MRC National Survey of Health and Development

Postal Questionnaire 2025

(Version: 14/01/2025)

This questionnaire is to find out how you are physically and mentally. We also ask about what support you access and what medications you take.

When completing the questionnaire please use a pen to put a "x" in the box next to the answer you want to give.

Next to some of the answer options are arrows (\rightarrow) with instructions, such as "Go to Question 4". They tell you which question to answer next (and which ones may be irrelevant). If there are no special instructions, just answer the next question.

As always, answering these questions is voluntary and you can skip over any questions that you cannot or would prefer not to answer.

Please enter the date you completed the questionnaire:
intd25x Day intm25 Month 2025
 Who is filling out this questionnaire? proxy25x Study member (alone) (1) → Go to Question 4 Study member with assistance or someone else completing on behalf of study member (2)
2. What is the relationship of the person answering the questions to the study member?
Spouse/partner (1) Son/daughter (2) Friend (3) proxyrel25x
3. What is the reason they are answering the questions?
Preference (1) proxyreas25x Physical health problems (2)

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Memory/thinking problems (3)	Other (4) Specify
	proxyreas25x_txt_

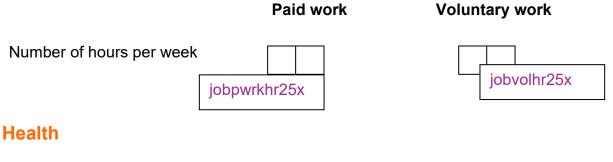
Paid and Voluntary Work

4. Have you retired from your main occupation, even if you are now doing other paid work.

Yes (1)	No (0)	ret25x

- 5. Are you currently in paid or voluntary work? jobvol25x
 Yes (1)
 No (0) Go to Question 7
- 6. How many hours a week (to the nearest hour) do you usually work in a paid and/or voluntary job, including regular overtime? Please include voluntary work within the community and don't include personal care for someone you are living with (this will be covered later).

If you do not do any paid work or voluntary work please enter "0" in the boxes below.



7. How is your health in general?

Excellent (1)	
Very good (2)	
Good (3)	ghi25x
Fair (4)	
Poor (5)	

In the past 12 months, have you had delirium (worsening in your thinking, concentration or memory due to acute illness)?
 delir1225x



Yes (1)

No (0)

9. Since the age of 60 years, have you ever been told by a doctor that you have any of the following medical conditions? If yes, what year were you diagnosed?

Please only include conditions or events diagnosed by a doctor.

	Yes No (1) (0)	Year of diagnosis
COPD (chronic obstructive pulmonary disease)	copd25x	copdy25x
Emphysema	emph25x	emphy25x
Angina	dang25x	dangy25x
Heart attack (myocardial infarct/coronary thrombosis)	dhara25x	dharay25x
Heart failure	harf25x	harfy25x
High blood pressure (hypertension)	dbpp125x	dbpp1y25x
Orthostatic or postural hypotension (blood pressure too low when you stand up)	dbpp225x	dbpp2y25x
Stroke	dstr25x	dstry25x
Diabetes	diab25x	diaby25x
Atrial fibrillation	afib25x	afiby25x
Osteoporosis	ostpo25x	ostopy25x
Osteoarthritis	osteo25x	osteoy25x
Eye trouble which requires treatment: Cataracts	eyec25x	eyecy25x
Glaucoma	eyeg25x	eyeqy25x
Age-related macular degeneration	evemd25x	eyemdy25x
Parkinson's Disease	parkin25x	parkiny25x
Cognitive impairment: Vascular dementia	cogimp625x	cogimp6y25x
Alzheimer's disease	cogimp225x	cogimp2y25x
Mild cognitive impairment	cogimp325x	cogimp3y25x
Other - Please specify: cogimpoth25x txt	cogimpoth25x	cogimpothy25x

	Yes No (1) (0)	
Other diagnoses - Please spe 1othhp125x_txt	othhp125x	othhp1y25x
2. othhp225x txt	othhp225x	othhp2y25x
3. othhp325x_txt	othhp325x	othhp3y25x

Medication

10. Are you regularly taking any medicines or tablets prescribed by a doctor?

L Yes	(1)
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No (0) Go to Question 12 medn25x

ntag1

11. If you are regularly taking any medicines or tablets prescribed by a doctor, please give details in the table below. Please include any eye drops, creams, or inhalers.

Use one row for each prescribed medication.

	Name of Medication	Strength (eg 500mg)	Frequency taken (eg once a day / when needed)
1	med_name25x_01	med_strength25x_01	med_freq25x_01
2	med_name25x_02	med_strength25x_02	med_freq25x_02
3	med_name25x_03	med_strength25x_03	med_freq25x_03
4	med_name25x_04	med_strength25x_04	med_freq25x_04
5	med_name25x_05	med_strength25x_05	med_freq25x_05
6	med_name25x_06	med_strength25x_06	med_freq25x_06
7	med_name25x_07	med_strength25x_07	med_freq25x_07
8	med_name25x_08	med_strength25x_08	med_freq25x_08
9	med_name25x_09	med_strength25x_09	med_freq25x_09
10	med_name25x_10	med_strength25x_10	med_freq25x_10
11	med_name25x_11	med_strength25x_11	med_freq25x_11
12	med_name25x_12	med_strength25x_12	med_freq25x_12
13	med_name25x_13	med_strength25x_13	med_freq25x_13

14	med_name25x_14	med_strength25x_14	med_freq25x_14
15	med_name25x_15	med_strength25x_15	med_freq25x_15

12. Do you regularly take junior aspirin / low dosage aspirin that is NOT prescribed?

	No (0)
mednas25x	

Falls

13. In the past 12 months have you had any fall including a slip or trip in which you lost your balance and landed on the ground?

🗌 No	₀ → Go to Question 16
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fallen25x

14. If 'Yes', how many times have you fallen in the past 12 months?

falln25x

15. On how many of these occasions have you injured yourself badly enough to seek medical attention? (If never, please write "0").

10.0	
dta	IIn25x
ara	

Performing tasks

Have you had difficulty with the following in the last 12 months?Please put an "x" in one box for each line.

	No difficulty (1)	A little difficulty (2)	Some difficulty ⑶	A great deal of difficulty (4)
Reading a newspaper? rnew25x				
Recognising a friend across the street? recf25x				
Reading signs at night? rsnt25x				
Hearing over the phone? htel25x				

Hearing a normal conversation? hconv25x		
Hearing conversation in a noisy room? hnois25x		

17. Do you wear a hearing aid at all?

		Yes, most of the time (1)	Yes, some of the time (2)	No (0)
a.	Left ear aidhl25x			
b.	Right ear aidhr25x			

18. These questions relate to your independence to perform **daily tasks**. Are you able to do the following activities alone or is help required?

Please put an "x" in one box for each line.

	l can do this myself (1)	l can do this myself but with difficulty	l need help with this (3)	l am unable to manage this ⑷
Feed myself feed25x				
Bathing (e.g. shower, bath) bath25x				
Grooming (e.g. brushing teeth, shaving) groom25x				
Dressing (including buttons, zips) dress25x				
Toilet use (including managing personal hygiene) wcusec25x				
Stairs (including with aids such as a walking stick) step25x				
Cutting toenails cuttoe25x				

19. Are you able to transfer from a bed to a chair and back again independently, or is help required? bed25x



Independently (1)

Independently but with difficulty (2)

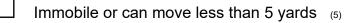
I need minor help (someone to be with me) (3)

I need major help (people to physically help me), but I can sit unsupported (4)

Unable (5)

20. Are you able to move on level surfaces alone or is help required? move25x

Independently (but may use any aid, e.g. walking stick or frame), can move more than 5 yards (1)
 Independently but with difficulty (including with any aid), can move more than 5 yards (2)
 Walk with help of one person (verbal or physical), can move more than 5 yards (3)
 Using a wheelchair independently, including corners, can move more than 5 yards (4)



21. The following questions are about **everyday activities**. Please record what you have done in the **last month**. If you have not done an activity in the last month because you are not able to do it, then please put a "x" in "I am unable to manage this". If you have the ability to do it, but have not done it, for example the weather has been too bad for gardening, please put an "x" in "Not applicable".

Please put an "x" in one box for each line.

l can do this myself (1)	l can do this myself but with difficulty	l need help with this (3)	l am unable to manage this (4)	Not applicable (0)
	this	I can do this this myself myself (1) difficulty	I can do this I need this myself help with myself (1) but with this (3) difficulty	I can do this I need I am this myself help with manage myself (1) difficulty this (3) this (4)

	l can do this myself (1)	l can do this myself but with difficulty (2)	l need help with this (3)	l am unable to manage this (4)	Not applicable ⁽⁰⁾
Manage to make yourself a hot drink? iadlh25x					
Take hot drinks from one room to another? iadli25x					
Do the washing up? iadlj25x					
Make yourself a hot snack? iadlk25x					
Manage your own money when out? iadll25x					
Wash small items of clothing? iadlm25x					
Do your own housework? iadln25x					
Do your own shopping? iadlo25x					
Do a full clothes wash? iadlp25x					
Read newspapers or books? iadlq25x					
Use the phone? iadlr25x					
Write letters? iadls25x					
Go out socially? iadlt25x					
Manage your own garden? iadlu25x					
Drive a car? iadlv25x					
Use the internet for shopping? iadlw25x					

Help received

The questions above ask about difficulties you may have with some activities. The next questions are about any help you receive with these activities. Please only think about help you have received because of a physical, mental, emotional or memory problem.

22. Do **you receive help** with any of the daily tasks and everyday activities listed in questions 18 and 21?

	Yes (1)		No (0) Go to Question 25
rechelp25x			

23. Thinking about a typical week, who has helped you with the type of activities listed in questions 18 and 21 and how many hours have they helped you with these tasks? Please do not include occasional errands or odd jobs.

Please put an "x" in one box for each line.

	No help ⑴	Less than one hour	1-4 hours (3)	5-9 hours (4)	10-19 hours (5)	20-49 hours (6)	50+ hours (7)
Husband/Wife/Partner whohelpua25x							
Children whohelpub25x							
Grandchildren whohelpuc25x							
Sibling whohelpud25x							
Other relative whohelpue25x							
Friends or neighbours whohelpuf25x							
Home care worker/ home help/ personal assistant whohelpug25x							
A member of the reablement / intermediate care staff team whohelpuh25x							
Voluntary helper whohelpui25x							
Warden / Sheltered housing manager whohelpuj25x							
Cleaner whohelpuk25x							
Council's handyman whohelpul25x							
Member of staff at the care/nursing home whohelpum25x							
Other - please specify whohelpuo25x							

24. Do you live in a care home?

NO (0)

carehome25x

Help given

25. Do **you provide help to others**, with any of the activities listed in questions 18 and 21?

Yes (1)

 \square No (0) → Go to Question 27

provhelp25x

26. Thinking about a typical week, **who have you helped** with the type of activities listed in questions 18 and 21 and **how many hours have you helped others** with these tasks? Please do not include occasional errands or odd jobs.

	No help (1)	Less than one hour (2)	1-4 hours (3)	5-9 hours (4)	10-19 hours (5)	20-49 hours (6)	50+ hours (7)
Husband/Wife/Partner provhelpa25x							
Children provhelpb25x							
Grandchild provhelpc25x							
Siblings provhelpd25x							
Other relative provhelpe25x							
Friend or neighbours provhelpf25x							
Other - please specify provhelpo25x provhelpo25x_txt							

Household

27. How many people in total live in your household, and who are they?

Number

Husband/Wife/Cohabiting Partner hhnumwh25x_1	
Children hhnumwh25x_2	
Grandchild hhnumwh25x_3	
Sibling hhnumwh25x_4	
Other relative hhnumwh25x_5	
Friend / unrelated sharer hhnumwh25x_6	
Other, please specify hhnumwh25x_7 hhnumwh25x_8_txt	

Mental Health

28. How is your mental health in general?

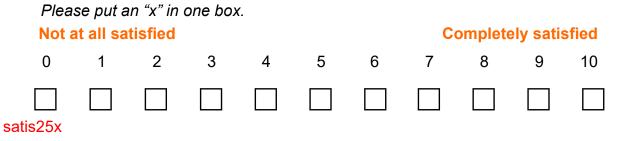


29. Over the last 2 weeks how often have you been bothered by the following problems? *Put an "x" in one box for each line.*

	Not at all	Several days	More than half the days	Nearly every day (4)
Feeling nervous, anxious or on edge gad2phq25x_1				
Not been able to stop or control worrying gad2phq25x_2				
Little interest or pleasure in doing things gad2phq25x_3				
Feeling down, depressed or hopeless gad2phq25x_4				

30. Overall, how satisfied are you with your life nowadays, where 0 means 'not at all' and 10 means 'completely'?

We appreciate 0-10 scales can be difficult to answer. Please pick the figure which is most likely to be true to how you feel now.



31. The following statements are about different aspects of your life.

Please put an "x" in one box for each line to indicate how often you feel that way.

	Hardly ever	Some of the time (2)	Often (3)
How often do you feel that you lack companionship? nocomp25x			
How often do you feel left out? leftout25x			
How often do you feel isolated from others?			
isolate25x			

32. Please select the answer that best describes your experience of each over the **last two weeks**.

Please put an "x" in one box for each line.

	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
l've been feeling optimistic about the future	wellba25x				
l've been feeling useful	wellbb25x				
I've been feeling relaxed	wellbc25x				
l've been dealing with problems well	wellbf25x				
I've been thinking clearly	wellbg25x				
I've been feeling close to other people	wellbi25x				
l've been able to make up my own mind about things	wellbk25x				

33. Below are some questions about changes you may have noticed in your thinking, memory, or daily abilities. Please answer each question as honestly as you can. If you're unsure about an answer, choose the option that feels closest to your experience.

For each question, select:

- Yes If you have noticed a change in yourself.
- No If there has been no change.

Please put an "x" in one box for each line.

	Yes (1)	No (0)
Do you feel like you are having more trouble remembering things than you used to? ad8_memory25x		
Do you find it harder to keep track of appointments, tasks, or events than before? ad8_ appoint25x		
Do you feel like it takes more effort to learn new things now? ad8_learn25x		
Have you noticed that you have difficulty handling money, such as paying bills or managing finances? ad8_finance25x		
Do you find yourself having trouble making decisions or planning things out? ad8_plan25x		
Have you noticed changes in your ability to do household chores or hobbies you used to do regularly? ad8_hobieschores25x		
Do you feel like you are forgetting how to do things that you used to do easily? ad8_fogetting25x		
Have you noticed any problems with finding the right words when speaking or writing? ad8_findingwords25x		

Access to healthcare

34. Have you wanted to use any of the following services in the last 6 months and if so, how long did you have to wait between first trying to get an appointment and getting an appointment or receiving care (personal care)?

Please put an "x" in one box for each line.

	Less than 2 weeks	From 2 weeks to 6 months	Over 6 months (3)	Did not want to use service (4)
GP healthcare25x_01				
Dentist healthcare25x_02				
Chiropodist or podiatrist healthcare25x_03				
Exercise classes including yoga, Pilates, gym healthcare25x_04				
Occupational therapist or physiotherapist healthcare25x_05				
Community nurse healthcare25x_06				
Hospital nurse healthcare25x_07				
Counselling healthcare25x_08				
Other mental health care services healthcare25x_09				
Personal care (e.g. bathing, showering, dressing, toileting) healthcare25x_11				
Other - please specify healthcare25x_11 healthcare25x_11_txt				

Financial questions

We know that financial circumstances can have a significant impact on many aspects of life including health and well-being. We would therefore like to ask you about your household's financial circumstances.

35. How well would you say your household is managing financially at the moment? *Please put an "x" in one option.* finman25x

Best				Worst	
Living	Doing alright	Just about	Finding it quite	Finding it very	Prefer not
comfortably (1)	(2)	getting by (3)	difficult (4)	difficult (5)	to say (6)

36. Does your household have to go without things you really needed because you were short of money? gowout25x

No (0)
Yes, sometimes (1)
Yes, often (2)

Prefer not to say (3)

37. Are you receiving the following?

Attendance Allowance (1) allowance25x_1
Carer's Allowance (2) allowance 25x_2
Pension Credit (3) allowance25x_3
Council Tax Reduction (4) allowance25x_4
State Pension (5) allowance25x_5
Housing Benefit (6) allowance25x_6
Winter Fuel Payment (7) allowance25x_7
Cold Weather Payments (8) allowance25x_8
None of these (9) allowance25x_9
Prefer not to say (10) allowance25x_10

38. Do you have lasting power of attorney (LPA) in place for?

	_	Yes (1)	No (0)
lpa125x	Health and care		
lpa225x	Financial decisions		

Social activities

39. How often have you taken part in each of the following activities in the **last 12 months**? If you do not take part in the activity, please put an "x" in "Never". *Please put an "x" in one box for each line.*

	Weekly or more often ⑴	Fortnightly	Monthly (3)	Less often	Never (5)
Church-related group or religious activities chchr25x					
Sports groups, e.g. golf, cycle, dancing, or walking clubs					

40. We would welcome any comments about any of your own experiences that have not been covered by the questions:

____comment25x

Thank you for your help