

STRICTLY
CONFIDENTIAL

1971

H5

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)

20 HANWAY PLACE
LONDON W1P 0AJ

Ref. No.

Name
and
Address

COMP71

(if changed)

Name _____

Address _____

NOCOMP71

INTRODUCTION

You probably remember how to answer the questions – if there is a space or a box printed, just write the answer in. If we give you a choice of answers put a ring round the number next to the right answer, like this:

Were you born in March 1946? Yes..... (1)

No.....0

Of course everything you tell us is kept strictly confidential. We never mention anyone by name in any reports that we write.

Please complete the form yourself. If you have any difficulty you should get someone to help you, but it is important that the answers should be yours.

When you have answered the questions, post the form to us in the special pre-paid envelope.

PERSONAL INFORMATION

1. Are you now married? Yes.....1 date of marriage.....19

No0

2. CHILDREN

No children.....0

Please give details of all children

Name	Sex	Date of birth	Name of hospital etc. where born

GENERAL HEALTH

3. ACCIDENTS

(a) The last accident we have recorded for you was _____

Have you had any **accidents** since then, or since we last heard from you, in which you were burnt or scalded, broke a bone, were badly cut or bruised, or injured by a chemical or foreign body?

Yes.....1

No.....0

(b) *(If 'Yes' please give the following details about each accident, starting with the earliest)*

Type of injury <i>(e.g. burn, cut, broken bone etc.)</i>	Part Injured	Date when it happened	Treatment Hosp. In-patient Hosp. Out-patient Nursing home Doctor, etc.	Details of how each accident occurred	Where it happened <i>(e.g. work, street, home, etc.)</i>

4. HOSPITAL ADMISSIONS

(a) The last hospital admission we have recorded for you was _____

Have you been in **hospital as an in-patient** since then, or since we last heard from you?

Yes.....1

No.....0

(b) *(If 'Yes' please give the following details about each hospital admission)*

Name of hospital	Date of Admission	Reason for admission	Length of Stay	Name of doctor in charge

5. HOSPITAL OUT PATIENT OR CLINIC ATTENDANCES **H5RETM**

(a) Have you attended a hospital out-patient department or clinic since this time last year?

Yes..... 1

No 0

(b) *If 'Yes'*

Name of Clinic or Out-patient department	Reason for attending	Number of visits

6. OTHER MEDICAL CARE

(a) Apart from visits to a hospital or clinic have you seen a doctor since this time last year? **H5RETM**

Yes1

No 0

(b) *If 'Yes'*

REASON FOR VISITS Use one line for a series of visits in connection with the same complaint	NUMBER OF VISITS	
	At doctor's surgery	At your home
<i>EXAMPLE</i> GOUT	4	1

7. OFF WORK THROUGH ACCIDENT OR ILLNESS

(a) Have you been off work for a week or more through accident or illness since this time last year?

Yes.....1

No.....0

Not working.....8

Punched from extraction sheet

(b) *If 'Yes'*

Approximate date	Nature of accident, illness	Time off work

COUGHS AND CHEST TROUBLE

8. (a) Do you usually cough first thing in the morning in the winter?

WIC71 Yes.....1
 No.....0

- (b) Do you usually cough during the day or at night in the winter?

WID71 Yes.....1
 No.....0

If 'yes' to either question 8(a) or (b)

- (c) Do you cough like this on most days for as much as three months each winter?

WIM71 Yes.....1
 No.....0

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

PHL71 Yes.....1
 No.....0

- (b) Do you usually bring up any phlegm (spit from the chest) during the day or at night in the winter?

PHLD71 Yes.....1
 No.....0

If 'yes' to either question 9(a) or (b)

- (c) Do you bring up phlegm (spit from the chest) on most days for as much as three months each winter?

PHLM71 Yes.....0
 No.....0

10. In the past three years have you had a period of cough and phlegm (spit from the chest) lasting for three weeks or more?

COPH71 Yes.....1
 No.....0

11. Do you get short of breath walking with other people of your own age at an ordinary pace on the level?

PUFT71 Yes.....1
 No.....0

12. (a) Does your chest ever sound wheezy or whistling?

WZY71 Yes.....1
 No.....0

(If 'yes')

- (b) Do you get this most days (or nights)?

WZYD71 Yes.....1
 No.....0

13. (a) Does the weather affect your chest?

CHEST71 Yes.....1
 No.....0

(If 'yes')

- (b) Does foggy weather make you (more) breathless?

PUF0G71 Yes,.....1
 No.....0

14. Do colds usually go to your chest?

COLD71 Yes.....1
 No.....0

15. Do you usually have a stuffy nose or catarrh at the back of your nose?

BLOW71 in the winter? Yes.....1
 No.....0

BLOS71 in the summer? Yes.....1
 No.....0

BLOM71 on most days for
 as much as three
 months each year? Yes.....1
 No.....0

16. (a) During the past three years have you had any chest illness e.g. bronchitis, pneumonia, which has kept you off work or indoors for a week or more?

BRONC71 Yes.....1
 No.....0

(If 'yes')

- (b) How many illnesses like this have you had in the last three years?

NUM71 One illness.....1
 Two illnesses or more.....0

17. (a) In the winter do you usually sleep with you bedroom windows open?

BEDW71 Yes.....1
 No.....0

- (b) In the winter, is your bedroom heated at night?

BEDH71 Yes.....1
 No.....0

TOBACCO SMOKING

18. (a) Are you a regular smoker, i.e. during the last month have you smoked as much as one cigarette a day (or 1 oz of tobacco)?

SMO71

Yes.....1
No.....0

If 'No' to question 18(a) go on to 19(a)

If 'Yes' to question 18(a) carry on as follows:—

(b) Do you inhale the smoke?

INH71

No..... 0
Yes, slightly..... 1
Yes, moderately..... 2
Yes, deeply..... 3

(c) How old were you when you started smoking regularly?

SMAG71

_____ years old

(d) How many manufactured cigarettes do you usually smoke a day?

SMOD71

SMOW71

_____ per working day _____ at weekends

(e) How much tobacco (ozs) do you usually smoke per week in hand rolled cigarettes?

SMOR71

_____ ozs

(f) How much pipe tobacco (ozs) do you usually smoke per week?

SMOP71

_____ ozs

(g) How many cigars do you usually smoke per week?

SMOCL71

SMOCS71

_____ large _____ small

19. If 'No' to question 18(a) (i.e. those who do NOT smoke regularly)

(a) Have you ever smoked as much as one cigarette a day (or 1 oz of tobacco a month) for as long as a year?

Yes.....1
No.....0

SMO71

If 'No' to Question 19(a) go on to 20.

If 'Yes' to question 19(a) carry on as follows:—

(b) How old were you when you started smoking regularly?

SMAG71

_____ years old

(c) How old were you when you last gave up smoking?

STOP71

_____ years old

(d) How many manufactured cigarettes per day were you smoking before you gave up?

SMOD71

SMOW71

_____ per working day _____ at weekends

(e) How much tobacco (ozs) per week were you smoking in hand rolled cigarettes before you gave it up?

SMOR71

_____ ozs

(f) How much pipe tobacco (ozs) per week were you smoking before you gave it up?

SMOP71

_____ ozs

(g) How many cigars per week were you smoking before you gave up?

SMOCL71

SMOCS71

_____ large _____ small

HELP WITH FINDING A JOB

20. The Government runs a number of different schemes for helping people who want to change their work or who find difficulty in getting jobs because of illness or long unemployment. Have you had contact with any of the following schemes?

Yes.....1
No.....0

(a) If 'Yes' please give details.

Type	Month and year of first contact	Name and address of the centre or unit
Occupational guidance unit		
Government Training centre		
Industrial rehabilitation unit		
Other		

(b) How did you first hear of these schemes?

(c) What difference has going to the centre made to the sort of work you are doing?

EMPLOYMENT EMP71

21. (a) Are you now:— working full time..... 1
 working part time..... 2
 a full-time housewife..... 3
 a full-time student..... 4
 Not working from choice..... 5
 Unemployed..... 6
 None of these, but...

(b) Have you been **out of work** for a week or more since _____ (That is, **actually looking for work**; do not include holidays or time off due to illness)

- Yes..... 1
 No..... 0

(c) (If 'Yes')

	Approximate Dates	Length of time unemployed	Why was this?	Did you register as unemployed?
1st occasion				
2nd occasion				
3rd occasion				

(d) When we last contacted you, you were in the occupation we have written in red. Please bring the record up-to-date with the details of all the jobs you have done since, finishing with what you are doing now. If you have been promoted or changed your work within the same firm, please give the details. If you are still in the same job, please write "still there".

EMPT71

Type of job <i>(i.e. what do YOU do?)</i>	Self-employed?	Type of firm <i>(i.e. what do THEY do?)</i>	Date started month, year	Date left month, year	Reason for leaving

(e) If you are working now, how many hours per week do you usually work excluding overtime and meal breaks?

_____ hours per week

HRVAR71 HRWKD71
OTVAR71
OTWKD71
OTPAID71

(f) If you are working now please describe in detail what you do in your job, what training you have had, and what responsibilities you have.

22. For ALL survey members, whether working or not

- (a) What job do you expect to have when you are 35? How will it differ from the job (if any) you are doing now?
- (b) What will you have to do to get that job? What sort of changes will you have to make, will you have to go on any special courses and so on?

EARNINGS PAYPER71

23. If you are now working it would be most helpful to us to have some details of your earnings. Of course this information will be treated in ABSOLUTE CONFIDENCE.

- (a) What is your typical take home pay in your present job? PAYTH71

Weekly Monthly Yearly

£ OR £ OR £ EARPER71

- (b) What are your typical earnings before all deductions in your present job? EARBD71

weekly Monthly Yearly

£ OR £ OR £

If your earnings vary from one week/month to another please will you give brief details of why they vary, and approximately by how much they vary.

EARVAR71

EDUCATION EXAPS

24. Have you taken any examinations, diplomas, certificates or other qualifications since leaving school?

Yes.....1

No.....0

If 'Yes' please give details.

Date	Subject (i.e. name of course)	Title of exam (exam no. if known)	Stage if applicable	Examining body	If passed give marks or grade	Name of college

25. Since October 1969 have you taken any of the following –

- Part-time day classes
- Evening classes
- Correspondence Courses
- Home Study
- A full-time course

Yes.....1

No.....0

If 'Yes' please fill in details of what you did and what you are registered for or intend to register for this year.

College year	Name of college or correspondence course	Name of course or subjects studied including title of exams	Please say whether day, evening, home correspondence or full-time study
Oct. 1969 to Sept. 1979			
Oct. 1970 to Sept. 1971			

26. Has anything important happened to you in the last year that we have not asked about? Please comment freely on anything you wish to tell us about.

COMPH5

IH51

Today's date DATE71

PLEASE CHECK THAT YOU HAVE ANSWERED ALL THE QUESTIONS

Please post the form directly to us in the special envelope

THANK YOU VERY MUCH FOR ALL YOUR HELP