

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
(Medical Research Council)

20 HANWAY PLACE
LONDON W1P 0AJ

[Empty box for address information]

What is your usual address now? DIFAD77
(if no change write SAME)

What was your usual address exactly one year ago?
(If same as now write SAME)

HOW TO COMPLETE THIS QUESTIONNAIRE

Please work through the form writing answers in the box or space provided or putting a ring round the number next to the right answer.

For example: Were you born in March 1946 Yes..... 1
No0

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, please post the form to us in the pre-paid envelope.

CONFIDENTIALITY

All personal information is strictly confidential and is used only for statistical purposes. We never mention anyone by name in any reports we write.

FAMILY INFORMATION

1. When we last contacted you, you were LMARJ77
- (a) Have there been any changes since then? Have you been married or re-married, separated or divorced, or have you been widowed?
CMARJ77 Yes.....1
No0
- If 'yes'
- (b) Are you now married MARJ77
widowed 2
separated 3
divorced 4
- Please give dates of all the changes that have happened.
- (c) Date of marriages(1) MARAGI77
(2) MARAGII77
- (d) Date(s) separated MARBS77
MARBSII77
- (e) Date(s) divorced MARBDI77
MARBDSII77
- (f) Date widowed MARBW77

- 2.(a) Is your own mother alive? MLIV77 Yes.....1
No0
- If 'no'
- day month year
- (b) When did she die?
- (c) Where was she then living? (town and county) _____
- If she died in hospital please give its name (and town) _____
3. (a) Is your own father alive? FLIV77 Yes1
No0
- If 'no'
- day month year
- (b) When did he die?
- (c) Where was he then living? (town and county) _____
- If he died in hospital please give its name (and town) _____

4. The last child you told us about was LCHIL77 born on _____

(a) Have you had any children since then? Yes1
 No0 **MCHIL77**

If 'yes'

(b) Please give details of all later births:

Name	Sex	Date of birth day month year	Name of hospital or address where born	If not still alive give date of death
NOCHIL77				DCHIL77
SCHIL77		CHILAI77		
SCHILII77		CHILAI77		

5. (a) Are you/is your wife pregnant now?
PREGNOW77 Yes.....1
 No0
 If 'yes'
 When is the baby due?
 _____ month _____ year
PREGDUE77

6. (a) Would you say that in your home and personal life you are under:
HMSTR77
 little or no nervous strain1
 some nervous strain2
 severe nervous strain.....3

(b) If 'some' or 'severe' could you say what is the cause of strain?
CHMSTR77

 (c) How does it affect you?
EHMSTR77

HEALTH

7. (a) The last accident you told us about was _____

Since then have you had any accident in which you broke a bone, were badly cut or bruised, were burnt or scalded, or injured by chemicals or a foreign body?

Yes1 **ACCS77**
 No0

If 'yes'

Type of injury	Part of body	Date, month, year	Treatment (hospital inpatient, outpatient, own doctor, works doctor, any other treatment)	How and where it happened	Any disability

8. (a) The last hospital admission you told us about was _____

Have you been a hospital inpatient since then?

Yes1 **HOAD77**
 No0

If 'yes' please give details of all admissions below

Name of hospital (and town)	Date of admission (month, year)	Reason for admission	Length of stay (days)	Name of doctor in charge of case

9. (a) The last outpatient visit you told us about was _____

Have you attended an outpatient or other clinic since?

Yes.....1

HOOP77

No0

(b) If 'yes' please give details

Name of hospital or clinic (and town)	Reason for attendance	Type of clinic (e.g. asthma, gynaecological)	Date of first visit (month, year)

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

Yes1

DRVSTS77

No0

(b) If 'yes'

Why did you go?	What did the doctor say was wrong with you?	Dates

11. (a) Do you regularly take any medicine, pills or tablets (or have regular injections)?

Note: please enter details of the contraceptive pill at question 12 below

Yes.....1

MEDS77

No0

(b) If 'yes'

What do you take it for?	When did you start taking it?	Who prescribed (or suggested) it? (Doctor, chemist etc)	Please check label of bottle etc.	
			Name of preparation	Dosage

WOMEN ONLY

12. (a) Have you ever taken the contraceptive pill?

PILL77

Yes.....1

No0

(b) If 'yes'

Can you give us some idea of how long you have actually used the pill?

(please add together all the separate times you have been on the pill)

TIMEP77

_____ months _____ years

(c) What is the name of the pill you have taken most recently?

NAMEP77

(d) Have you been using the pill during the last month?

Yes.....1 YESP77

No0

(e) If 'no'

When did you last stop using the pill?

SPMY77

_____ month _____ year

EMPLOYMENT

13. (a) Have you had a long spell (a month or more) off work through illness since March 1972?

Yes.....1
 No0 **OWKIL77**

Not worked since March 1972.....8

(b) If 'yes'

Date started (month, year)	What was wrong with you?	Time off work
	NOWKIL77	
		LSWKIL77
		TOWKIL77

14. (a) Have you had a long spell (a month or more) off work because you were unemployed and looking for a job since March 1972?

Yes.....1 **NONWK77**
 No0

(b) If 'yes'

Dates (month, year)	Length of time unemployed	How long did you register as unemployed?
		NNWK77
		REG77
		TNWK77

15. Are you now

working full-time	1	TREG77
working part-time	2	
a full-time housewife.....	3	JOB77
unemployed	4	
or doing something else? (please explain)		

16. The last job you told us about is written in red below. Please give details of all jobs (including promotions or changes within the firm) you have had since then, putting in any periods you have had off work (e.g. as a housewife or student). If there have been no changes at all, put 'still there'.

Type of job (i.e. what do you do?)	Full or part-time?	Are you self-employed?	Type of firm (i.e. what do they do?)	Date started month, year	Date left month, year
JOBNO77			TFM77		
FIRMS77		SEN77		JOBMYS77	
OUG77					
MANNM77					

IF YOU ARE NOT NOW IN PAID WORK OR IF YOU ARE NOW WORKING LESS THAN 8 HOURS A WEEK PLEASE GO TO THE QUESTIONS ON SMOKING (question 23 on the next page)

HGL77
HGS77
SEG77
SC77
 Q16/17/18

17. (a) **If self employed**
 How many do you employ? (apart from yourself and your own family)
- None0
 1 or 2 **SEMP77**1
 3 - 52
 6 or more (please give number) _____
- (b) **If not self employed**
 How many people are employed by your firm? (at the branch at which you work)
- Less than 250
 25 or more **EMP77**1
 please give an estimate of the actual number _____ approx.
18. (a) Does your job involve supervising the work of others?
SUPO77 Yes1
 No0
- If 'yes'*
- (b) What is your official status (if any)? (e.g. chargehand, foreman, manager)

- (c) How many people do you supervise?
 Supervise all the work of **SUPNO77** people
 Supervise part of the work of **PSUPNO77** people

19. (a) How many hours a week do you usually work including overtime? **THRVAH77**
THRVA77 hours at work _____ hours at home
- (b) Do you ever do night or shift work? (in your present employment)
NWK77 Yes1
 No0
- If 'yes'*
- (c) On average, how many nights a month do you work after midnight? **NWKAM77** _____ nights
- (d) How many such nights do you work at a stretch? **NONITS77** _____ nights
20. On average, how much do you earn a week? (including overtime and other payment*)
 before deductions £ **PAYBT77** p
21. (a) Would you say that in your work, you are under:
 severe nervous strain **WKSTR77**3
 some nervous strain2
 little or no nervous strain1
- If 'some' or 'severe'*
- (b) Could you say what is the main cause of strain? **CWKSTR77**

- (c) How does it affect you?
EWKSTR77

22. Please would you write here a brief description of your present job and the responsibilities you have at work.

SMOKING

SMOS77 CIG77 PIPE77

23. (a) Please ring the codes that apply to you showing your past and present smoking habits.

Are you now	cigarettes	cigars	a pipe
a regular smoker of	3	3	3
an occasional smoker of	2	2	2
an ex-smoker of	1	1	1
never smoked	0	0	0

- If you have ever smoked cigarettes
- (b) How far do/did you usually take the smoke in? **INHS77**
- hold it in the mouth1
 to the back of the throat2
 partly into the chest3
 deeply4
- (c) When did you (last) give up cigarette smoking (for a month or more)?
STOP77 _____ month _____ year
 never given it up0

regular smokers

- (d) Over the past year, how many cigarettes a day have you usually smoked?
SMODS77 _____ cigarettes

ex-smokers

- (e) How many cigarettes a day were you smoking before you gave up?
SMODS77 _____ cigarettes

HEIGHT AND WEIGHT

24. (a) How tall are you (without shoes)?
HT77 ft _____ ins
- (b) How much do you weigh (without clothes)?
 (if pregnant please give your weight before
 this pregnancy)
WY77 st _____ lbs

- (c) How long ago was this weight checked on
 scales?
WTCHEK77 today..
 within the last _____ weeks/months
- (d) What is your present waist measurement?
WSTNOW77 _____
- Is this measured by a tape.....
 estimated by the waist size WSTSIZ77
 of your skirt/trousers:.....

SLEEP

25. (a) During the last month or so have you been
 having any trouble with your sleep?
SLEEP77 Yes.....1
No0
- If 'yes'*
- (b) What sort of trouble have you had?
 (ring more than one if necessary) SPROB77
- I have difficulty in getting off to
 sleep.....1
- I wake up in the night and can't
 get off to sleep again quickly.....2
- I have unpleasant dreams or
 nightmares.....3
- I wake up too early in the
 morning and stay awake.....4
- I sleep all night but still feel
 tired in the morning.....5
- Any other sort of trouble? (please describe)

COUGH

26. (a) Do you usually cough first thing in the
 morning in the winter?
WIC77 Yes....
No
- (b) Do you usually cough during the day or
 night in winter?
WID77 Yes....
No
- If 'yes' to (a) or (b)*
- (c) Do you cough like this on most days
 for as much as 3 months each winter?
WIM77 Yes...
No ...
- (d) 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?
BRONC77 Yes...
No ...

RHEUMATISM AND BACK PAIN

27. (a) Have you ever had:-	Arthritis or rheumatism of your joints? (arms, legs, hands, feet)	Trouble with your back?
	Yes.....1 No0	Yes.....1 No0

A/R77

BACK77

If 'no' to both, please go to question 28 on the next page

	Arthritis or rheumatism	Trouble with your back
(b) How many times have you had this trouble A/RTIM77	once or twice1 several times.....2 frequently.....3	once or twice.....1 several times.....2 frequently.....3 BKTIM77
(c) Which parts have been affected? A/RPTS77		BKPTS77
(d) Is the trouble relieved by exercise? A/REX77	Yes.....1 No0	Yes.....1 BKEX77 No0
(e) Did this trouble come on after an injury? A/RINJ77	Yes.....1 No0	Yes.....1 BKINJ77 No0
(f) Have you had this trouble during the last 12 months? A/RPER77	Yes.....1 No0	Yes.....1 BKPER77 No0
(g) Have you had to stay away from work because of the trouble? A/RWK77	Yes, in the last 12 months.....1 Yes, earlier than this.....2 No.....0	Yes, in the last 12 months.. Yes, earlier than this..... BKWK77 No.....0
(h) Have you seen a doctor about the trouble? A/RDR77	Yes, in the last 12 months.....1 Yes, earlier than this.....2 No.....0	Yes, in the last 12 months.. Yes, earlier than this..... BKDR77 No.....0
<i>If 'yes'</i> (i) What did he say was wrong? A/RDI77	_____ _____	_____ _____ BKDI77

28. (a) Do you ever get pain in the pit of your stomach?
(in the area shown in green in the diagram)

Yes.....1
No0

TUM77

If 'no' please go to question 29 below



- (b) Have you had this pain during the last 12 months?

Yes.....1
No0

TUMTIM77

- (c) When did you first notice this pain?

TUMWEN77 about _____ weeks ago
about _____ months ago
about _____ years ago

- (d) Do you get this pain

once a year or less.....1
several times a year.....2
about once each month.....3
several times a month.....4

TUMP77

- (e) How long does the pain last?

TUMLA77

- (f) Does food ever make it better?

Yes.....1
No0
Don't know.....9

TUMBAF77

- (g) Does food ever make it worse?

Yes.....1
No0
Don't know.....9

TUMWAF77

- (h) Does the pain ever wake you at night?

Yes.....1
No0

TUMWAK77

- (i) Have you taken any medicine or tablets for this pain?

Yes.....1
No0

TUMED77

If 'yes'

- (j) What do you/did you take? _____

TUMEDI77

- (k) Do they make the pain better?

Yes.....2

Sometimes.....1

No0

TUMEDH77

- (l) Have you had to stay away from work because of the pain?

yes, in the last 12 months1

yes, earlier than this2

No0

TUMWK77

- (m) Have you consulted a doctor about the pain?

yes, in the last 12 months1

yes, earlier than this2

No0

TUMDR77

If 'yes'

- (n) What did he say was wrong? _____

TUMDI77

- (o) If he did any special investigations, please tell us what they were:

TUMVES77

HEADACHE

- 29 (a) Have you had a headache during the past 12 months?

Yes.....1
No0

HAK77

If 'no' please turn to question 30 on the next page

- (b) Are your headaches usually
fairly mild?.....1
quite severe?.....2
very severe?.....3

HSEV77

- (c) How often do you get a headache?

once a year or less1
several times a year.....2
about once a month3
several times a month4

HWEN77

- (d) Are your headaches on one side only?

never1
sometimes2
usually3
always4

HSID77

- (e) Before you get a headache, do you ever know one is coming?

Yes.....1
No0

HWAR77

If 'yes'

- (f) What do you notice? _____

HSIG77

- (g) When you have a headache do you:

ever feel sick?.....1

ever vomit?.....2

no feelings of sickness0

HSIK77

- (h) Have you ever consulted a doctor about the headache?

yes, in the last 12 months1

yes, earlier than this2

No0

HDR77

If 'yes'

- (i) What did he say was wrong? _____

HDI77

SPORTS AND FITNESS

30. (a) Do you think of yourself as being very fit1 **FIT77**
 fairly fit2
 not very fit3

(b) Please ring the codes below, indicating any sports or keep fit activities you take part in, and showing how often you do these things (during the season)

	Seldom or never	Several times a year	At least once a month	At least once a week
swimming SWIM77	1	2	3	4
cycling CYCL77	1	2	3	4
squash, tennis or badminton SQUAS77		2	3	4
keep fit classes KFIT77	1	2	3	4
any others: (please describe) OACTS77	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4
_____	1	2	3	4

(d) Apart from these, is there anything else you do or avoid doing in order to keep fit? **PRCAU77**
 Please write here what you do and (if appropriate) how often.

(e) Is there any aspect of your health that you worry about, even though you may not have consulted a doctor about it?

Yes.....1 **HWOR77**
 No0

If 'yes'

(f) Please describe what worries you and say whether you have ever consulted a doctor about it.

CWOR77

31. Has anything important happened to you in the last five years that we have not asked about? Please write here anything you wish to tell us.

IMPEX77

32. (a) When we asked you about your health in 1972 you said you were suffering from _____

(b) Please give details of any treatment you received for the condition

(c) Are you troubled by it now? Yes.....1
 No0

(d) *If 'yes' please give details*

(e) Does it restrict your activities at home or work in anyway? Yes.....1
 No0

(f) *If 'yes' please give details*

Today's date **DATYR77**

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

STAINF77