 ☐

Between 3 and 4 years
before last period 4 ☐

More than 4 years
before last period 5 ☐

c) Please describe your most recent periods:

	Very	Moderately	Mildly	Not at all	No periods
i) How heavy are your periods?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	7 <input type="checkbox"/>
ii) How painful are your periods?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	↓ go to E27a) on the next page
iii) Are your periods irregular?	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	

iv) How many days does bleeding usually last?

 days

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E26. Do you generally find that in the days before or during your periods you have particular problems? (Please mark all that apply)

	(i) Yes, before	(ii) Yes, during
a) Very fatigued	1 <input type="checkbox"/>	1 <input type="checkbox"/>
b) Irritable	1 <input type="checkbox"/>	1 <input type="checkbox"/>
c) Depressed	1 <input type="checkbox"/>	1 <input type="checkbox"/>
d) Anxious	1 <input type="checkbox"/>	1 <input type="checkbox"/>
e) Other, please mark and describe below:	1 <input type="checkbox"/>	1 <input type="checkbox"/>
	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

E27.a) Have you had a D and C (scrape) since your study teenager's 7th birthday?

Yes 1 ☐ No 2 ☐ Don't know 9 ☐

↓
If yes, go to E27b) below If no, or don't know, go to E28 on the next page

E27.b) Was this because of? (mark one box on each line)

	Yes	No
i) Heavy periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>
ii) Painful periods	1 <input type="checkbox"/>	2 <input type="checkbox"/>
iii) Fibroids	1 <input type="checkbox"/>	2 <input type="checkbox"/>
iv) Termination	1 <input type="checkbox"/>	2 <input type="checkbox"/>
v) Infertility	1 <input type="checkbox"/>	2 <input type="checkbox"/>
vi) Miscarriage	1 <input type="checkbox"/>	2 <input type="checkbox"/>
vii) Don't know	1 <input type="checkbox"/>	2 <input type="checkbox"/>
viii) Other, (mark box and describe):	1 <input type="checkbox"/>	2 <input type="checkbox"/>

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E28. Have you **ever** had hormone replacement therapy (HRT)?

Yes 1 ☐

No 2 ☐

→ If **no**, go to E33 on page 60



If **yes**, go to E29 below

E29. When did you first start HRT?

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

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

If you cannot remember the month and year please give your age at the time:

<input type="text"/>	<input type="text"/>	years
----------------------	----------------------	-------

E30.a) Before you first started HRT had your menstrual periods stopped?

Yes 1 ☐

No 2 ☐

→ If **no**, go to E31 below



If **yes**,

b) What was the date of your last period **before** starting HRT?

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

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

If you cannot remember the month and year please give your age at the time:

<input type="text"/>	<input type="text"/>	years
----------------------	----------------------	-------

E31. Have you ever stopped HRT and then started again?

Yes 1 ☐

No 2 ☐

E32. Are you currently on HRT?

Yes 1 ☐

No 2 ☐

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Other Health Issues

E33. Have you **ever** been told that you have had any of the following conditions?
Please **mark** one box for each answer.

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

E34. Have you ever been told by the doctor that you have had a stroke?
Yes 1 ☐ No 2 ☐ → If **no**, go to E35) on the next page

↓
If **yes**,

a) Please give year of most recent stroke:	<table><tr><td colspan="4">Year</td></tr><tr><td></td><td></td><td></td><td></td></tr></table>	Year							
Year									

E34. continued...

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 ☐

E35. Have you **ever** been told by a doctor that you have cancer?

Yes 1 ☐

No 2 ☐

→ **If no, go to E36) below**



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?

--	--	--	--

E36. Have you ever been told by a doctor that you have osteoporosis?

Yes 1 ☐

No 2 ☐

→ **If no, go to E37) on the next page**



If yes,

a) What year was it diagnosed?

--	--	--	--

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E37. Have you ever been told by a doctor that you have arthritis?

Yes 1 ☐

No 2 ☐ —▶ If no, go to E38 on page 63



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 ☐

--

c) Which joints are affected? (Please mark all that apply)

i) Knees 1 ☐

ii) Hips 1 ☐

iii) Hands and / or wrists 1 ☐

iv) Back 1 ☐

v) Neck 1 ☐

vi) Shoulders 1 ☐

vii) Other (please give details): 1 ☐

--

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- d) During the **past year** have you had pain, aching, stiffness or swelling on **most** days for **at least one month**, in your: (Please mark **all** that apply)

- i) Knees 1 ☐
 ii) Hips 1 ☐
 iii) Hands/wrists 1 ☐
 iv) Back 1 ☐
 v) Neck 1 ☐
 vi) Shoulders 1 ☐
 vii) Other (please give details): 1 ☐

- E38. Have you had a fall in the last 12 months?

Yes 1 ☐

No 2 ☐



If **no**, go to E39 below



If **yes**,

- a) How many times have you fallen?

--	--

times

- b) Did you seek medical attention?

Yes 1 ☐

No 2 ☐

- E39. Have you ever fractured your hip?

Yes 1 ☐

No 2 ☐



If **no**, go to E40 on the next page

If **yes**,

- a) What was the year of your last fracture?

--	--	--	--



E40. Have you ever fractured your wrist?

Yes 1 ☐

No 2 ☐

→ If no, go to E41 below



If yes,

a) What was the year of your last fracture?

--	--	--	--

E41. 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 ☐

E42. 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 ☐

E43. 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 ☐

E44. Have you ever been told by a doctor that you have chronic bronchitis or emphysema?

Yes 1 ☐

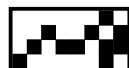
No 2 ☐

E45. Have you ever been told by a doctor that you have asthma?

Yes 1 ☐

No 2 ☐

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E46.a) Have you ever been told by a doctor that you have diabetes?

Yes 1 ☐

No 2 ☐ —▶ If no, go to E47a) below



If yes,

b) What year was this first diagnosed?

--	--	--	--

c) How is your diabetes controlled? (Please mark all that apply).

i) Diet 1 ☐

ii) Tablets 1 ☐

iii) Insulin 1 ☐

E47.a) Do you ever have any pain or discomfort in your chest?

Yes 1 ☐

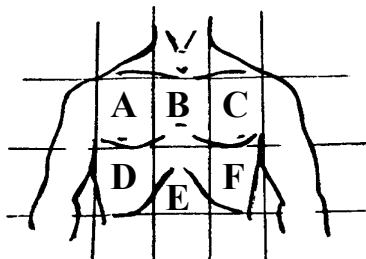
No 2 ☐ —▶ If no, go to E53 on the next page



If yes,

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

*YOUR
RIGHT
SIDE*



*YOUR
LEFT
SIDE*

A ☐

B ☐

C ☐

D ☐

E ☐

F ☐

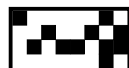
E48. When you walk at an ordinary pace on the level does this produce the pain?

Yes 1 ☐

No 2 ☐

Unable to walk 3 ☐

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-
- E49. When you walk uphill or hurry does this produce the pain?
 Yes 1 ☐ No 2 ☐ Unable to walk 3 ☐
- E50. 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 ☐
- E51. Does the pain or discomfort in your chest go away if you stand still?
 Yes 1 ☐ No 2 ☐
- E52. How long does it take to go away?
 10 minutes or less 1 ☐ More than 10 minutes 2 ☐

Your family's health

The next set of questions are about you and your biological (natural) family. By biological we mean people related by birth, not through adoption or marriage. By sibling we mean natural brother or sister. Please mark one box on each line.

- E53. Have any of the following people ever been admitted to hospital for a psychiatric or mental health problem?
- | | Yes | No | Don't know |
|--|----------------------------|----------------------------|----------------------------|
| a) You | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| b) Any of your biological parents or siblings | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| c) Your child (who is a study child) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| d) Another of your children (who is not a study child) | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| e) Someone else in your biological family | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| f) Your study child's biological father | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| g) Parents or siblings of your study child's biological father | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |
| h) Another family member of your study child's biological father | 1 <input type="checkbox"/> | 2 <input type="checkbox"/> | 3 <input type="checkbox"/> |

E54. Have any of the following people ever had an illness that included hearing voices or seeing things that weren't there?

	Yes	No	Don't know
a) You	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Any of your biological parents or siblings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Your child (who is a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Another of your children (who is not a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Someone else in your biological family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Parents or siblings of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Another family member of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E55. Have any of the following people ever had an illness that included feeling very paranoid (feeling persecuted or under threat) or developed other unusual beliefs that were not true?

	Yes	No	Don't know
a) You	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Any of your biological parents or siblings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Your child (who is a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Another of your children (who is not a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Someone else in your biological family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Parents or siblings of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Another family member of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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E56. Have any of the following people ever suffered from schizophrenia?

	Yes	No	Don't know
a) You	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Any of your biological parents or siblings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Your child (who is a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Another of your children (who is not a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Someone else in your biological family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Parents or siblings of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Another family member of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

E57. Have any of the following people ever suffered from a manic illness (also called manic depression or bipolar disorder)?

	Yes	No	Don't know
a) You	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
b) Any of your biological parents or siblings	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
c) Your child (who is a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
d) Another of your children (who is not a study child)	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
e) Someone else in your biological family	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
f) Your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
g) Parents or siblings of your study child's biological father	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>
h) Another family member of your study child's biological father.	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>

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Your medications

E58. Do you **currently** take any regular medication? Yes 1 ☐ No 2 ☐

If **yes**, please complete the separate medication sheet after completing this questionnaire.

E59. **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 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
b) Vitamins	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
c) Cannabis/marijuana	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
d) Tranquillisers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
e) Pills for depression	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
f) Antibiotics	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
g) Cocaine	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
h) Aspirin, acylpyrin	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
i) Paracetamol	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
j) Other painkillers	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
k) Amphetamines, ecstasy or other stimulants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
l) Iron	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
m) Heroin, methadone, crack, other hard drug	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
n) Anticonvulsants	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
o) Contraceptive pill	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>
p) Other hormone tablets	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>

55972

Alcohol and Cigarettes

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.

E60. a) How often do you have a drink containing alcohol?

- Never 1 ☐ —▶ **Go to E61 on page 72**
- 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 ☐

55972

E60. 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 <input type="checkbox"/>	Less than monthly	2 <input type="checkbox"/>	Monthly	3 <input type="checkbox"/>
Weekly	4 <input type="checkbox"/>	Daily or almost daily	5 <input type="checkbox"/>		

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

Never	1 <input type="checkbox"/>	Less than monthly	2 <input type="checkbox"/>	Monthly	3 <input type="checkbox"/>
Weekly	4 <input type="checkbox"/>	Daily or almost daily	5 <input type="checkbox"/>		

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 <input type="checkbox"/>	Less than monthly	2 <input type="checkbox"/>	Monthly	3 <input type="checkbox"/>
Weekly	4 <input type="checkbox"/>	Daily or almost daily	5 <input type="checkbox"/>		

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

Yes, during the last year	1 <input type="checkbox"/>	Yes, but not in the last year	2 <input type="checkbox"/>	No	3 <input type="checkbox"/>
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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 <input type="checkbox"/>	Yes, but not in the last year	2 <input type="checkbox"/>	No	3 <input type="checkbox"/>
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55972



E61. Are you currently a smoker (cigarettes or tobacco)?

Yes ¹ ☐

No ² ☐

→ **If no, go to E71 on page 73**

E62. Do you smoke every day?

Yes ¹ ☐

No ² ☐

→ **If no, go to Section F on page 74**

If yes,

E63. How old were you when you started smoking regularly
(at least one cigarette or equivalent per day)?

--	--

years old

E64.a) How many cigarettes do you usually smoke each day?

--	--

cigarettes

b) If hand-rolled, how much tobacco
do you use per week?

--	--

oz **OR**

--	--	--

grams

E65. 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 ☐

E66. 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 ☐

E67. Do you smoke more frequently during the first hours after waking than during the
rest of the day?

Yes ¹ ☐

No ² ☐

E68. Do you smoke if you are so ill that you are in bed most of the day?

Yes ¹ ☐

No ² ☐

55972



E69. Which cigarette would you hate most to give up?

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

↓

Now go to Section F on the next page

E70. 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 ☐

For non-smokers only:

E71. Have you ever smoked in the past?

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

E72. When you smoked in the past did you smoke every day?

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

↓

If yes,

E73. How old were you when you started smoking regularly (at least one cigarette or equivalent per day)? years old

E74.a) How many cigarettes did you usually smoke each day? cigarettes

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

E75. How long ago did you stop smoking? If you can't remember give your age at the time you stopped.

years months ago **OR** years old

55972



Section F: About You

F1. What colour eyes do you have?

Blue 1 ☐

Green 2 ☐

Brown 3 ☐

Grey 4 ☐

Other 5 ☐

F2. 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 ☐

F3. About how tall, would you say, the natural father of your study teenager was?

metres

centimetres

OR

feet

inches

OR

Don't know 9 ☐

F4. What colour eyes does the natural father of your study teenager have?

Blue 1 ☐

Green 2 ☐

Brown 3 ☐

Grey 4 ☐

Other 5 ☐

Don't know 9 ☐

F5. What is the **natural** hair colour (i.e. when he was aged 20) of the natural father of your study teenager?

Blond 1 ☐

Light brown 2 ☐

Dark brown 3 ☐

Black 4 ☐

Ginger/red 5 ☐

Don't know 9 ☐

F6. What hand does the natural father of your study teenager use to write with?

Right 1 ☐

Left 2 ☐

Either 3 ☐

Don't know 9 ☐

F7. About how tall, would you say, your current partner is (if not natural father)?

metres

centimetres

OR

feet

inches

OR

No partner 1 ☐

Don't know 9 ☐

55972



F8. What colour eyes does your current partner have (if not natural father)?

Blue 1 ☐ Green 2 ☐ Brown 3 ☐ Grey 4 ☐
Other 5 ☐ No partner 6 ☐ Don't know 9 ☐

F9. What is the **natural** hair colour of your current partner (if not natural father)?
(i.e. when they were aged 20)

Blond 1 ☐ Light brown 2 ☐ Dark brown 3 ☐ Black 4 ☐
Ginger/red 5 ☐ No partner 6 ☐ Don't know 9 ☐

F10. What hand does your current partner use to write with (if not natural father)?

Right 1 ☐ Left 2 ☐ Either 3 ☐
No partner 4 ☐ Don't know 9 ☐

F11. Please give your **present** weight and measurements if you know them.

a) Height

metres	centimetres
<input type="text"/>	<input type="text"/>

 OR

feet	inches
<input type="text"/>	<input type="text"/>

 OR Don't know 9 ☐

b) Weight

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

 kg OR

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

 st

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

 lbs OR Don't know 9 ☐

c) Bust

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

 cm OR

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

 inches OR Don't know 9 ☐

d) Hips

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

 cm OR

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

 inches OR Don't know 9 ☐

e) Waist

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

 cm OR

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

 inches OR Don't know 9 ☐

Now go to Section G on the back page



55972



Section G:

G1. This questionnaire was completed by:

a) teenager's biological mother 1 ☐

b) teenager's mother figure 1 ☐

c) someone else 1 ☐
(please mark box and describe):

--

G2. Do you live in the same house as the study teenager? Yes 1 ☐ No 2 ☐

G3. On what date did you
complete this questionnaire?

DD			MM			YYYY			
		/			/				

G4. Please give **your** date of birth:

DD			MM			YYYY			
		/			/				

G5. Please give your **study**
teenager's date of birth:

DD			MM			YYYY			
		/			/				

THANK YOU VERY MUCH FOR YOUR HELP

Space for any additional comments you would like to make

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

When completed, please send this back to: **Professor George Davey-Smith**
Children of the Nineties - ALSPAC
Oakfield House
Oakfield Grove
Bristol BS8 2BN

Office use only ☐

