

STRICTLY
CONFIDENTIAL

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT
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RECD99B RECM99B RECY99B

SELF-COMPLETION BOOKLET 1999

	POINT	CM No	CKL
SERIAL No	<input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/>

NURSE ID No	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>
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	DATE	MONTH	YEAR
INTERVIEW DATE	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

INTD99B INTM99B INTY99B

1. How often do you normally eat the following types of foods?

CIRCLE THE NUMBER THAT BEST INDICATES HOW OFTEN YOU EAT THAT TYPE OF FOOD

		Most days	Sometimes	Hardly ever or never
Apples or pears	EATAP99	1	2	3
Biscuits or cakes	EATBC99	1	2	3
Carrots	EATCA99	1	2	3
Crisps or savoury snacks	EATCS99	1	2	3
Chocolate or other confectionery	EATCH99	1	2	3
Coffee	EATCF99	1	2	3
Chips	EATCP99	1	2	3
Fish	EATF99	1	2	3
Fruit juice (not squash or fizzy)	EATFJ99	1	2	3
Green leafy vegetables or salad	EATGV99	1	2	3
Meat (beef, lamb, pork, bacon, ham)	EATM99	1	2	3
Onions	EATON99	1	2	3
Oranges or other citrus fruit	EATOC99	1	2	3
Tea	EATTE99	1	2	3

2. a. Are you on any special diet at the moment? SPDT99

(CIRCLE ONE NUMBER)

Yes 1

No 0 → GO TO QUESTION 3

b. Is your diet:

(CIRCLE ALL THAT APPLY)

- low salt/salt free 1 DIETS99
- low fat 2 DIETF99
- high fibre/high residue 3 DIETR99
- low protein 4 DIETP99
- diabetic 5 DIETD99
- weight reduction 6 DIETW99
- gluten-free 7 DIETG99
- other (please describe) 8 DIETT99

c. Was it recommended by a doctor? SPDTD99

(CIRCLE ONE NUMBER)

Yes 1

No 0

3. Are you a vegetarian? VEG99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0
4. When you eat a main meal or any other food is salt generally added to it:
- a. during cooking? SALTC99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0
- b. at table? SALTT99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0
5. Have you drunk alcohol in the last year? DRALC99 (CIRCLE ONE NUMBER)
 No 0 → GO TO QUESTION 11
 Only on special occasions 1
 More often 2
6. In the last seven days have you had any of the following drinks?
 DO NOT COUNT NON-ALCOHOLIC DRINKS
- | | | | | |
|--|---|------------------------|----------------------|--|
| a. Spirits or liqueurs (e.g. whisky, gin, brandy, vodka) | Yes | 1 → How many measures? | <input type="text"/> | <input type="text"/> |
| | DRSP99 | No | 0 | DRSPT99 |
| b. Wine, sherry, martini or port | Yes | 1 → How many glasses? | <input type="text"/> | <input type="text"/> |
| | DRWN99 | No | 0 | DRWIN99 |
| c. Beer lager, cider or stout | Yes | 1 → How many ½ pints? | <input type="text"/> | <input type="text"/> |
| | DRBE99 | No | 0 | DRBEE99 |
7. In the last year, have you felt you ought to cut down on your drinking?
 DO NOT INCLUDE DIETING DRLYR99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0
8. In the last year, have people ever annoyed you by criticising your drinking? DRCYR99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0
9. In the last year, have you ever felt bad or guilty about your drinking? DRGYR99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0
10. In the last year, have you ever had a drink first thing in the morning to steady your nerves or to get rid of a hangover? DRMYR99 (CIRCLE ONE NUMBER)
 Yes 1
 No 0

11. Do you usually wear glasses or contact lenses for distance vision (e.g. for driving a car or watching television)?

SEED99

(CIRCLE ONE NUMBER)

Yes 1

No 0

12. Do you have difficulty recognising a friend across the road (4 yards)?
(without distance vision glasses or contact lenses if you have them)

SEEC99

(CIRCLE ONE NUMBER)

Yes 1

No 0

13. Do you wear a hearing aid?

AIDH99

(CIRCLE ONE NUMBER)

Yes 1

No 0

14. Do you find it very difficult to follow a conversation if there is background noise, such as TV, radio, children playing?
(without a hearing aid if you have one)

HEAA99

(CIRCLE ONE NUMBER)

Yes 1

No 0

15. In your spare time do you do any of the following activities?

**How often do
you take part?**

(CIRCLE ONE NUMBER)

a. Constructive activities, making things with your hands MAKER99

Yes 1 → weekly 1 MAKE99
No 0 monthly 2
less often 3

b. Musical, artistic or creative activities

MUSR99

Yes 1 → weekly 1 MUS99
No 0 monthly 2
less often 3

16. Thinking about the person you have felt closest to in the last 12 months please answer the following questions:

a. Is this person your...

FRL99

(CIRCLE ONE NUMBER)

husband/wife/partner 01

boyfriend/girlfriend 02

parent 03

brother/sister 04

son/daughter 05

other relative 06

neighbour 07

friend from work 08

other friend 09

other (please describe) 10

No-one 11 → GO TO QUESTION 17

b. How much in the last 12 months did this person make you feel good about yourself? FRFG99

(CIRCLE ONE NUMBER)

- Not at all 0
- A little 1
- Quite a lot 2
- A great deal 3

c. How much in the last 12 months did you share interests, hobbies and fun with this person? FRSH99

(CIRCLE ONE NUMBER)

- Not at all 0
- A little 1
- Quite a lot 2
- A great deal 3

d. How much in the last 12 months did this person give you worries, problems and stress? FRPR99

(CIRCLE ONE NUMBER)

- Not at all 0
- A little 1
- Quite a lot 2
- A great deal 3

e. How much in the last 12 months did you confide in this person? FRCD99

(CIRCLE ONE NUMBER)

- Not at all 0
- A little 1
- Quite a lot 2
- A great deal 3

f. How much in the last 12 months would you have liked to have confided more in this person? FRCM99

(CIRCLE ONE NUMBER)

- Not at all 0
- A little 1
- Quite a lot 2
- A great deal 3

g. How much in the last 12 months did talking to this person make things worse? FRWR99

(CIRCLE ONE NUMBER)

- Not at all 0
- A little 1
- Quite a lot 2
- A great deal 3

17. Overall, do you think you have enough opportunity to talk openly and share your feelings about things? FEEL99

(CIRCLE ONE NUMBER)

- Yes 1
- No 0

Please answer **ALL** the following questions about how you have been feeling **over the past few weeks**. Remember that we want to know about your **present and recent** complaints, **not** those you had in the past.

HAVE YOU RECENTLY:

18. Been feeling perfectly well and in good health?
GHQ0199 (CIRCLE ONE NUMBER)
 Better than usual 1
 Same as usual 2
 Worse than usual 3
 Much worse than usual 4
19. Been feeling in need of a good tonic?
GHQ0299 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
20. Been feeling run down and out of sorts?
GHQ0399 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
21. Felt that you are ill?
GHQ0499 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
22. Been getting any pains in your head?
GHQ0599 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
23. Been getting a feeling of tightness or pressure in your head?
GHQ0699 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
24. Been having hot or cold spells?
GHQ0799 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
25. Lost much sleep over worry?
GHQ0899 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
26. Had difficulty staying asleep once you are off?
GHQ0999 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4
27. Been managing to keep yourself busy and occupied?
GHQ1099 (CIRCLE ONE NUMBER)
 More so than usual 1
 Same as usual 2
 Rather less than usual 3
 Much less than usual 4
28. Been taking longer over the things you do?
GHQ1199 (CIRCLE ONE NUMBER)
 Quicker than usual 1
 Same as usual 2
 Longer than usual 3
 Much longer than usual 4
29. Felt on the whole you were doing things well?
GHQ1299 (CIRCLE ONE NUMBER)
 Better than usual 1
 About the same as usual 2
 Less well than usual 3
 Much less well 4
30. Been satisfied with the way you've carried out your task?
GHQ1399 (CIRCLE ONE NUMBER)
 More satisfied 1
 About the same as usual 2
 Less satisfied than usual 3
 Much less satisfied 4
31. Felt that you are playing a useful part in things?
GHQ1499 (CIRCLE ONE NUMBER)
 More so than usual 1
 Same as usual 2
 Less useful than usual 3
 Much less useful 4

32. Felt capable of making decisions about things?
 GHQ1599 (CIRCLE ONE NUMBER)
 More so than usual 1
 Same as usual 2
 Less so than usual 3
 Much less capable 4

33. Felt constantly under strain?
 GHQ1699 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

34. Been able to enjoy your normal day-to-day activities?
 GHQ1799 (CIRCLE ONE NUMBER)
 More so than usual 1
 Same as usual 2
 Less so than usual 3
 Much less than usual 4

35. Been getting edgy and bad-tempered?
 GHQ1899 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

36. Been getting scared or panicky for no good reason?
 GHQ1999 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

37. Found everything getting on top of you?
 GHQ2099 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

38. Been thinking of yourself as a worthless person?
 GHQ2199 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

39. Felt that life is entirely hopeless?
 GHQ2299 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

40. Been feeling nervous and strung-up all the time?
 GHQ2399 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

41. Felt that life isn't worth living?
 GHQ2499 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

42. Thought of the possibility that you might make away with yourself?
 GHQ2599 (CIRCLE ONE NUMBER)
 Definitely not 1
 I don't think so 2
 Has crossed my mind 3
 Definitely have 4

43. Found at times you couldn't do anything because your nerves were too bad?
 GHQ2699 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

44. Found yourself wishing you were dead and away from it all?
 GHQ2799 (CIRCLE ONE NUMBER)
 Not at all 1
 No more than usual 2
 Rather more than usual 3
 Much more than usual 4

45. Found that the idea of taking your life kept coming into your mind?
 GHQ2899 (CIRCLE ONE NUMBER)
 Definitely not 1
 I don't think so 2
 Has crossed my mind 3
 Definitely has 4

These next five questions are about how you have been feeling over the past year.

46. Over the past year, have there been times when you felt very happy indeed without a break for days on end?

PSQ199

(CIRCLE ONE NUMBER)

Yes 2
Unsure 1
No 0

47. Over the past year, have you felt that your thoughts were directly interfered with or controlled by some outside force or person?

PSQ299

(CIRCLE ONE NUMBER)

Yes 2
Unsure 1
No 0

48. Over the past year, have there been times when you felt people were against you?

PSQ399

(CIRCLE ONE NUMBER)

Yes 2
Unsure 1
No 0

49. Over the past year, have there been times when you felt that something strange was going on?

PSQ499

(CIRCLE ONE NUMBER)

Yes 2
Unsure 1
No 0

50. Over the past year, have there been times when you heard or saw things that other people couldn't?

PSQ599

(CIRCLE ONE NUMBER)

Yes 2
Unsure 1
No 0

MEN ONLY

Many men suffer from bladder problems. We would like to find out more about these common problems and we would be grateful if you would answer these questions.

51. During the last month how long have you usually been able to go during the daytime, without passing water?

..... hours minutes

URDH99 URDM99

52. During the last month have you:

CIRCLE THE NUMBER IN EACH ROW THAT APPLIES TO YOU		Never	Less than 1 time in 5	Less than half the time	About half the time	More than half the time	Always or almost always
a.	Had to get up in the night to pass water? URNM99	1	2	3	4	5	6
b.	Have you found it difficult to wait to pass water once you feel the need? URDFW99	1	2	3	4	5	6
c.	Once you are ready to pass water have you had to wait before urine comes? URWT99	1	2	3	4	5	6
d.	Has your stream stopped and then started again? URSS99	1	2	3	4	5	6
e.	Have you had a weak urinary stream? URWKS99	1	2	3	4	5	6
f.	Have you had a sensation of not emptying your bladder completely after you've finished? URNEM99	1	2	3	4	5	6
g.	Have you had a burning feeling while passing water? URBRN99	1	2	3	4	5	6
h.	Have you dripped urine or wet your clothes in a way you couldn't control? URLNC99	1	2	3	4	5	6

53. If you haven't dripped urine or wet your clothes in a way you couldn't control during the last month, go to Question 54. Otherwise answer Questions 53a-g.

a. How often do you leak urine? URL99

(CIRCLE ONE NUMBER)

- Several times a day 3
- Several times a week 2
- Less often 1

b. Do you usually leak? URLA99

(CIRCLE ONE NUMBER)

- A few drops? 1
- Enough to wet your underpants? 2
- So that it wets your trousers? 3

c. Do you leak urine when you make a physical effort, like lifting, running, coughing, sneezing or laughing?

(CIRCLE ONE NUMBER)

URLE99

- Yes 1
- No 0

d. When you feel an urgent need to pass water do you leak urine before you can get to the toilet?

(CIRCLE ONE NUMBER)

URLB99

- Yes, every time 2
- Yes, sometimes 1
- No 0→f

e. What makes you leak when the need is urgent?

(CIRCLE ONE NUMBER)

- Standing up 1 URLUS99
- Washing your hands 2 URLUW99
- Hearing running water 3 URLUR99

f. Do you leak urine...

(CIRCLE ONE NUMBER)

- without urgency or warning? 1 URLNW99
- when you are asleep? 2 URLSL99
- after you've finished passing water? 3 URLFN99
- during intercourse? 4 URLIN99

g. Do you take precautions to deal with urine leakage, for example using pads?

URLP99

(CIRCLE ONE NUMBER)

- Yes 1
- No 0

If Yes, describe methods you use:

.....

.....

54. a. Have you ever consulted a doctor about urinary problems?

URDR99

(CIRCLE ONE NUMBER)

- No 0 → GO TO QUESTION 55
- Yes 1

b. How old were you when you:

URDBA99

first consulted? Age

URDLA99

last consulted? Age

55. During the last month, has any urinary problem kept you from doing the kind of things you usually do?

URSD99

(CIRCLE ONE NUMBER)

- None of the time 1
- A little of the time 2
- Some of the time 3
- Most of the time 4
- All the time 5

56. If your current urinary problem were to last, would you feel

URFEE99

(CIRCLE ONE NUMBER)

- No problem 0
- Happy 1
- Pleased 2
- Satisfied 3
- Mixed 4
- Dissatisfied 5
- Unhappy 6
- Desperate 7

WOMEN ONLY

57. Have you ever had any of the following operations? (FOR EACH OPERATION CIRCLE 0 (No) or 1 (Yes). IF YES, give dates of all operations. If you cannot remember the month and year, give your age at the time of the operation.)

	No	Yes	Month	Year	or	Age at the time
a. Removal of uterus (womb) and both ovaries (hysterectomy & bilateral oophorectomy)	WOP19B 0	1→	WOPM19B □□ /	WOPY19B 1 9 □□	or	WOPA19B □□ yrs
b. Removal of uterus (womb) only (hysterectomy)	WOP29B 0	1→	WOPM29B □□ /	WOPY29B 1 9 □□	or	WOPA29B □□ yrs
c. Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	WOP39B 0	1→	WOPM39B □□ /	WOPY39B 1 9 □□	or	WOPA39B □□ yrs
d. Removal of both ovaries only (bilateral oophorectomy)	WOP49B 0	1→	WOPM49B □□ /	WOPY49B 1 9 □□	or	WOPA49B □□ yrs
e. Removal of one ovary only (oophorectomy)	WOP59B 0	1→	WOPM59B □□ /	WOPY59B 1 9 □□	or	WOPA59B □□ yrs

58. In the last 12 months have you had a period or menstrual bleeding? BLY9B

No 0
Yes 1

IF NO, were your periods stopped by: (CIRCLE ALL THAT APPLY)

- i. Surgery? BLEYS9B 1
- ii. Chemotherapy or radiation therapy BLEYC9B 2
- iii. Pregnancy or breastfeeding BLEYP9B 3
- iv. No obvious reason/menopause? BLEYN9B 4
- v. Other reason, please specify BLEYT9B 5

59. In the last 3 months have you had a period or menstrual bleeding? BLQ9B

No 0
Yes 1

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

Month Year
BLLM9B □□ 1 9 □□ BLLY9B

If you cannot remember the month and year please give your age at the time. BLLA9B

□□ yrs

61a. These questions are for all women answering this section.
If you are still having periods, tell us about the most recent changes.
If your periods have stopped, tell us about the changes before your last period. In the last few years (in the years before your last period) did your periods: BLREG9B (CIRCLE ONE NUMBER)

become more regular? 1
become less regular? 2
remain about the same? 3→Question 62 (i.e. as regular/irregular as before)

61b. If more regular or less regular, when did you first notice this change? BLREY9B (CIRCLE ONE NUMBER)

- Up to 1 year before last period 1
- Up to 2 years before last period 2
- Up to 3 years before last period 3
- Up to 4 years before last period 4
- More than 4 years before last period 5

62. Have you ever had hormone replacement therapy (HRT)? HRTE9B

No 0 (go to end)
Yes 1

63. When did you first start HRT?

HRTSM9B Month Year HRTSY9B
□□ 1 9 □□

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

HRTSA9B □□ yrs

64. Before you first started HRT had your menstrual periods stopped? BLEH9B

No 0
Yes 1

If yes, what was the date of your last period before starting HRT?

BLHM9B Month Year BLHY9B
□□ 1 9 □□

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

BLHA9B □□ yrs

65. Have you ever stopped HRT and then started again? HRTE9B

No 0
Yes 1

66. Are you currently on HRT? HRT9B

No 0
Yes 1