

STRICTLY  
CONFIDENTIAL

1989

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SERNO

NATIONAL SURVEY OF HEALTH AND DEVELOPMENT  
(Medical Research Council)

66-72 Gower Street, London WC1E 6EA  
Telephone 01-387 7050 Extn 5707

Address (if different from above)


Postcode

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Nurse's Name

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INT89

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Date of Interview

INTD89	day	INTM89	month
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INTY89

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Interview starting time

INTSH89	INTSM89
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1. (a) Can you remember when you were last interviewed for the National Survey?

LINTY89 What year was that?

19 

LINTM89 And the month?

- (b) Do you remember what day of the week it was? (Have a guess)

LINTD89 (Ring one answer only)

Sunday ..... 1  
 Monday ..... 2  
 Tuesday ..... 3  
 Wednesday ..... 4  
 Thursday ..... 5  
 Friday ..... 6  
 Saturday ..... 7

(Did anyone else at the interview help answer these questions?)

Yes 1  
 No 0

## I'D LIKE TO BEGIN BY ASKING YOU SOME QUESTIONS ABOUT YOUR HOUSEHOLD

2. (a) How many people live in this household, including you? (Give details below, beginning with survey member)

Name	Relationship to Survey Member	Sex	Date of birth
	Survey Member	Male ..... 1 Female ..... 2	Day DOBD89 <input type="text"/> Month DOBM89 <input type="text"/> Year DOBY89 19 <input type="text"/>
		S89	

- (b) Who else lives in this household? How is he/she related to you?

	Spouse ..... REL189 ..... 1 Partner ..... 2 No spouse or partner ..... 8	Male ..... S189 ..... 1 Female ..... 2	Age ..... A189 <input type="text"/>
	Parent or parent-in-law ..... REL289 ..... 3 Child (incl step, foster or adopted) ..... 4 Son or daughter-in-law ..... 5 Other relation ..... 6 (Specify ..... ) Other non-relation ..... 7 (Specify ..... )	Male ..... S289 ..... 1 Female ..... 2	Age ..... A289 <input type="text"/>
	Relation ..... REL389 ..... <input type="checkbox"/>	Sex ..... S389 ..... <input type="checkbox"/>	Age ..... A389 <input type="text"/>
	Relation ..... REL489 ..... <input type="checkbox"/>	Sex ..... S489 ..... <input type="checkbox"/>	Age ..... A489 <input type="text"/>
	Relation ..... REL589 ..... <input type="checkbox"/>	Sex ..... S589 ..... <input type="checkbox"/>	Age ..... A589 <input type="text"/>
	Relation ..... REL689 ..... <input type="checkbox"/>	Sex ..... S689 ..... <input type="checkbox"/>	Age ..... A689 <input type="text"/>
	Relation ..... REL789 ..... <input type="checkbox"/>	Sex ..... S789 ..... <input type="checkbox"/>	Age ..... A789 <input type="text"/>
	Relation ..... REL889 ..... <input type="checkbox"/>	Sex ..... S889 ..... <input type="checkbox"/>	Age ..... A889 <input type="text"/>

3. (a) Ask all who are not living with a spouse. If living with spouse → (b)

Have you ever been married?

MARE89 Yes ..... 1  
 No ..... 0

- (b) So can I just check: are you currently MARJ89

Single (never married) ..... 0  
 Married ..... 1  
 Widowed ..... 2  
 Separated ..... 3  
 Divorced ..... 4

→ 4

- (c) Have you ever lived with a partner for more than one year?

MARP89 Yes ..... 1  
 No ..... 0

→ 8

4. Is/was this your first marriage? MARF89

Yes, first marriage ..... 1  
 No, second marriage ..... 2  
 No, third or subsequent ..... 3



If not visited in 1982 → 5(b)

5. (a) Since we last visited in 1982, when you were 36 years old, have you been married, remarried, separated, divorced or widowed?

MARC89

Yes  
No → 6

- (b) Now I would like to ask you some questions about your dates of marriage.

If visited in 1982 start history from marriage before 1982

	1st Marriage	2nd Marriage	3rd Marriage	4th Marriage
When were you married?	Month <u>MARM189</u> Year <u>MARY189</u>	Month <u>MARM289</u> Year <u>MARY289</u>	Month <u>MARM389</u> Year <u>MARY389</u>	Month <u>MARM489</u> Year <u>MARY489</u>
(c) Has/had your husband/wife been married before?	Yes ..... 1 No <u>MAFS189</u> ..... 0	Yes ..... 1 No <u>MAFS289</u> ..... 0	Yes ..... 1 No <u>MAFS389</u> ..... 0	Yes ..... 1 No <u>MAFS489</u> ..... 0
(d) How did this marriage end?	Not ended ..... 0 Death ..... 1 Divorce ..... 2 Separation ..... 3 <u>MARB189</u>	Not ended ..... 0 Death ..... 1 Divorce ..... 2 Separation ..... 3 <u>MARB289</u>	Not ended ..... 0 Death ..... 1 Divorce ..... 2 Separation ..... 3 <u>MARB389</u>	Not ended ..... 0 Death ..... 1 Divorce ..... 2 Separation ..... 3 <u>MARB489</u>
(e) If divorced or separated ask When did you stop living together?	Month <u>MASM189</u> Year <u>MASY189</u> → (g)	Month <u>MASM289</u> Year <u>MASY289</u> → (g)	Month <u>MASM389</u> Year <u>MASY389</u> → (g)	Month <u>MASM489</u> Year <u>MASY489</u> → (g)
(f) If widowed ask When did your husband/wife die?	Month <u>MADM189</u> Year <u>MADY189</u>	Month <u>MADM289</u> Year <u>MADY289</u>	Month <u>MADM389</u> Year <u>MADY389</u>	Month <u>MADM489</u> Year <u>MADY489</u>
(g) Did you remarry?	<u>MARE189</u> Yes .... 1 No .... 0 → 6	<u>MARE289</u> Yes .... 1 No .... 0 → 6	<u>MARE389</u> Yes .... 1 No .... 0 → 6	<u>MARE489</u> Yes .... 1 No .... 0 → 6

6. Ask all who currently have a spouse or partner. If no spouse or partner → 8

- (a) What is the date of birth of your spouse/partner?

Month SPAGM89 SPAG89

Year SPAGY89 or age in years \_\_\_\_\_

- (b) What qualifications has he/she obtained?

(Ring all that apply)

No qualifications obtained ..... 00

CSE grades 2-5  
GCE 'O' level grades D-E  
GCSE grades D-G  
Scottish (SCE) standard or 'O' grade levels 4-7 ] — 01

CSE grade 1  
GCE 'O' level grades 1-6 or A-C  
GCSE grades A-C  
Scottish (SCE) standard or 'O' grade levels 1-3  
School certificate  
City and Guilds Craft/ordinary level ] — 02

GCE 'A' level/'S' level  
Higher certificate  
Matriculation  
Scottish (SCE) Higher

] — 03

Overseas School Leaving Exam/Certificate ..... 04  
ONC/OND/City and Guilds Advanced/Final level ... 05  
HNC/HND/City and Guilds Full Technological  
Certificate ..... 06  
RSA/Other clerical and commercial ..... 07  
Teachers' training certificate ..... 08  
Nursing qualification ..... 09  
Professional qualification, awarded by professional  
institute ..... 10  
Degree or higher degree ..... 11  
Other work-related certificates ..... 12

Other (specify) \_\_\_\_\_ 13

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SPQU89



7. (a) Is he/she now **SPWK89**  
 In full-time (30 hrs p.w. or more) paid work .. 1 → (c)  
 In part-time paid work ..... 2  
 Not employed and seriously wanting paid work ..... 3  
 Not employed and *not* seriously wanting paid work ..... 4
- (b) Has he/she ever had a paid job? **SPJOBE89**  
 Yes 1  
 No 0 → (f)
- (c) Can you describe his/her most recent job **SPOUR89 SPSCR89**  
 \_\_\_\_\_        
**SPSER89**
- (d) What does/did his/her firm do?  
 \_\_\_\_\_
- (e) Is/was he/she **SPESR89**  
 an employee:  
 not supervising others ..... 7  
 foreman, supervisor or chargehand ..... 6  
 manager in a firm employing 24 or fewer ..... 5  
 manager in a firm employing 25 or more ..... 4  
 self-employed:  
 with no employees except family members ..... 3  
 with up to 24 employees ..... 2  
 with 25 or more employees ..... 1  
 Unknown ..... 9

If spouse/partner not in paid work ask (f) and (g)

- SPNWH89**  
 (f) Is your spouse/partner not in paid work because of ill health?  
 No ..... 0  
 Yes (specify \_\_\_\_\_) 1  
 \_\_\_\_\_)
- (g) What is your spouse/partner's current occupation? **SPOC89**  
 A student or on a training course ..... 1  
 Looking after the home ..... 2  
 No occupation ..... 3  
 Other (specify \_\_\_\_\_) 4
8. Ask all who were not visited in 1982. If visited in 1982 → 9
- (a) Have you ever had any children? **CHIL89** Yes 1  
 No 0 → 11
- (b) How many children have you had altogether?  
 (Live births only) **CHILN89**

	1st child	2nd child	3rd child	4th child	5th child
(c) What is this child called?	_____	_____	_____	_____	_____
(d) Is (name) a boy or girl?	<b>CHIS189</b> Boy ..... 1 Girl ..... 2	<b>CHIS289</b> Boy ..... 1 Girl ..... 2	<b>CHIS389</b> Boy ..... 1 Girl ..... 2	<b>CHIS489</b> Boy ..... 1 Girl ..... 2	<b>CHIS589</b> Boy ..... 1 Girl ..... 2
(e) When was he/she born?	Day <b>CHAD189</b> Month <b>CHAM189</b> Year <b>CHAY189</b>	Day <b>CHAD289</b> Month <b>CHAM289</b> Year <b>CHAY289</b>	Day <b>CHAD389</b> Month <b>CHAM389</b> Year <b>CHAY389</b>	Day <b>CHAD489</b> Month <b>CHAM489</b> Year <b>CHAY489</b>	Day <b>CHAD589</b> Month <b>CHAM589</b> Year <b>CHAY589</b>

9. Ask all who were visited in 1982

- (a) Have you had any children born since January 1982?

**CHS89** Yes 1  
 No 2 → 10

	1st child	2nd child	3rd child	4th child	5th child
(b) What is this child called?	_____	_____	_____	_____	_____
(c) Is (name) a boy or girl?	<b>CHSS189</b> Boy ..... 1 Girl ..... 2	<b>CHSS289</b> Boy ..... 1 Girl ..... 2	<b>CHSS389</b> Boy ..... 1 Girl ..... 2	<b>CHSS489</b> Boy ..... 1 Girl ..... 2	<b>CHSS589</b> Boy ..... 1 Girl ..... 2
(d) When was he/she born?	Day <b>CHDS189</b> Month <b>CHMS189</b> Year <b>CHYS189</b>	Day <b>CHDS289</b> Month <b>CHMS289</b> Year <b>CHYS289</b>	Day <b>CHDS389</b> Month <b>CHMS389</b> Year <b>CHYS389</b>	Day <b>CHDS489</b> Month <b>CHMS489</b> Year <b>CHYS489</b>	Day <b>CHDS589</b> Month <b>CHMS589</b> Year <b>CHYS589</b>



10. Ask those who have ever had children. If no children → 11 CHLN89

Number of children from no of  
columns, not directly asked.

Now I'd like to ask about all your children

	1st child	2nd child	3rd child	4th child	5th child
(a) Name	_____	_____	_____	_____	_____
(b) Year of birth	<u>CHYR189</u>	<u>CHYR289</u>	<u>CHYR389</u>	<u>CHYR489</u>	<u>CHYR589</u>
(c) Is he/she still alive?	<u>CHAL189</u> Yes 1 → (e) No 0	<u>CHAL289</u> Yes 1 → (e) No 0	<u>CHAL389</u> Yes 1 → (e) No 0	<u>CHAL489</u> Yes 1 → (e) No 0	<u>CHAL589</u> Yes 1 → (e) No 0
(d) When did he/she die?	Day <u>CHDD189</u> Month <u>CHDM189</u> Year <u>CHDY189</u>	Day <u>CHDD289</u> Month <u>CHDM289</u> Year <u>CHDY289</u>	Day <u>CHDD389</u> Month <u>CHDM389</u> Year <u>CHDY389</u>	Day <u>CHDD489</u> Month <u>CHDM489</u> Year <u>CHDY489</u>	Day <u>CHDD589</u> Month <u>CHDM589</u> Year <u>CHDY589</u>
(e) Where does he/she live now?	<u>CHH189</u> In this household .... 0 With other parent .... 1 With other relation .... 2 Adopted/ fostered .... 3 With his/ her spouse/ partner .... 4 With a friend or alone .... 5 Institution .... 6 specify _____ Unknown .... 9	<u>CHH289</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 (specify _____) ..... 9	<u>CHH389</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 (specify _____) ..... 9	<u>CHH489</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 (specify _____) ..... 9	<u>CHH589</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 (specify _____) ..... 9
(f) What does he/she do?	<u>CHDN189</u> Preschool .... 0 School .... 1 University/ Poly/ College .... 2 Employed .... 3 Unemployed . 4 Unknown .... 9	<u>CHDN289</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 9	<u>CHDN389</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 9	<u>CHDN489</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 9	<u>CHDN589</u> ..... 0 ..... 1 ..... 2 ..... 3 ..... 4 ..... 9
(g) Does he/she have any serious or longterm illness or handicap?	<u>CHIH189</u> No ..... 0 Yes ..... 1 Specify _____	<u>CHIH289</u> No ..... 0 Yes ..... 1 Specify _____	<u>CHIH389</u> No ..... 0 Yes ..... 1 Specify _____	<u>CHIH489</u> No ..... 0 Yes ..... 1 Specify _____	<u>CHIH589</u> No ..... 0 Yes ..... 1 Specify _____
(h) What kind of primary school does/did he/she go to?	<u>CHPS189</u> State ..... 1 Independent .. 2 Both ..... 3 Not applicable 8	<u>CHPS289</u> ..... 1 ..... 2 ..... 3 ..... 8	<u>CHPS389</u> ..... 1 ..... 2 ..... 3 ..... 8	<u>CHPS489</u> ..... 1 ..... 2 ..... 3 ..... 8	<u>CHPS589</u> ..... 1 ..... 2 ..... 3 ..... 8
(i) What kind of secondary schools does/did he/she go to?	<u>CHSE189</u> State grammar (selective) .... 1 State (not selective) .... 2 Independent .. 3 State and Independent .. 4 Not applicable 8	<u>CHSE289</u> ..... 1 ..... 2 ..... 3 ..... 4 ..... 8	<u>CHSE389</u> ..... 1 ..... 2 ..... 3 ..... 4 ..... 8	<u>CHSE489</u> ..... 1 ..... 2 ..... 3 ..... 4 ..... 8	<u>CHSE589</u> ..... 1 ..... 2 ..... 3 ..... 4 ..... 8



(j) Do any of your children have children of their own?

GCH89

Yes 1  
No 0 → (l)

(k) When was the first one born?

Day GCHDF89

Month GCHMF89

Year GCHYF89

Ask (l), (m) and (n) only about survey member's first born child

(l) Does he/she have any educational or training qualifications?

(Ring all that apply)

No qualifications obtained ..... 00

CSE grades 2-5  
GCE 'O' level grades D-E  
GCSE grades D-G  
Scottish (SCE) standard or 'O' grade levels 4-7 ] — 01

CSE grade 1  
GCE 'O' level grades 1-6 or A-C  
GCSE grades A-C  
Scottish (SCE) standard or 'O' grade levels 1-3  
City and Guilds Craft/Ordinary level ] — 02

GCE 'A' level/'S' level  
Scottish (SCE) Higher ] — 03

Overseas School Leaving Exam/Certificate ..... 04  
ONC/OND/City and Guilds Advanced/Final level ... 05  
HNC/HND/City and Guilds Full Technological  
Certificate ..... 06  
RSA/Other clerical and commercial ..... 07  
Teachers' training certificate ..... 08  
Nursing qualification ..... 09  
Professional qualification, awarded by professional  
institute ..... 10  
Degree or higher degree ..... 11  
Other work-related certificates ..... 12

Other (specify) ..... 13

ZQUAL89

☐ ☐

Z = "Z"econd generation = 1st child

(m) Has he/she married?

ZMARE89

Yes 1  
No 0

(n) How old was (name) when he/she first married?

Age at first marriage ZMAF89   years

### NOW MAY I ASK YOU SOME QUESTIONS ABOUT YOUR ACCOMMODATION?

11. Do you live in a

DWEL89

whole house or bungalow ..... 0  
self-contained, unfurnished flat or maisonette ..... 1  
self-contained, furnished flat or maisonette ..... 2  
unfurnished flat (not self-contained) ..... 3  
furnished flat (not self-contained) ..... 4  
lodging house or hostel ..... 5  
institution ..... 6  
Other, namely ..... 7

12. Who owns it?

OWN89

Owens it or is buying it ..... 0  
Renting it from the Council ..... 1  
Renting it from a relative ..... 2  
Renting it from a private landlord ..... 3  
Renting it from a housing association ..... 4  
Other, namely ..... 5

13. (a) How many rooms do you have – first of all

BROOM89

how many bedrooms? .....  
how many living rooms? ..... LROOM89

total ROOM89

(b) Do you have running hot water (or do you have to heat it specially?) Describe method of heating if hot water not on tap Yes 1 No 0 HWAT89

(c) How do you heat your home? Is it

(Ring the lowest number applicable)

fully centrally heated ..... 1  
partially centrally heated ..... 2  
heated with night storage heaters ..... 3  
gas fires ..... 4  
open fires ..... 5  
Other, specify HEAT89 ..... 6

(d) Is any part of your accommodation damp?

(Circle all that apply)

Yes, living room(s) ..... 1  
Yes, bedroom(s) ..... 2  
Yes, other room(s) ..... 4  
No, no dampness ..... 0

DAMP89 ☐

(e) Have there been any other particular problems with your accommodation over the last year? ACCPR89

No ..... 0  
Yes, serious problems ..... 2  
Yes, some problems ..... 1 → Please specify

14. (a) How do you feel about living in this district?

Would you say that you are HAPD89

very satisfied ..... 7  
satisfied ..... 6  
fairly satisfied ..... 5  
neither satisfied nor dissatisfied ..... 4  
somewhat dissatisfied ..... 3  
dissatisfied ..... 2  
very dissatisfied ..... 1

(b) And how do you feel about your present accommodation? HAPAC89

very satisfied ..... 7  
satisfied ..... 6  
fairly satisfied ..... 5  
neither satisfied nor dissatisfied ..... 4  
somewhat dissatisfied ..... 3  
dissatisfied ..... 2  
very dissatisfied ..... 1

15. (a) Looking back, how satisfied are you with what you have accomplished in your home and family life? FAMLF89

very satisfied ..... 7  
satisfied ..... 6  
fairly satisfied ..... 5  
neither satisfied nor dissatisfied ..... 4  
somewhat dissatisfied ..... 3  
dissatisfied ..... 2  
very dissatisfied ..... 1

(b) Do you feel that you have achieved all you are likely to in your home and family life or do you have further ambitions for the future? Have you FAMAC89

much more to achieve ..... 3  
something more to achieve ..... 2  
nothing more to achieve ..... 1



## 16. Ask all who were not interviewed in 1982

ABR89

(a) Have you ever lived abroad (i.e. outside England, Wales or Scotland) for longer than a year?

Yes 1  
No 0 → 17

	1st time	2nd time	3rd time	4th time
(b) Which countries did you go to?	_____	_____	_____	_____
(c) When did you go?	Month <u>ABAM189</u> Year <u>ABAY189</u>	Month <u>ABAM289</u> Year <u>ABAY289</u>	Month <u>ABAM389</u> Year <u>ABAY389</u>	Month <u>ABAM489</u> Year <u>ABAY489</u>
(d) When did you return?	Month <u>ABSM189</u> Year <u>ABSY189</u>	Month <u>ABSM289</u> Year <u>ABSY289</u>	Month <u>ABSM389</u> Year <u>ABSY389</u>	Month <u>ABSM489</u> Year <u>ABSY489</u>
(e) Why did you make this trip?	With parents as a child <u>ABW189</u> 0 Working abroad ... 2 With forces ... 3 With spouse/partner who was working ... 4 For pleasure ... 5 Other ... 7 (specify _____)	<u>ABW289</u> 0 ..... 2 ..... 3 ..... 4 ..... 5 ..... 7 (specify _____)	<u>ABW389</u> 0 ..... 2 ..... 3 ..... 4 ..... 5 ..... 7 (specify _____)	<u>ABW489</u> 0 ..... 2 ..... 3 ..... 4 ..... 5 ..... 7 (specify _____)

## 17. NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT HEALTH

(a) The last time you told us about being a patient in hospital was in \_\_\_\_\_

HOAD89

Have you been a patient in hospital for at least one night since then? .....

Yes 1  
No 0 → 18

(b) How many times have you been in hospital since then? .....

HOADN89  

(c) Begin with admission following our last record and work forward to the present time, in chronological order.

	Name of Hospital and Town	Were you an NHS patient Yes No	Date of Admission (month/year)	Reason for Admission (give fullest possible details)	Length of Stay (days)	Name of Doctor and Ward
1st		1 0 <u>HO1NH89</u>	<u>HO1MT89</u> / <u>HO1YR89</u>	<u>HO1R189</u> <u>HO1R289</u> <u>HO1R389</u>	<u>HO1L89</u>	<u>HO2T189</u> <u>HO2T289</u> <u>HO1T389</u>
2nd		1 0 <u>HO2NH89</u>	<u>HO2MT89</u> / <u>HO2YR89</u>	<u>HO2R189</u> <u>HO2R289</u> <u>HO2R389</u>	<u>HO2L89</u>	<u>HO2T189</u> <u>HO2T289</u> <u>HO2T389</u>
3rd		1 0 <u>HO3NH89</u>	<u>HO3MT89</u> / <u>HO3YR89</u>	<u>HO3R189</u> <u>HO3R289</u> <u>HO3R389</u>	<u>HO3L89</u>	<u>HO3T189</u> <u>HO3T289</u> <u>HO3T389</u>
4th		1 0 <u>HO4NH89</u>	<u>HO4MT89</u> / <u>HO4YR89</u>	<u>HO4R189</u> <u>HO4R289</u> <u>HO4R389</u>	<u>HO4L89</u>	<u>HO4T189</u> <u>HO4T289</u> <u>HO4T389</u>
5th		1 0 <u>HO5NH89</u>	<u>HO5MT89</u> / <u>HO5YR89</u>	<u>HO5R189</u> <u>HO5R289</u> <u>HO5R389</u>	<u>HO5L89</u>	<u>HO5T189</u> <u>HO5T289</u> <u>HO5T389</u>
6th		1 0 <u>HO6NH89</u>	<u>HO6MT89</u> / <u>HO6YR89</u>	<u>HO6R189</u> <u>HO6R289</u> <u>HO6R389</u>	<u>HO6L89</u>	<u>HO6T189</u> <u>HO6T289</u> <u>HO6T389</u>



18. (a) Since you were 36 years old have you been to a hospital outpatient or day care department for consultation or treatment?

OP89 Yes 1  
No 0 → (c)

(b) What did you go for?

	Reason for consultation or type of treatment	Date of last visit (month/year)	No. of visits since 36 years old
First reason	OP1R189 OP1R289 OP1R389	OP1M89/ OP1Y89	OP1N89 OP1T189 OP1T289 OP1T389
Second reason	OP2R189 OP2R289 OP2R389	OP2M89/ OP2Y89	OP2N89 OP2T189 OP2T289 OP2T389
Third reason	OP3R189 OP3R289 OP3R389	OP3M89/ OP3Y89	OP3N89 OP3T189 OP3T289 OP3T389
Fourth reason	OP4R189 OP4R289 OP4R389	OP4M89/ OP4Y89	OP4N89 OP4T189 OP4T289 OP4T389

(c) Have you been sterilised? Yes 1 **STER89**  
No 0 → 19

(d) When was that? Month **STERM89**  
Year **STERY89**

19. (a) Is your mother alive? Yes 1 → 20  
MLIV89 No 0  
Unknown 9

(b) When did she die? Day **MDD89**  
Month **MDM89**  
Year **MDY89**

(c) What caused her death? **MDC189**  
**MDC289**

20. (a) Is your father alive? Yes 1 → 21  
FLIV89 No 0  
Unknown 9

(b) When did he die? Day **FDD89**  
Month **FDM89**  
Year **FDY89**

(c) What caused his death? **FDC189**  
**FDC289**



21. Have you ever had any of the following? AND thinking of your parents, did they ever have any of these things?

	Have you had this problem?		How old were you when you had this problem?		How often have you consulted a doctor or other health professional about this in the last year?	Have you taken any prescribed medicines or tablets for this in the last year?		Have/had either of your parents had this problem?	
			First time	Last time		Yes	No	Mother Yes No	Father Yes No
Bronchitis	No 0 Yes, once 1 Recurring 2		yrs old <input type="text"/> <input type="text"/>	yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DBRON89 Other <input type="text"/> <input type="text"/> OBRON89	1 name(s) PBRON89	0	1 0 MBRON89	1 0 FBRON89
Sciatica, lumbago or severe backache (specify site) IBACK89	No 0 Yes, once 1 Recurring 2		yrs old <input type="text"/> <input type="text"/>	yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DBACK89 Other <input type="text"/> <input type="text"/> OBACK89	1 name(s) PBACK89	0	1 0 MBACK89	1 0 FBACK89
Arthritis/rheumatism (specify complaint and joints involved) IAR89	No 0 Yes, once 1 Recurring 2		yrs old <input type="text"/> <input type="text"/>	yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DAR89 Other <input type="text"/> <input type="text"/> OAR89	1 name(s) PAR89	0	1 0 MAR89	1 0 FAR89
Trouble with the liver (specify) ILIVR89	No 0 Yes, once 1 Recurring 2		yrs old <input type="text"/> <input type="text"/>	yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DLIVR89 Other <input type="text"/> <input type="text"/> OLIVR89	1 name(s) PLIVR89	0	1 0 MLIVR89	1 0 FLIVR89
Skin trouble such as eczema or psoriasis (specify) ISKIN89	No 0 Yes, once 1 Recurring 2		yrs old <input type="text"/> <input type="text"/>	yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DSKIN89 Other <input type="text"/> <input type="text"/> OSKIN89	1 name(s) PSKIN89	0	1 0 MSKIN89	1 0 FSKIN89
Asthma	No 0 Yes, once 1 Recurring 2	ASTH89	BASTH89 yrs old <input type="text"/> <input type="text"/>	LASTH89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DASTH89 Other <input type="text"/> <input type="text"/> OASTH89	1 name(s) PASTH89	0	1 0 MASTH89	1 0 FASTH89
Hay Fever	No 0 Yes, once 1 Recurring 2	HAY89	BHAY89 yrs old <input type="text"/> <input type="text"/>	LHAY89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DHAY89 Other <input type="text"/> <input type="text"/> OHAY89	1 name(s) PHAY89	0	1 0 MHAY89	1 0 FHAY89
Allergy (specify) IALLG89	No 0 Yes, once 1 Recurring 2	ALLG89	BALLG89 yrs old <input type="text"/> <input type="text"/>	LALLG89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DALLG89 Other <input type="text"/> <input type="text"/> OALLG89	1 name(s) PALLG89	0	1 0 MALLG89	1 0 FALLG89
Stomach trouble such as ulcers, gastritis or acid indigestion (specify) ITUM89	No 0 Yes, once 1 Recurring 2		yrs old <input type="text"/> <input type="text"/>	yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DTUM89 Other <input type="text"/> <input type="text"/> OTUM89	1 name(s) PTUM89	0	1 0 MTUM89	1 0 FTUM89
Gall bladder trouble	No 0 Yes, once 1 Recurring 2	GB89	BGB89 yrs old <input type="text"/> <input type="text"/>	LGB89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DGB89 Other <input type="text"/> <input type="text"/> OGB89	1 name(s) PGB89	0	1 0 MGB89	1 0 FGB89
Hernia	No 0 Yes, once 1 Recurring 2	HERN89	BHERN89 yrs old <input type="text"/> <input type="text"/>	LHERN89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DHERN89 Other <input type="text"/> <input type="text"/> OHERN89	1 name(s) PHERN89	0	1 0 MHERN89	1 0 FHERN89
Severe headaches or migraine (specify) IHAK89	No 0 Yes, once 1 Recurring 2	HAK89	BHAK89 yrs old <input type="text"/> <input type="text"/>	LHAK89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DHAK89 Other <input type="text"/> <input type="text"/> OHAK89	1 name(s) PHAK89	0	1 0 MHAK89	1 0 FHAK89
High blood pressure	No 0 Yes, once 1 Recurring 2	HIB89	BHIB89 yrs old <input type="text"/> <input type="text"/>	LHIB89 yrs old <input type="text"/> <input type="text"/>	Doctor <input type="text"/> <input type="text"/> DHIB89 Other <input type="text"/> <input type="text"/> OHIB89	1 name(s) PHIB89	0	1 0 MHIB89	1 0 FHIB89



	Have you had this problem?	How old were you when you had this problem?		How often have you consulted a doctor or other health professional about this in the last year?	Have you taken any prescribed medicines or tablets for this in the last year?		Have/had either of your parents had this problem?	
		First time	Last time		Yes	No	Mother Yes No	Father Yes No
Heart trouble	<b>HART89</b> No 0 Yes, once 1 Recurring 2	<b>BHART89</b> yrs old <input type="text"/> <input type="text"/>	<b>LHART89</b> yrs old <input type="text"/> <input type="text"/>	<b>DHART89</b> <input type="text"/> <input type="text"/> <b>OHART89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PHART89</b>	0	1 0	1 0
Varicose veins	<b>VVT89</b> No 0 Yes, once 1 Recurring 2	<b>BVVT89</b> yrs old <input type="text"/> <input type="text"/>	<b>LVVT89</b> yrs old <input type="text"/> <input type="text"/>	<b>DVVT89</b> <input type="text"/> <input type="text"/> <b>OVVT89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PVVT89</b>	0	1 0	1 0
Cancer (specify site) <b>ICANE89</b>	<b>CANE89</b> No 0 Yes, once 1 Recurring 2	<b>BCANE89</b> yrs old <input type="text"/> <input type="text"/>	<b>LCANE89</b> yrs old <input type="text"/> <input type="text"/>	<b>DCANE89</b> <input type="text"/> <input type="text"/> <b>OCANE89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PCANE89</b>	0	1 0	1 0
Nervous or emotional trouble or depression (specify) <b>INERV89</b>	<b>NERV89</b> No 0 Yes, once 1 Recurring 2	<b>BNERV89</b> yrs old <input type="text"/> <input type="text"/>	<b>LNERV89</b> yrs old <input type="text"/> <input type="text"/>	<b>DNERV89</b> <input type="text"/> <input type="text"/> <b>ONERV89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PNERV89</b>	0	1 0	1 0
Diabetes	<b>DIAB89</b> No 0 Yes, once 1 Recurring 2	<b>BDIAB89</b> yrs old <input type="text"/> <input type="text"/>	<b>LDIAB89</b> yrs old <input type="text"/> <input type="text"/>	<b>DDIAB89</b> <input type="text"/> <input type="text"/> <b>ODIAB89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PDIAB89</b>	0	1 0	1 0
Trouble with gums or mouth	<b>GUMS89</b> No 0 Yes, once 1 Recurring 2	<b>BGUMS89</b> yrs old <input type="text"/> <input type="text"/>	<b>LGUMS89</b> yrs old <input type="text"/> <input type="text"/>	<b>DGUMS89</b> <input type="text"/> <input type="text"/> <b>OGUMS89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PGUMS89</b>	0	1 0	1 0
Trouble with sleeping	<b>SLEP89</b> No 0 Yes, once 1 Recurring 2	<b>BSLEP89</b> yrs old <input type="text"/> <input type="text"/>	<b>LSLEP89</b> yrs old <input type="text"/> <input type="text"/>	<b>DSLEP89</b> <input type="text"/> <input type="text"/> <b>OSLEP89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PSLEP89</b>	0	1 0	1 0
Stroke	<b>STR89</b> No 0 Yes, once 1 Recurring 2	<b>BSTR89</b> yrs old <input type="text"/> <input type="text"/>	<b>LSTR89</b> yrs old <input type="text"/> <input type="text"/>	<b>DSTR89</b> <input type="text"/> <input type="text"/> <b>OSTR89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PSTR89</b>	0	1 0	1 0
Epilepsy	<b>EP89</b> No 0 Yes, once 1 Recurring 2	<b>BEP89</b> yrs old <input type="text"/> <input type="text"/>	<b>LEP89</b> yrs old <input type="text"/> <input type="text"/>	<b>DEP89</b> <input type="text"/> <input type="text"/> <b>OEP89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PEP89</b>	0	1 0	1 0
Kidney or bladder infections (specify) <b>IKID89</b>	<b>KID89</b> No 0 Yes, once 1 Recurring 2	<b>BKID89</b> yrs old <input type="text"/> <input type="text"/>	<b>LKID89</b> yrs old <input type="text"/> <input type="text"/>	<b>DKID89</b> <input type="text"/> <input type="text"/> <b>OKID89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PKID89</b>	0	1 0	1 0
Dizziness and unsteadiness	<b>DIZ89</b> No 0 Yes, once 1 Recurring 2	<b>BDIZ89</b> yrs old <input type="text"/> <input type="text"/>	<b>LDIZ89</b> yrs old <input type="text"/> <input type="text"/>	<b>DDIZ89</b> <input type="text"/> <input type="text"/> <b>ODIZ89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PDIZ89</b>	0	1 0	1 0
Piles or haemorrhoids	<b>PILE89</b> No 0 Yes, once 1 Recurring 2	<b>BPILE89</b> yrs old <input type="text"/> <input type="text"/>	<b>LPILE89</b> yrs old <input type="text"/> <input type="text"/>	<b>DPILE89</b> <input type="text"/> <input type="text"/> <b>OPILE89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PPILE89</b>	0	1 0	1 0
Anaemia or any other blood disorder (specify) <b>IBLOD89</b>	<b>BLOD89</b> No 0 Yes, once 1 Recurring 2	<b>BBLOD89</b> yrs old <input type="text"/> <input type="text"/>	<b>LBLOD89</b> yrs old <input type="text"/> <input type="text"/>	<b>DBLOD89</b> <input type="text"/> <input type="text"/> <b>OBLOD89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PBLOD89</b>	0	1 0	1 0
Persistent constipation	<b>CONS89</b> No 0 Yes, once 1 Recurring 2	<b>BCONS89</b> yrs old <input type="text"/> <input type="text"/>	<b>LCONS89</b> yrs old <input type="text"/> <input type="text"/>	<b>DCONS89</b> <input type="text"/> <input type="text"/> <b>OCONS89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PCONS89</b>	0	1 0	1 0
Cataracts or glaucoma or other serious eye trouble (specify) <b>ICATS89</b>	<b>CATS89</b> No 0 Yes, once 1 Recurring 2	<b>BCATS89</b> yrs old <input type="text"/> <input type="text"/>	<b>LCATS89</b> yrs old <input type="text"/> <input type="text"/>	<b>DCATS89</b> <input type="text"/> <input type="text"/> <b>OCATS89</b> <input type="text"/> <input type="text"/> Other <input type="text"/> <input type="text"/>	1 name(s) <b>PCATS89</b>	0	1 0	1 0



22. (a) Do you have any other health or medical problems that I have not mentioned but that keep recurring, or that you have most of, or all, the time? Yes 1 **OHP89**  
No 0 → (d)
- OHPP89**
- If Yes, specify \_\_\_\_\_
- (b) Did a doctor say that you had that? Yes 1 **OHPD89**  
No 0
- (c) Have you taken any prescribed medicines or tablets for this in the last year? Yes 1 → specify  
No 0 **OHPP89**
- (d) Are you regularly taking any other medicines or tablets prescribed by a doctor? Yes 1 **OHOM89**  
No 0 → 23
- (e) What are they called? What are they for? **OHOP89**

### NOW I WANT TO ASK YOU SOME QUESTIONS ABOUT COUGHS

23. (a) Do you usually cough first thing in the morning in the winter? Yes 1 **WIC89**  
No 0
- (b) Do you usually cough during the day or night in the winter? Yes 1 **WID89**  
No 0
- If Yes, to (a) or (b) ask
- (c) Do you cough like this on most days for as much as 3 months each year? Yes 1 **WIM89**  
No 0
24. (a) Do you usually bring up any phlegm (spit from the chest) first thing in the morning in the winter? Yes 1 **PHL89**  
No 0
- (b) Do you usually bring up any phlegm during the day or at night in winter? Yes 1 **PHLD89**  
No 0
- If Yes, to (a) or (b) ask
- (c) Do you bring up phlegm on most days for as much as 3 months each year? Yes 1 **PHLM89**  
No 0
25. In the past 3 years, have you had a period of cough and phlegm lasting for 3 weeks or more? Yes 1 **COPH89**  
No 0
26. (a) Does your chest ever sound wheezy or whistling? Yes 1 **WZY89**  
No 0 → 27
- (b) Do you get this most days (or nights)? Yes 1 **WZYD89**  
No 0
27. (a) During the past 3 years, have you had any chest illness, e.g. bronchitis, pneumonia, which has kept you off work or indoors for a week or more? Yes 1 **BRONC89**  
No 0 → 28
- (b) How many illnesses like this have you had in the last 3 years? One 1 **NUM89**  
Two or more 2
28. Have you ever had any pain or discomfort in your chest? Yes 1 **ANGIN89**  
No 0
29. Have you ever had any pressure or heaviness in your chest? Yes 1 **CHPR89**  
No 0

If 'No' to Qs 28 and 29 → 39

30. Do you get it when you walk uphill or hurry? Yes 1 **CHPRU89**  
No 0  
Never hurries or walks uphill 2
31. Do you get it when you walk at an ordinary pace on the level? Yes 1 **CHPRN89**  
No 0
32. What do you do if you get it while walking? Stop or slow down 1 **CHPRR89**  
Carry on 2  
Carries on after taking tablet under tongue (Nitroglycerine) 3
33. If you stand still what happens to it? Relieved 1 **CHPRS89**  
Not relieved 0
34. How soon? 10 mins or less 1 **CHPRT89**  
More than 10 mins 2
35. Will you show me where it was? Sternum (upper and middle) 1 **CHPRL89**  
Sternum (lower) 2  
Left anterior chest 3  
Left arm 4  
Other 5
36. Do you feel it anywhere else? Yes 1 **CHPRE89**  
No 0
- If Yes, record place felt \_\_\_\_\_
37. Did you see a doctor because of this pain or discomfort? Yes 1 **CHPRD89**  
No 0
- If Yes, what did he say it was? **CHPIC89**
38. Have you ever had a severe pain across the front of your chest lasting half an hour or more? Yes 1 **MIPN89**  
No 0
39. (a) Have you ever consulted a doctor or other professional about infertility? Yes 1 **FERT89**  
No 0 → 40
- (b) Was there any reason why you couldn't have children?  
Own fertility ..... 1  
Partner's fertility ..... 2  
Fertility problems for both ..... 3  
No fertility problem ..... 0 **FERTR89**
40. Ask women only. For men → 48
- (a) Are you currently taking the contraceptive pill? Pregnant 2 **PILL89**  
Yes 1 → (c)  
No 0
- (b) Have you ever taken the contraceptive pill? Yes 1 **PILLE89**  
No 0 → 41(a)
- (c) How old were you when you first took the contraceptive pill? **PILLA89**
- Age in years
- (d) For how long in total (adding up all episodes on the pill) have you taken the contraceptive pill? **PILLY89**
- No. of Years



41. (a) Are you still having periods? **PER89**  
 Pregnant ..... 2  
 Yes, still have periods ..... 1 → 42  
 No, periods stopped ..... 0
- (b) When did they stop? **PEST89** Age
- (c) Did your periods stop naturally or because of surgery? Natural menopause ..... 1  
 Hysterectomy (removal of womb only) ..... 2  
 Hysterectomy plus removal of ovaries ..... 3  
**PESTR89**
42. (a) So the last spell of at least a year when you were having periods and were not taking oral contraceptives was? **PELSP89**  
 The last year ..... 1  
 More than 1 year ago but less than 3 years ago ..... 2  
 More than 3 years ago ..... 3
- During this/that last year:
- (b) Were your periods regular? **PELR89** Yes 1  
 No 0
- (c) Did they become noticeably less frequent? **PELF89** Yes 1  
 No 0
- (d) Did you miss any periods altogether? Yes 1  
**PELM89** No 0
- (e) How long was your shortest cycle? (if unknown ask g and h) **PELS89** Days
- (f) How long was your longest cycle? (if unknown ask g and h) **PELL89** Days   → 43
- (g) Were your menstrual cycles always between 21 and 35 days in length? Yes 1  
 No 0 **PELD89**
- (h) Did your menstrual cycles vary in length by more than 4 days? Yes 1  
 No 0 **PELV89**
43. (a) Have you ever consulted a doctor or other professional about irregular periods? **PECD89**  
 Yes in last 3 years ..... 1  
 Yes more than 3 years ago ..... 2  
 Yes in both time periods ..... 3  
 No never ..... 4 → 44
- (b) Have you ever undergone treatment for irregular periods? **PETR89**  
 Yes 1  
 No 0  
 Specify \_\_\_\_\_
44. (a) Do you feel that your body hair is excessive? Yes 1 **BYH89**  
 No 0
- (b) Have you ever consulted a doctor or other professional about unwanted hair? **BYHCD89**  
 Yes in last 3 years ..... 1  
 Yes more than 3 years ago ..... 2  
 Yes both periods ..... 3  
 No, never ..... 4 → 45
- (c) Have you ever undergone treatment for unwanted hair? Yes 1  
 No 0  
**BYHTR89**  
 Specify \_\_\_\_\_

45. (a) Have you ever had a stillbirth or a miscarriage? **STMIS89** Yes 1  
 No 0 → 46
- (b) How many stillbirths or miscarriages have you had? **STILL89**  
 No. of stillbirths    
 No. of miscarriages    
**MISC89**
46. (a) Have you ever had hormone replacement therapy? **HRTE89** Yes 1  
 No 0 → 47
- (b) For how many months? **HRTM89**
- (c) Please specify the name of the tablets  
 \_\_\_\_\_  
 \_\_\_\_\_
- (d) Are you still taking hormone replacement therapy? **HRT89** Yes 1  
 No 0
47. (a) When did you last have a cervical smear? **CVSM89**  
 In last year ..... 1  
 1-5 years ago ..... 2  
 More than five years ago ..... 3  
 Never had a smear ..... 4 → 48
- (b) What was the outcome? **CVSMR89**  
 Result negative ..... 0 → 48  
 Result positive ..... 1  
 Unknown ..... 9
- (c) Did you have any further treatment? (Describe)  
 \_\_\_\_\_  
 \_\_\_\_\_

### NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT YOUR WORK

*For those not visited in 1982. For those visited in 1982 → 49*

48. (a) Were you in paid work on January 1st 1982? **JOB8289**  
 Yes 1 → 49, column 1  
 No 0
- (b) Were you then:  
 not in paid work and seriously wanting paid work ..... 1  
 not in paid work and not wanting paid work ..... 2  
 Other (specify) **WKS8289** 3
49. (a) Are you in paid work now? **JOB89**  
 Yes, one job only ..... 1 → column 2  
 Yes, more than one job ..... 2  
 No ..... 0
- (b) Have you had any paid work since 1982? **JOBS89**  
 Yes → column 2  
 No → 50



	Column 1	Column 2	Column 3
	Job held in 1982 (only for those not visited in 1982)	Current or most recent job	Longest job since 1982
(c) Please describe the job	<div>_____</div> <div>_____</div> <div>SE8289 OU8289 SC8289</div> <div> <div>  </div> <div>  </div> <div>  </div> <div>  </div> </div>	<div>_____</div> <div>_____</div> <div>SER89 OUR89 SCR89</div> <div> <div>  </div> <div>  </div> <div>  </div> <div>  </div> </div>	<div>_____</div> <div>_____</div> <div>SEL89 OUL89 SCL89</div> <div> <div>  </div> <div>  </div> <div>  </div> <div>  </div> </div>
(d) What does/did the firm do?	<div>_____</div> <div>_____</div> <div> <div>  </div> <div>  </div> <div>  </div> <div>  </div> </div>	<div>_____</div> <div>_____</div> <div> <div>  </div> <div>  </div> <div>  </div> <div>  </div> </div>	<div>_____</div> <div>_____</div> <div> <div>  </div> <div>  </div> <div>  </div> <div>  </div> </div>
(e) Are you/ were you	<div>ES8289</div> <div>An employee:</div> <div>Not supervising others . . . . 7</div> <div>Foreman, supervisor or chargehand . . . . . 6</div> <div>Manager (up to 24 persons) . . . . . 5</div> <div>Manager (25 or more persons) . . . . . 4</div> <div>Self-employed:</div> <div>Without employees . . . . . 3</div> <div>Up to 24 employees . . . . . 2</div> <div>With 25 or more employees . . . . . 1</div>	<div>ESR89</div> <div>..... 7</div> <div>..... 6</div> <div>..... 5</div> <div>..... 4</div> <div>..... 3</div> <div>..... 2</div> <div>..... 1</div>	<div>ESL89</div> <div>..... 7</div> <div>..... 6</div> <div>..... 5</div> <div>..... 4</div> <div>..... 3</div> <div>..... 2</div> <div>..... 1</div>
(f) Do you/did you work?	<div>WK8289</div> <div>Full-time (30 hrs or more) . . . 1</div> <div>Part-time . . . . . 2</div>	<div>WKFR89</div> <div>..... 1</div> <div>..... 2</div>	<div>WKFL89</div> <div>..... 1</div> <div>..... 2</div>
(g) When did you begin this job?	<div>Month JMS8289</div> <div>Year JYS8289</div>	<div>JMSR89</div> <div>JYSR89</div>	<div>JMSL89</div> <div>JYSL89</div>
(h) When did you leave this job?	<div>Month JME8289</div> <div>Year JYE8289</div>	<div>JMER89</div> <div>JYER89</div>	<div>JMEL89</div> <div>JYEL89</div>
(i) And so you were in this job for: Duration	<div>JYD8289 JMD8289</div> <div>Yrs _____ Mths _____</div>	<div>JYOR89 JMDR89</div> <div>Yrs _____ Mths _____</div>	<div>JYDL89 JMDL89</div> <div>Yrs _____ Mths _____</div>
(j) Why did you leave?  Reason	<div>Still there . . . . . 0</div> <div>Ill health . . . . . 1</div> <div>Made redundant or laid off . . 2</div> <div>Dismissed . . . . . 3</div> <div>Pregnancy . . . . . 4</div> <div>Dependant children . . . . . 5</div> <div>Other family commitments . . 6</div> <div>Other reason . . . . . 7</div> <div>JBR8289</div> <div>If still in job → 50</div> <div>If not → 49 (a)</div>	<div>..... 0</div> <div>..... 1</div> <div>..... 2</div> <div>..... 3</div> <div>..... 4</div> <div>..... 5</div> <div>..... 6</div> <div>..... 7</div> <div>JBRR89</div> <div>Is this the longest job you have held since 1982?</div> <div>Yes → 50</div> <div>No → column 3</div> <div>JBLR89</div>	<div>..... 0</div> <div>..... 1</div> <div>..... 2</div> <div>..... 3</div> <div>..... 4</div> <div>..... 5</div> <div>..... 6</div> <div>..... 7</div> <div>JBRL89</div>



50. Since 1982 how many jobs have you had? (Including job held in 1982 and current job) **JOBN89**   No. jobs

51. Those in paid work only. If not in paid work → 52

- (a) Last week (or last full working week) how many hours did you actively spend working, including overtime and working at home? **WKHW89**

- (b) Do you do any of your work at home?

Yes, some of it ..... 1  
Yes, all of it ..... 2  
No ..... 0

**WKPL89**

If self-employed → 52

- (c) In your present job do you have

	Yes	No	Unk
<b>JOBPR89</b> further chances for promotion? ...	1	0	9
<b>JOBSE89</b> long-term security? .....	1	0	9
<b>JOBFH89</b> the opportunity to work flexible hours? .....	1	0	9
<b>JOBSK89</b> time off with pay when you are sick? .....	1	0	9
<b>JOBPH89</b> paid holidays? .....	1	0	9
<b>JOBBN89</b> regular bonuses or profit sharing schemes? .....	1	0	9
<b>JOBSH89</b> free shares? .....	1	0	9

Employer contributions towards:

<b>EMCPN89</b> your pension? .....	1	0	9
<b>EMCM89</b> private motoring? .....	1	0	9
<b>EMCH89</b> house purchase .....	1	0	9
<b>EMCPM89</b> private medical insurance? .....	1	0	9
<b>EMCCE89</b> children's education? .....	1	0	9
<b>EMCME89</b> meals? .....	1	0	9
<b>EMCC89</b> clothing? .....	1	0	9
<b>EMCOT89</b> other? .....	1	0	9

(please specify) \_\_\_\_\_

\_\_\_\_\_ )

- (d) Would you mind telling me which of the letters on this card represents your own average gross earnings, before deduction of income tax and national insurance? ☐

**EARN89a**

If in part-time or seasonal work ask (e)–(g). If in work full-time all the year round → 52

- (e) How many hours a week on average do you have to work to earn this amount? **EARNH89**

- (f) Could you tell me whether you used the annual, monthly or weekly figure?

annual ..... 1  
monthly ..... 2  
weekly ..... 3 } → 52

**EARNP89**

- (g) How many months a year on average do you have to work to earn this amount? **EARNM89** months



52. (a) Going back to 1982 have you had any spells of a month or more when you were not in any kind of paid work?

Yes 1  
No 0 → 54 NWKS89

(b) Begin with the present spell and work backwards in order

	Current spell if applicable	Spell before that	Spell before that	Spell before that	Spell before that	Spell before that
During this spell were you	NWW89 Seriously wanting paid work ..... 1 Not wanting paid work ..... 2	NWW189 ..... 1 ..... 2	NWW289 ..... 1 ..... 2	NWW389 ..... 1 ..... 2	NWW489 ..... 1 ..... 2	NWW589 ..... 1 ..... 2
When did you begin this spell?	NWMS89 Month _____ Year _____ NWYS89	NWMS189 _____ _____ NWYS189	NWMS289 _____ _____ NWYS289	NWMS389 _____ _____ NWYS389	NWMS489 _____ _____ NWYS489	NWMS589 _____ _____ NWYS589
When did it end?	NWME89 Month _____ Year _____ NWYE89	NWME189 _____ _____ NWYE189	NWME289 _____ _____ NWYE289	NWME389 _____ _____ NWYE389	NWME489 _____ _____ NWYE489	NWME589 _____ _____ NWYE589
And so it lasted for (weeks)?	NWWD89 <input type="text"/> <input type="text"/>	NWWD189 <input type="text"/> <input type="text"/>	NWWD289 <input type="text"/> <input type="text"/>	NWWD389 <input type="text"/> <input type="text"/>	NWWD489 <input type="text"/> <input type="text"/>	NWWD589 <input type="text"/> <input type="text"/>
Are you/were you not in paid work because of health problems?	Yes ..... 1 No ..... 0 NWH89	Yes ..... 1 No ..... 0 NWH189	Yes ..... 1 No ..... 0 NWH289	Yes ..... 1 No ..... 0 NWH389	Yes ..... 1 No ..... 0 NWH489	Yes ..... 1 No ..... 0 NWH589
During this time were you a student or on a training course?	Yes for all of it ..... 2 Yes part of it ..... 1 No ..... 0 NWTR89	..... 2 ..... 1 ..... 0 NWTR189	..... 2 ..... 1 ..... 0 NWTR289	..... 2 ..... 1 ..... 0 NWTR389	..... 2 ..... 1 ..... 0 NWTR489	..... 2 ..... 1 ..... 0 NWTR589
What is/was your (other) occupation?	Looking after the home .. 1 No other occupation 0 Other ..... 2 (specify) NWOC89	..... 1 ..... 0 Other ..... 2 (specify) NWOC189	..... 1 ..... 0 Other ..... 2 (specify) NWOC289	..... 1 ..... 0 Other ..... 2 (specify) NWOC389	..... 1 ..... 0 Other ..... 2 (specify) NWOC489	..... 1 ..... 0 Other ..... 2 (specify) NWOC589

53. In all how many spells out of paid work has that been?   
(including present period if applicable)

TNWK89

54. Ask all who have ever worked. If never worked → 55

- (a) Looking back, would you say you have had the opportunity to do what you wanted to do in your working life or have your opportunities been limited?
- hardly limited at all ..... WKDP89 ..... 1  
limited a little ..... 2  
very limited opportunities ..... 3

- (b) How satisfied are you with what you have accomplished in your working life?
- very satisfied ..... WKSAT89 ..... 7  
satisfied ..... 6  
fairly satisfied ..... 5  
neither satisfied nor dissatisfied ..... 4  
somewhat dissatisfied ..... 3  
dissatisfied ..... 2  
very dissatisfied ..... 1

- (c) Do you feel that you have achieved all you are likely to in your working life or do you have further ambitions for the future? Have you
- much more to achieve ..... WKACH89 ..... 3  
something more to achieve ..... 2  
nothing more to achieve ..... 1

55. Would you mind telling me which of the letters on this card represents the total household income? INCH89

Please include your own and your partner's earned income (after deduction for income tax and national insurance), any state benefits and any other sources of income such as pensions, interest, etc. Include contributions from other members of your household (such as your children).

INCM89

56. (a) On your present income do you find (as a family)
- that it's really quite hard to manage? ..... 1  
that you manage fairly well? ..... 2  
that you manage comfortably? ..... 3



- (b) Has your family/have you had to go without things you really needed in the last year because you were short of money?

Yes, often ..... **INCGW89** ..... 2  
 Yes, sometimes ..... 1  
 No ..... 0

- (c) Have you found you have been unable to pay the bills in the last year because you were short of money?

Yes, often ..... 2  
 Yes, sometimes ..... 1  
 No ..... 0

**INCUB89**

**NOW I'D LIKE TO ASK YOU ABOUT THE THINGS YOU DO IN YOUR SPARE TIME**

57. In your spare time, do you help to run or are you currently involved in any of the following activities?

	Do you:	How often do you take part?
Church activities	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>CHCHR89</b>	<b>CHCH89</b>
Playgroup, nurseries or school	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>SCHR89</b>	<b>SCH89</b>
Local government	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>LGR89</b>	<b>LG89</b>
Trade unions	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>TRUR89</b>	<b>TRU89</b>
Voluntary services	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>VOLSR89</b>	<b>VOLS89</b>
Sports clubs	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>SPTR89</b>	<b>SPT89</b>
Evening classes/adult education	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>ADECR89</b>	<b>ADEC89</b>
Other organisations (specify _____)	help to run .... 1	weekly ..... 1
	belong to ..... 2	monthly ..... 2
	not belong ..... 3	less often ..... 3
	<b>SPARR89</b>	<b>SPAR89</b>

58. In your spare time do you take part in/enjoy any of the following activities?

		How often do you do this?
Constructive activities, making things with your hands	Yes ... 1	weekly ..... 1
	No ... 0	monthly ..... 2
		less often ..... 3
	<b>MAKER89</b>	<b>MAKE89</b>
Musical, artistic or creative activities	Yes ... 1	weekly ..... 1
	No ... 0	monthly ..... 2
		less often ..... 3
	<b>MUSR89</b>	<b>MUS89</b>
Going out to pubs, clubs or social activities	Yes ... 1	weekly ..... 1
	No ... 0	monthly ..... 2
		less often ..... 3
	<b>PUBR89</b>	<b>PUB89</b>

59. Do you have any difficulties in your day-to-day life with

- (a) Reading? **DFRD89**

Cannot read at all .. 2 → (b)

Yes, has difficulty .. 1 → Can you read a short article in a newspaper?  
 No ..... 0

**DFRDS89** Yes 1  
 No 0

**DFWR89**

- (b) Writing or spelling?

Cannot write at all .. 2 → (c)

Yes, has difficulty .. 1 → Can you write a short letter to someone without help?

**DFWRS89** Yes 1  
 No 0

**DFSM89**

- (c) Sums and calculations?

Yes ..... 1 → Can you count well enough to handle money?  
 No ..... 0

**DFSMC89** Yes 1  
 No 0

60. (a) Since we last contacted you in 19 \_\_\_\_\_ have you been on any educational courses or training courses to do with work or taken any examinations?

**TRAIN89** Yes 1  
 No 0 → 61

- (b) What qualifications did you obtain, if any?

(Ring all that apply)

No qualifications obtained ..... 00

CSE grades 2-5

GCE 'O' level grades D-E

GCSE grades D-G

Scottish (SCE) standard or 'O' grade levels 4-7 ] — 01

CSE grade 1

GCE 'O' level grades 1-6 or A-C

GCSE grades A-C

Scottish (SCE) standard or 'O' grade levels 1-3 ] — 02

School certificate

City and Guilds Craft/ordinary level ]

GCE 'A' level/'S' level

High certificate

Matriculation

Scottish (SCE) Higher ] — 03



Overseas School Leaving Exam/Certificate .....	04
ONC/OND/City and Guilds Advanced/Final level ...	05
HNC/HND/City and Guilds Full Technological Certificate .....	06
RSA/Other clerical and commercial .....	07
Teachers' training certificate .....	08
Nursing qualification .....	09
Professional qualification, awarded by professional institute .....	10
Degree or higher degree .....	11
Other work-related certificates .....	12
Other (specify) .....	13

TQUAL89

☐ ☐

NOW I'D LIKE TO ASK SOME THINGS ABOUT YOUR  
SOCIAL LIFE. THESE ARE ABOUT FRIENDS AND  
RELATIVES WHO DO NOT LIVE HERE WITH YOU

61. On average, how often would you say you met friends or relatives socially?

FRND89

Never .....	0
1-2 times a month .....	1
3-5 times a month .....	2
6-10 times a month .....	3
11-15 times a month .....	4
More than 15 times .....	5

62. How many friends or relatives would you say you had that you met and talked to socially on a regular basis?

FRNDR89

None .....	0
1-2 .....	1
3-5 .....	2
6-10 .....	3
11-15 .....	4
More than 15 .....	5

63. How many friends or relatives would you say you had that you could visit at any time, without waiting for an invitation, or who could visit you at any time, without waiting for an invitation?

FRNDV89

None .....	0
1-2 .....	1
3-5 .....	2
6-10 .....	3
11-15 .....	4
More than 15 .....	5

64. Do you think that you have friends or neighbours or relatives who would help you out if a problem or crisis came up?

FRNDH89

Yes, would always get help .....	3
Yes, would often get help .....	2
Yes, would sometimes get help .....	1
No, no one to help .....	0

65. Overall do you wish that you had more of a social life, or are things about right for you, or would you prefer to see less of people?

FRNDM89

Prefer more .....	3
About right .....	2
Prefer less .....	1



THESE QUESTIONS ARE ABOUT ALL FRIENDS AND RELATIVES INCLUDING THOSE YOU LIVE WITH HERE

66. (a) Is there someone in particular that you think would listen to you and give emotional support if you needed it?

Yes 1  
No 0 → 67 FRL189

	First person	Second person
	(ring lowest number)	(ring lowest number)
(b) Is this your spouse/partner, another relative or a friend?	Spouse/partner ..... 1 → (g) Boyfriend/girlfriend (if not living with spouse/partner) ..... 2 Parent ..... 3 Brother/Sister ..... 4 Neighbour ..... 5 Friend from work ..... 6 Other friend ..... 7 Other (specify) ..... 8 FRW189	..... 1 → (g) ..... 2 ..... 3 ..... 4 ..... 5 ..... 6 ..... 7 ..... 8 FRW289
(c) Does he/she live near enough to come round if something did come up?	Yes ..... 1 No ..... 0 Lives with survey member ..... 7 → (f) FRLV189	..... 1 ..... 0 ..... 7 → (f) FRLV289
(d) On average how often have you seen him/her over the last year or so?	Not in last year ..... 0 Less than once a month ..... 1 Less than once a week ..... 2 Once or twice a week ..... 3 3+ times a week ..... 4 FRN189	..... 0 ..... 1 ..... 2 ..... 3 ..... 4 FRN289
(e) Would you prefer to see him/her more or less often or is this about right for you?	More often ..... 3 Less often ..... 1 About right ..... 2 FRS189	..... 3 ..... 1 ..... 2 FRS289
(f) How long have you known him/her?	FRK189 yrs <input type="text"/> <input type="text"/>	FRK289 yrs <input type="text"/> <input type="text"/>
(g) Would you say that you could talk frankly and share your feelings with him/her?	Yes, over anything ..... 3 Yes, most things ..... 2 Yes, some things ..... 1 No ..... 0 FRT189	..... 3 ..... 2 ..... 1 ..... 0 FRT289
(h) Is there anyone else in particular that you think would listen to you and be supportive if you needed it?	Yes ..... 1 No ..... 0 → 67 FRL289	

67. (a) Overall, do you think you have enough opportunity to talk openly and share your feelings about things?

Yes ..... 1  
No ..... 0 FEEL89

(b) Do you prefer to keep your feelings to yourself?

Yes ..... 1  
No ..... 0 FEELK89



## 68. Thinking back over the last year have you experienced any of these things?

		As a result of this have you had to change your way of life?	When this happened or when you found out about it were you
(a) Have you developed or found out you have a serious illness or handicap?	ILL89 Yes ..... 1 No ..... 0	ILLC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	ILLR89 fairly calm about it .... 1 shocked but able to cope 2 rather overwhelmed ... 3
(b) Have you had an accident or received an injury which has affected you for a month or more?	AC89 Yes ..... 1 No ..... 0	ACC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	ACR89 fairly calm about it .... 1 shocked but able to cope 2 rather overwhelmed ... 3
(c) Have you been assaulted or robbed (or a victim of attempted robbery)?	ROB89 Yes ..... 1 No ..... 0	ROBC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	ROBR89 fairly calm about it .... 1 shocked but able to cope 2 rather overwhelmed ... 3
(d) Have you lost your job or thought you would soon lose your job?	LJOB89 Yes ..... 1 No ..... 0 Not worked ..... 8	LJOBC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	LJOBR89 fairly calm about it .... 1 shocked but able to cope 2 rather overwhelmed ... 3
(e) Have you had any other crises or serious disappointments in your work or career in general?	WKC89 Yes ..... 1 No ..... 0	WKCC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	WKCR89 fairly calm about it .... 1 shocked but able to cope 2 rather overwhelmed ... 3
(f) Have you moved house in the last year?  Did you move away from the area where most of your friends lived?	HOUM89 Yes ..... 1 No ..... 0 → (g)  HOUMA89 Yes ..... 1 No ..... 0	HOUMC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	HOUMR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(g) During the last year has your spouse/partner had a serious accident or illness, or received a serious injury, or been assaulted?	SPAC89 Yes ..... 1 No ..... 0 No spouse/partner ..... 8	SPACC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	SPACR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(h) Has your spouse/partner lost his/her job or thought he/she would soon lose his/her job?	SPLJ89 Yes ..... 1 No ..... 0 No spouse/partner ..... 8	SPLJC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	SPLJR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(i) Has your spouse/partner had any other crises or serious disappointments in his/her work?	SPCR89 Yes ..... 1 No ..... 0 No spouse/partner ..... 8	SPCRC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	SPCRR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(j) Have you had any serious disagreements with your spouse/partner or felt betrayed or disappointed by him/her?	DSSP89 Yes ..... 1 No ..... 0 No spouse/partner ..... 8	DSSPC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	DSSPR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(k) In the last year have you had any serious difficulties with any of your children, because of their health or behaviour or for other reasons?	CHDF89 Yes ..... 1 No ..... 0 No children ..... 8	CHDFC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	CHDFR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(l) Has a friend or relative or someone you know well had a serious accident or illness or received a serious injury?	RELIL89 Yes ..... 1 No ..... 0	RELIC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	RELIR89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3
(m) Has a friend or relative or someone you know well died during the last year?	RELD89 Yes ..... 1 No ..... 0	RELDC89 No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2	RELD89 fairly calm about it ..... 1 shocked but able to cope 2 rather overwhelmed .... 3

Continued on next page



	As a result of this have you had to change your way of life?	When this happened or when you found out about it were you
(n) Have you fallen out or had a serious disagreement with a friend or relative or felt betrayed by them?	<b>RDIS89</b> Yes ..... 1 No ..... 0	<b>RDISC89</b> No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2
(o) Have you lost contact with a close friend or relative for any other reason?	<b>RLOS89</b> Yes ..... 1 No ..... 0	<b>RLOSC89</b> No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2
(p) Have you had any other serious upsets or disappointments in the last year?	<b>UPS89</b> Yes ..... 1 No ..... 0 → <b>69</b>	<b>UPSC189</b> No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2
What were they? (Specify) _____	<b>UPS189</b> <input type="text"/> <input type="text"/>	fairly calm about it ..... 1 shocked but able to cope ..... 2 rather overwhelmed ..... 3
(q) (Specify) _____	<b>UPS289</b> <input type="text"/> <input type="text"/>	<b>UPSR189</b> fairly calm about it ..... 1 shocked but able to cope ..... 2 rather overwhelmed ..... 3
		<b>UPSC289</b> No, not at all ..... 0 Yes, somewhat ..... 1 Yes, a great deal ..... 2
		<b>UPSR289</b> fairly calm about it ..... 1 shocked but able to cope ..... 2 rather overwhelmed ..... 3

### NOW I'D LIKE TO ASK ABOUT YOUR PARENTS

69. (a) How far away does your mother/father live? **MOFAR89 FAFAR89**

miles        
code  
(00 if lives with SM)

(b) Who does he/she live with? **MOLW89 FALW89**

	<b>Mother</b>	<b>Father</b>
lives with SM .....	1	1
lives alone .....	2	2
lives with own spouse or partner .....	3	3
lives with SM's sister .....	4	4
lives with SM's brother .....	5 → <b>70</b>	5 → <b>70</b>
lives with other relatives .....	6	6
lives in residential/sheltered accommodation .....	7	7
other (specify _____)	8	8

(c) How long has he/she lived with you? **MOLWM89 FALWM89**  
 months      
 or **MOLWY89 FALWY89**  
 years

70. Would you say that you feel emotionally close to your mother/father now? **MOEM89 FAEM89**

	<b>Mother</b>	<b>Father</b>
Very close .....	1	1
Close .....	2	2
Not very close .....	3	3

71 (a) Are there any aspects of your parents' lives that worry you? **PAWOR89**  
 Yes ..... 1  
 No ..... 0 → **72**

(b) What do you worry about? (ring all that are mentioned)

Worries about their health ..... **PAWH89** 0  
 Worries about their ability to look after themselves ..... **PAWL89** 1

Worries about their behaviour which may damage their health (e.g. smoking, drinking) ..... **PAWB89** 2  
 Worries about their personal safety (from others) ..... **PAWP89** 3  
 Worries about their financial situation ..... **PAWF89** 4  
 Worries about their social situation ..... **PAWS89** 5  
 Worries about their relationships with family members ..... 6  
 Other worries (specify) ..... **PAWR89**

**PAWOT89** 7

(c) Would you say you worry a lot, some or only a little about these things? **PAWW89**

Worry a lot ..... 1  
 Worry some ..... 2  
 Worry a little ..... 3

72. (a) How often do you usually see him/her? **MOSEE89 FASEE89**

	<b>Mother</b>	<b>Father</b>
Lives with .....	1	1
Daily .....	2	2
At least twice a week .....	3	3
At least once a week .....	4	4
At least once a month .....	5	5
At least once every 3 months ..	6	6
At least once a year .....	7	7
Less often .....	8	8
Never .....	10	10

(b) How often are you in contact by phone or letter? **MOCON89 FACON89**

	<b>Mother</b>	<b>Father</b>
Lives with – not applicable ....	1	1
Daily .....	2	2
At least twice a week .....	3	3
At least once a week .....	4	4
At least once a month .....	5	5
At least once every 3 months ..	6	6
At least once a year .....	7	7
Less often .....	8	8
Never .....	10	10

(c) Can you tell me how long it takes to get to his/her house? **MOVVN89 FAVVN89**  
 Mother Father

(Visit)        
**MOVHR89** hrs mins **FAVHR89** hrs mins



73. (a) Is your mother/father still able to look after himself/herself? **MOLKA89** **FALKA89**
- |           |               |           |               |
|-----------|---------------|-----------|---------------|
|           | <u>Mother</u> |           | <u>Father</u> |
| Yes ..... | 1 → (f)       | Yes ..... | 1 → (f)       |
| No .....  | 0             | No .....  | 0             |

- (b) How often does he/she need help with personal and household tasks? **MOHPN89** **FAHPN89**

	<u>Mother</u>	<u>Father</u>
during the night .....	1	1
at least several times a day .....	2	2
at least once a day .....	3	3
at least twice a week .....	4	4
at least weekly .....	5	5
less often .....	6	6

- (c) Who provides the main help? **MOHPW89** **FAHPW89**

	<u>Mother</u>	<u>Father</u>
survey member .....	1 → (e)	1 → (e)
other relatives .....	2	2
health and social services .....	3	3
private help .....	4	4
several main helpers .....	5	5
other (specify) .....		
	6	6

- (d) Do you regularly provide help with personal or household tasks? **PAHP89**
- |           |         |
|-----------|---------|
| Yes ..... | 1       |
| No .....  | 0 → (f) |

- (e) How often do you provide help? **MOHP89** **FAHP89**

	<u>Mother</u>	<u>Father</u>
most nights .....	1	1
at least several times a day .....	2	2
at least once a day .....	3	3
at least twice a week .....	4	4
at least weekly .....	5	5
less than weekly .....	6	6

- (f) Do you do any of these for your parents?

Do you:	<u>Regularly</u>	<u>Occasionally</u>	<u>Almost never/never</u>
---------	------------------	---------------------	---------------------------

<b>PAOUT89</b> help them getting out and about?	1	2	3
<b>PABIL89</b> pay their bills?	1	2	3
<b>PAFIN89</b> deal with finance or administration?	1	2	3
<b>PASPC89</b> spring clean?	1	2	3
<b>PAGDN89</b> garden?	1	2	3
<b>PADEC89</b> decorate?	1	2	3
<b>PAEMS89</b> provide emotional support?	1	2	3
<b>PASTY89</b> have them to stay?	1	2	3
<b>PAOTH89</b> other (specify)	1	2	3
<b>PAHPN89</b> .....			

#### WHAT ABOUT SMOKING?

74. (a) Do you smoke cigarettes? **SMOS89**
- |           |        |
|-----------|--------|
| Yes ..... | 1      |
| No .....  | 0 → 75 |

- (b) Do you inhale the smoke? **INHS89**
- |           |   |
|-----------|---|
| Yes ..... | 1 |
| No .....  | 0 |

- (c) About how many cigarettes do you *now* smoke per day? **SMODS89**

- (d) What brand of cigarettes do you smoke now? **SMOSB89**

*If rolls own cigarettes ask*

- (e) What brand of tobacco do you use? **SMOBT89**

75. (a) Have you ever smoked as much as one cigarette per day for as long as a year? **SMOSE89**
- |           |        |
|-----------|--------|
| Yes ..... | 1      |
| No .....  | 0 → 76 |

- (b) Have you ever tried to give up smoking? **GIVUP89**
- |           |        |
|-----------|--------|
| Yes ..... | 1      |
| No .....  | 0 → 76 |

- (c) How long is it since you last gave up cigarette smoking?
- |                                 |   |
|---------------------------------|---|
| within last 6 months .....      | 1 |
| 6 months ago – 1 year ago ..... | 2 |
| 1-5 years ago .....             | 3 |
| 5-10 years ago .....            | 4 |
| More than 10 years ago .....    | 5 |
- STOP89**

76. (a) Do you smoke a pipe? **PIPE89**
- |           |        |
|-----------|--------|
| Yes ..... | 1      |
| No .....  | 0 → 77 |

- (b) How much pipe tobacco do you usually smoke per week in ounces? **POZ89**

- (c) Do you inhale the smoke? **PINH89**
- |           |   |
|-----------|---|
| Yes ..... | 1 |
| No .....  | 0 |

- (d) What brand of tobacco do you smoke? **PIPEB89**

77. (a) Do you smoke cigars? **CIG89**
- |           |        |
|-----------|--------|
| Yes ..... | 1      |
| No .....  | 0 → 78 |

- (b) How many cigars do you smoke per week? **CIGS89**

- (c) Do you inhale the smoke? **CIGIN89**
- |           |   |
|-----------|---|
| Yes ..... | 1 |
| No .....  | 0 |

- (d) What brand of cigars do you smoke? **CIGB89**



78. I would like to get some idea about how you have been feeling about things over the last year.

Answer key

Never in the last year .....	0 (ie never)
Up to 10 days in total, less than once a month .....	1 (ie occasionally)
A spell up to 1 month, once or twice a month, "a months worth" .....	2 (ie sometimes)
A spell up to 4 months, once or twice a week, 3-10 times a month .....	3 (ie quite often)
A spell over 4 months, 3+ times a week, 11+ times a month .....	4 (ie very often)
Every day in the last year .....	5 (ie always)

How often

- (a) have you felt on edge or keyed up or mentally tense? **PSKEY89** ☐
- (b) have you been in low spirits or felt miserable? **PSLOW89** ☐
- (c) have you felt particularly low or depressed first thing in the mornings? **PSLAM89** ☐
- (d) have you had the feeling that something terrible might happen? **PSTER89** ☐
- (e) have you had days when your thoughts were muddled or slow? **PSMUD89** ☐
- (f) have you had no appetite, not counting periods of physical illness? **PSNAP89** ☐
- (g) have you been in situations, such as in a crowd or an enclosed space or meeting people, when you became unduly anxious? **PSSIT89** ☐
- (h) have you been in situations when you felt shaky or sweaty or your heart pounded or you could not get your breath? **PSPAN89** ☐
- (i) have you had trouble getting off to sleep? **PSSLE89** ☐
- (j) have you had trouble with waking up and not being able to get back to sleep? **PSWAK89** ☐
- (k) have you been frightened or worried about becoming ill or about dying? **PSILL89** ☐
- (l) have you felt fidgety or restless? **PSFID89** ☐
- (m) have you found it hard to concentrate on things or found your thoughts drifting off to other things? **PSTH89** ☐
- (n) have there been days when you tired out very easily? **PSTIR89** ☐
- (o) have there been days when you found it difficult to get things done or had trouble getting started on things? **PSLET89** ☐
- (p) have you had the feeling that the future does not hold much for you? **PSFUT89** ☐
- (q) have you been so caught up in your own thoughts that you neglected things? **PSNEG89** ☐
- (r) have you seemed to lose interest in things? **PSINT89** ☐
- (s) In the last year have you ever:
- (i) felt that life is hardly worth living? No ... 0 → (t)
- (ii) thought that you really would be better off dead? No ... 1 → (t)
- (iii) thought about taking your own life? No ... 2 → (t)
- (iv) made plans to take your own life? No ... 3 → (t)
- (v) attempted to take your own life? No ... 4 **PSSU89** Yes ... 5 ☐

- (t) Looking back over your adult life have nervous or emotional troubles ever stopped you from working or doing domestic chores or having social contacts for a fortnight or longer?

**PSLIF89** Yes, in the last year ..... 2  
Yes, but not in the last year ..... 1  
No ..... 0

NOW I'D LIKE TO ASK YOU SOME QUESTIONS ABOUT EXERCISE

79. (a) How far do you usually walk on an average weekday?

**WLKWD89** No distance ..... 0 → **80**  
Less than 1 mile ..... 1  
1-3 miles ..... 2  
4 miles or more ..... 3

- (b) For how many months in the year do you do this?

**WLKWM89** 3 months or less ..... 1  
4-6 months ..... 2  
More than 6 months ..... 3  
All year ..... 4

80. (a) How far do you usually cycle on an average weekday?

**BIKWD89** No distance ..... 0 → **81**  
Less than 1 mile ..... 1  
1-3 miles ..... 2  
4 miles or more ..... 3

- (b) For how many months in the year do you do this?

**BIKWM89** 3 months or less ..... 1  
4-6 months ..... 2  
More than 6 months ..... 3  
All year ..... 4

- (c) At work do you regularly do any heavy lifting, carrying, or digging or other strenuous activities?

**LIFT89** Not at all ..... 0  
Less than 1 hour a day .... 1  
1-2 hours a day ..... 2  
Up to half the day ..... 3  
More than half the day ... 4  
Not in paid work ..... 8



Do you regularly:

		How often do you do this?	On average, how long do you spend doing this?	Does it usually make you sweaty and/or out of breath?
81. Do any vigorous housework or cleaning apart from paid work? (e.g. walking with heavy shopping; scrubbing/polishing floors; spring-cleaning, stripping and remaking beds).	Yes ..... 1 No ..... 0  HWK89	less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4  HWKR89	<input type="text"/> hrs <input type="text"/> mins HWKH89 HWKM89	Yes ..... 1 No ..... 0  HWKSW89
82. Do any heavy gardening apart from paid work? (e.g. digging; lawn-mowing with push mower; building in stone; tree or shrub planting or moving; felling trees or chopping wood).	Yes ..... 1 No ..... 0  GDN89	less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4  GDNR89	<input type="text"/> hrs <input type="text"/> mins GDNH89 GDNM89	Yes ..... 1 No ..... 0  GDNSW89
83. Do any heavy building/DIY apart from paid work? (e.g. mixing/laying concrete; moving heavy loads).	Yes ..... 1 No ..... 0  DIY89	less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4  DIYR89	<input type="text"/> hrs <input type="text"/> mins DIYH89 DIYM89	Yes ..... 1 No ..... 0  DIYSW89

84. Do you regularly:

		How many months in the year do you do this?	How often do you do this?	On average how long do you spend doing this?	Does it usually make you sweaty and/or out of breath?
Take part in any sports or vigorous leisure activities or do any exercises? (things like badminton, swimming, yoga, press-ups, dancing, football, mountain climbing or jogging)  If yes list these activities in the spaces below	Yes .. 1 No ... 0  EXER89				
(a) .....		EX1MY89 1-3 months a year ... 1 3-6 months a year ... 2 6-11 months a year ... 3 all year ..... 4	EX1R89 less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4	EX1H89 EX1M89 <input type="text"/> hrs <input type="text"/> mins	EX1SW89 Yes .. 1 No ... 0
(b) .....		EX2MY89 1-3 months a year ... 1 3-6 months a year ... 2 6-11 months a year ... 3 all year ..... 4	EX2R89 less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4	EX2H89 EX2M89 <input type="text"/> hrs <input type="text"/> mins	EX2SW89 Yes .. 1 No ... 0
(c) .....		EX3MY89 1-3 months a year ... 1 3-6 months a year ... 2 6-11 months a year ... 3 all year ..... 4	EX3R89 less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4	EX3H89 EX3M89 <input type="text"/> hrs <input type="text"/> mins	EX3SW89 Yes .. 1 No ... 0
(d) .....		EX4MY89 1-3 months a year ... 1 3-6 months a year ... 2 6-11 months a year ... 3 all year ..... 4	EX4R89 less than once a month .. 1 less than once a week ... 2 once a week ..... 3 more than once a week .. 4	EX4H89 EX4M89 <input type="text"/> hrs <input type="text"/> mins	EX4SW89 Yes .. 1 No ... 0

85. Do you do any other activity, at least once a week that makes you work up a sweat? SWEAT89

No ..... 0  
Yes once a week ..... 1  
twice a week ..... 2  
3 times a week ..... 3

4 times a week ..... 4  
5 times a week ..... 5  
6 times a week ..... 6  
7 or more times a week ..... 7  
(specify)



# AND NOW I WOULD LIKE TO USE THIS PEG-BOARD TO MEASURE YOUR SPEED OF MOVEMENT

## 86. Administer the peg-board task

	Right-hand (secs)	Left-hand (secs)
1st attempt	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
2nd attempt	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
3rd attempt	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
4th attempt	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>
5th attempt	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> . <input type="text"/> <input type="text"/>

## 87. NOW I WANT YOU TO TRY AND REMEMBER SOME WORDS

Administer the serial list task. The survey member's answers are written on the self-completion questionnaire (section B)

## 88. THIS IS ANOTHER MEASURE OF HOW QUICKLY YOU CAN DO SOMETHING

Administer the visual search task. This is printed in the self-completion questionnaire (section A). Time this for exactly 3 minutes.

## 89. Handedness

	Right-hand	Left-hand	Either hand
HDWR89 Writes with	1	2	3
HDMT89 Strikes a match with	1	2	3
HDTH89 Throws a ball with	1	2	3
HDBT89 Bats a ball with	1	2	3
HDTE89 Brushes teeth with	1	2	3
HDHA89 Hammers a nail with	1	2	3
HDDE89 Deals cards with	1	2	3

## 90. Ask those interviewed in 1982. If not interviewed in 1982 → 91

At your last interview you were examined by the nurse and had some measurements taken. Can you remember what happened and what measurements were made?

Do not read out, just ring any answers on the list and write down anything else mentioned which is not on the list

MEMPR89 Pulse rate	1
MEMBP89 Blood pressure	1
MEMLG89 Lung function	1
MEMHT89 Height measured	1
MEMWT89 Weighed on scales	1
MEMAC89 Arm circumference	1
MEMCC89 Chest circumference	1
MEMAB89 Abdominal circumference	1
MEMOT89 Others mentioned	

## 91. Here are five pictures. I want you to remember what is on them and will ask you what they were later on in the interview.

Let the survey member look at the cards for 30 secs. Write down what time it is.

INTMH89	INTMM89
hrs	mins
<input type="text"/>	<input type="text"/>

Here are some questions that I would like you to fill in. Section C is for those who are in paid work or voluntary work only. Sections D, E and F are for everybody.

Administer the disability supplementary questions for all starred answers on section D checklist.

## MEDICAL EXAMINATION

### 92. If female ask

PRE689

As far as you know are you pregnant?

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

### 93. Resting pulse rate in beats per minute

PULSR89

### 94. Blood pressure to nearest 2 mm below

- |               |  |        |
|---------------|--|--------|
| (a) Systolic  | <input type="text"/> <input type="text"/> <input type="text"/> | SBP189 |
| (b) Diastolic | <input type="text"/> <input type="text"/> <input type="text"/> | DBP189 |
| (c) Zero      | <input type="text"/> <input type="text"/> <input type="text"/> | ZBP189 |
| (d) Systolic  | <input type="text"/> <input type="text"/> <input type="text"/> | SBP289 |
| (e) Diastolic | <input type="text"/> <input type="text"/> <input type="text"/> | DBP289 |
| (f) Zero      | <input type="text"/> <input type="text"/> <input type="text"/> | ZBP289 |

### 95. Respiratory measure

- |                    |      |  |         |
|--------------------|------|--|---------|
| (a) first attempt  | FEV  | <input type="text"/> <input type="text"/> <input type="text"/> | FEV189  |
|                    | PEFR | <input type="text"/> <input type="text"/> <input type="text"/> | PEFR189 |
|                    | FVC  | <input type="text"/> <input type="text"/> <input type="text"/> | FVC189  |
| (b) second attempt | FEV  | <input type="text"/> <input type="text"/> <input type="text"/> | FEV289  |
|                    | PEFR | <input type="text"/> <input type="text"/> <input type="text"/> | PEFR289 |
|                    | FVC  | <input type="text"/> <input type="text"/> <input type="text"/> | FVC289  |
| (c) third attempt  | FEV  | <input type="text"/> <input type="text"/> <input type="text"/> | FEV389  |
|                    | PEFR | <input type="text"/> <input type="text"/> <input type="text"/> | PEFR389 |
|                    | FVC  | <input type="text"/> <input type="text"/> <input type="text"/> | FVC389  |

### 96. (a) Standing height to nearest 1 mm below

HT89    .

### (b) Sitting height to nearest 1 mm below

STHT89    .

### 97. Weight to nearest 0.5 kg below

WT89    .

### 98. Right upper arm circumference to nearest 1 mm below

RUAC189 (a)    cm .  mm

RUAC289 (b)    cm .  mm



99. Chest circumference to nearest 1 mm below

CHC189 (a) 

--	--	--

 cm 

--

 mm

CHC289 (b) 

--	--	--

 cm 

--

 mm

CHCE89 (c) Expanded chest circumference

--	--	--

 cm 

--

 mm

100. Abdominal circumference to nearest 1 mm below

ABC189 (a) 

--	--	--

 cm 

--

 mm

ABC289 (b) 

--	--	--

 cm 

--

 mm

101. Hip circumference to nearest 1 mm below

HIPC189 (a) 

--	--	--

 cm 

--

 mm

HIPC289 (b) 

--	--	--

 cm 

--

 mm

HEARING

102. (a) Have you ever worked in noisy places where you had to raise your voice to be heard at a distance of about 4 feet?

NOIWE89 Yes ..... 1  
No ..... 0 → 103

- (b) How long altogether have you worked in such noisy environments?

For less than 6 months ..... 1  
For 6-11 months ..... 2  
For 1-5 years ..... 3  
For more than 5 years ..... 4  
Unknown ..... 9

NOIWT89

103. (a) Have you ever had noises in your head or ears?

TINN89 Yes ..... 1  
No ..... 0 → 104

- (b) Do these noises usually last for longer than 5 minutes?

TINN189 Yes ..... 1  
No ..... 0

- (c) When do you hear these noises?

Only after loud sounds, like discos,  
shooting or noise at work ..... 1  
Only at other times ..... 2  
Both – after loud sounds and at other  
times ..... 3

TINN89

- (d) When they are at their worst do you find the noises in your ears or head:

Severely annoying? ..... 1  
Moderately annoying? ..... 2  
Slightly annoying? ..... 3  
Not annoying at all? ..... 4

TINNA89

## 104.

		Left	Right
30 dB	Yes .....	1	Yes ..... 1
	No .....	0	No ..... 0
50 dB	Yes .....	1	Yes ..... 1
	No .....	0	No ..... 0
80 dB	Yes .....	1	Yes ..... 1
	No .....	0	No ..... 0

## 105. Grip strength

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

106. Room temperature to nearest 1°C below

RTEMP89

--	--

107. Time of day

TIMED89

Morning ..... 1  
Afternoon ..... 2  
Evening ..... 3

108. (a) Would you like the findings from these measures to be passed on to your general practitioner?

RESGP89 Yes ..... 1  
No ..... 0 → 109

- (b) What is your G.P.'s name and address?

Name of G.P. \_\_\_\_\_

Address \_\_\_\_\_

CAN WE GO ON NOW TO TALK ABOUT DIET

109. (a) Are you on any special diet at the moment?

SPDT89 Yes ..... 1  
No ..... 0 → 110

- (b) Is it

low salt/salt free ..... 1  
low fat ..... 2  
high fibre/high residue ..... 3  
low protein ..... 4  
low carbohydrate/diabetic ..... 5\*  
weight reduction ..... 6  
other  
(specify) \_\_\_\_\_

DIET89

\_\_\_\_\_ 7

N.A. .... 9

- (c) Was it recommended by a doctor?

SPDTD89 Yes ..... 1  
No ..... 0

\*Ask respondent to specify wherever foods are "diabetic" preparations when filling in the diary.



110. (a) Is your usual diet special in any way, are you for instance a vegetarian?

VEG89

Yes ..... 1  
No ..... 0 → 111

- (b) What sort of diet is it?

VEGD89

Full vegetarian – e.g. vegan ..... 1  
Vegetarian but eats dairy produce ... 2  
Vegetarian but eats chicken and/or fish ..... 3  
Macrobiotic ..... 4  
Other .....  
(specify) ..... 5  
N.A. .... 8

111. When you eat a main meal or any other food do you generally add salt to it?

SALT89

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

112. Have you changed your eating habits since you were 36 years old? (1982)

EATCS89 Yes ... 1 → In what way? (specify) \_\_\_\_\_  
No ... 0

EATCH89

I'd like to ask if you would keep a diary for a week of everything you eat and drink. I'll show you how to use the diary by filling in the pages for the last two days, and up until now, and then I'll leave the diary for you to complete in the same way, starting now and going on for four more days after today.

113. Can you remember what was on the five pictures I showed you earlier?

1. PIC189

2. PIC289

3. PIC389

4. PIC489

5. PIC589

☐
☐

If survey member has forgotten any objects show the card(s) again.

114. Since over the years you have helped so much by answering all sorts of questions, and being weighed and measured, we wondered if we could in any way offer something to you in return. If we could offer you a complete medical check at our expense would you find that acceptable?

MEDCK

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

TIME INTERVIEW ENDED

hrs mins

--	--	--	--

INTEH89 INTEM89

Comments

PICOK89

PICIN89