

**STRICTLY
CONFIDENTIAL**

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RECDPR0610 RECMPR0610 RECYPR0610

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

MRC Unit for Lifelong Health and Ageing
33 Bedford Place
London
WC1B 5JU

CLINIC STUDY 2008-10

Pre-Assessment Booklet

This is a questionnaire about your lifestyle and some aspects of your health. We will use the information you provide to help us understand the measurements to be taken. We would like you to fill in this questionnaire before you arrive at the clinic because the time at the clinic will be taken up with the health examination. Alternatively if the nurse is visiting you at home, please fill in the questionnaire before she comes.

When completing the questionnaire please use a pen to put a tick in the appropriate box or to circle the appropriate response to each question (i.e. Yes (1)) and provide further details where requested either in boxes or in the space provided.

Some questions don't apply to everybody. Where you should skip questions that do not apply to you it tells you which question to go to next at the side of the answer you have circled (i.e. → go to Q2). Otherwise please continue through each question in turn.

All information you give us will be treated in the strictest confidence. If you have any queries do not hesitate to telephone us on 020 7670 5702.

When you have finished filling in the questionnaire, please keep it safely and bring it with you when you come to visit us at the clinic. Thank you very much for your time and co-operation.

Please enter the date you completed this questionnaire:

_____ day _____ month 20 _____
INTDPR0610 INTMPR0610 INTYPR0610

CLINPR0610

1a. In the past year have you been in paid employment or have you done regular, organised voluntary work?

No 0 → go to Q4a
Yes 1 **JOB0610**

b. How many journeys do you make between home and work in an average week?

(To work and from work counts as two journeys)

JWA0610

Number of journeys

c. How far do you walk on each journey?

No distance	0	
Less than 0.5 miles	1	
0.5-1.5 miles	2	
1.5-2.5 miles	3	HWJ0610
2.5-3.5 miles	4	
3.5-5.5 miles	5	
More than 5.5 miles	6	

d. How far do you cycle on each journey?

No distance	0	
Less than 0.5 miles	1	
0.5-1.5 miles	2	
1.5-2.5 miles	3	HCJ0610
2.5-3.5 miles	4	
3.5-5.5 miles	5	
5.5-9.5 miles	6	
More than 9.5 miles	7	

Now we would like to know about your activity at work.

Please answer questions 2 and 3 for your current, main job.

2. Read through each of the following categories and circle either 1 for Yes or 0 for No. Then go back through the list and, for each of the activities for which you have ticked yes, record the number of hours per week that you spent on that activity.

	Have you done each activity at work in the last year?		If yes, how many hours per week?
	No	Yes	
Sitting – light work e.g. desk work, or driving a car or truck	0	ASIL0610 1	HSIL0610
Sitting – moderate work e.g. working heavy levers or riding a mower or forklift truck	0	ASIM0610 1	HSIM0610
Standing – light work e.g. lab technician work or working at a shop counter	0	ASTL0610 1	HSTL0610
Standing – light/moderate work e.g. light welding or stocking shelves	0	ASTLM0610 1	HSTLM0610
Standing – moderate work e.g. fast rate assembly line work or lifting up to 50 lbs every 5 minutes for a few seconds at a time	0	ASTM0610 1	HSTM0610
Standing – moderate/heavy work e.g. masonry/painting or lifting more than 50 lbs every 5 minutes for a few seconds at a time	0	ASTMH0610 1	HSTMH0610
Walking at work – carrying nothing heavier than a briefcase e.g. moving about a shop	0	AWAN0610 1	HWAN0610
Walking – carrying something heavy	0	AWAH0610 1	HWAH0610
Moving, pushing heavy objects weighing over 75 lbs	0	AMOW0610 1	HMOW0610
<i>If you do any other activities at work which we have not included, please list them in the space below and fill in the hours per week column:</i> ANI0610	0	1	HANI0610

3. At work, how many times a day do you normally

Number of times each day

a. climb up a flight of stairs (10 steps)?

STUFN0610

b. climb up a ladder?

LADUN0610

4a. Apart from journeys to work, have you made any journeys **by foot** in the last 7 days?

No 0 → go to Q4c **JFT0610**
 Yes 1

b. Please write in the number of journeys of each distance that you made **by foot** in the last 7 days.

Journeys less than 0.5 miles	Journeys of 0.5 to 1.5 miles	Journeys of 1.5 to 2.5 miles	Journeys of 2.5 to 3.5 miles	Journeys of 3.5 to 5.5 miles	Journeys of more than 5.5 miles
JFT10610	JFT20610	JFT30610	JFT40610	JFT50610	JFT60610

c. Apart from journeys to work, have you made any journeys **by bicycle** in the last 7 days?

No 0 → go to Q5a **JBIO610**
 Yes 1

d. Please write in the number of journeys of each distance that you made **by bicycle** in the last 7 days.

Journeys less than 0.5 miles	Journeys of 0.5 to 1.5 miles	Journeys of 1.5 to 2.5 miles	Journeys of 2.5 to 3.5 miles	Journeys of 3.5 to 5.5 miles	Journeys of 5.5 to 9.5 miles	Journeys of more than 9.5 miles
JBII0610	JBII20610	JBII30610	JBII40610	JBII50610	JBII60610	JBII70610

5a. In the last 4 weeks, in your spare time, have you taken part in any sports or vigorous leisure activities or done any exercises, things like badminton, swimming, yoga, press-ups, dancing, football, mountain climbing or jogging?

No 0 → go to Q6a **WEXER0610**
 Yes 1

WEXEN0610

b. On how many occasions in the last month did you do these activities?

WEXES0610

c. On how many of these occasions were you sweaty and/or out of breath?

6a. Did you do any of the activities (swimming, walking, running, cycling) listed in the table below in the last 12 months?

No 0 → go to Q6b **YEXER0610**
 Yes 1

If yes, please indicate how often you did each activity on average over the last 12 months. Please indicate the average length of time you spent doing the activity on each occasion. Please complete EACH line.

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
Swimming – leisurely not laps	NSWL0610 0	1	2	3	4	5	6	7	HSWL0610	MSWL0610
Swimming - competitive or laps	NSWC0610 0	1	2	3	4	5	6	7	HSWC0610	MSWC0610
Walking for pleasure- do not include walking as a means of transport	NWAK0610 0	1	2	3	4	5	6	7	HWAK0610	MWAK0610
Backpacking, hill walking or mountain climbing	NBWK0610 0	1	2	3	4	5	6	7	HBWK0610	MBWK0610
Jogging	NJOG0610 0	1	2	3	4	5	6	7	HJOG0610	MJOG0610
Competitive running	NRUN0610 0	1	2	3	4	5	6	7	HRUN0610	MRUN0610
Cycling for pleasure - do not include cycling as a means of transport	NCYP0610 0	1	2	3	4	5	6	7	HCYP0610	MCYP0610
Racing or rough terrain cycling	NCYR0610 0	1	2	3	4	5	6	7	HCYR0610	MCYR0610

6b. Did you do any of the activities (gardening, DIY) listed in the table below in the last 12 months?

No 0 → go to Q6c GRD0610
 Yes 1

If yes, please indicate how often you did each activity on average over the last 12 months. For mowing and watering the lawn put the average frequency during the season when you did the activity. Please indicate the average length of time you spent doing the activity on each occasion. Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
Mowing the lawn – during the grass cutting season	NGRG0610 0	1	2	3	4	5	6	7	HGRG0610	MGRG0610
Watering the lawn or garden in the summer	NGRW0610 0	1	2	3	4	5	6	7	HGRW0610	MGRW0610
Digging, shoveling or chopping wood	NGRS0610 0	1	2	3	4	5	6	7	HGRS0610	MGRS0610
Weeding, pruning	NGRP0610 0	1	2	3	4	5	6	7	HGRP0610	MGRP0610
DIY e.g. carpentry, home or car maintenance	NDIY0610 0	1	2	3	4	5	6	7	HDIY0610	MDIY0610

6c. Did you do any of the activities (aerobics, gym exercises) listed in the table below in the last 12 months

No 0 → go to Q6d GYM0610
 Yes 1

If yes, please indicate how often you did each activity on average over the last 12 months. Please indicate the average length of time you spent doing the activity on each occasion. Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
High impact aerobics, step aerobics	NGYH0610 0	1	2	3	4	5	6	7	HGYH0610	MGYH0610
Other aerobics	NGYA0610 0	1	2	3	4	5	6	7	HGYA0610	MGYA0610
Exercises with weights	NGYW0610 0	1	2	3	4	5	6	7	HGYW0610	MGYW0610
Conditioning exercises e.g. using an exercise bike or rowing machine	NGYR0610 0	1	2	3	4	5	6	7	HGYR0610	MGYR0610
Floor exercises e.g. stretching, bending, keep fit	NGYF0610 0	1	2	3	4	5	6	7	HGYF0610	MBYF0610

6d. Did you do any of the activities (games, team sports) listed in the table below in the last 12 months?

No 0 → go to Q6e **GAM0610**
 Yes 1

If yes, please indicate how often you did each activity on average over the last 12 months. For activities that are seasonal, e.g. football and cricket please put the average frequency during the season when you did the activity.

Please indicate the average length of time you spent doing the activity on each occasion.

Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
Snooker, billiards, darts	NGAD0610 0	1	2	3	4	5	6	7	HGAD0610	MGAD0610
Bowling – indoor, lawn or ten pin	NGAB0610 0	1	2	3	4	5	6	7	HGAB0610	MGAB0610
Tennis or badminton	NGAT0610 0	1	2	3	4	5	6	7	HGAT0610	MGAT0610
Squash	NGAS0610 0	1	2	3	4	5	6	7	HGAS0610	MGAS0610
Table tennis	NGAE0610 0	1	2	3	4	5	6	7	HGAE0610	MGAE0610
Golf	NGAG0610 0	1	2	3	4	5	6	7	HGAG0610	MGAG0610
Netball, volleyball, basketball	NGAV0610 0	1	2	3	4	5	6	7	HGAV0610	MGAV0610
Football, rugby or hockey (during the season)	NGAF0610 0	1	2	3	4	5	6	7	HGAF0610	MGAF0610
Cricket (during the season)	NGAC0610 0	1	2	3	4	5	6	7	HGAC0610	MGAC0610

6e. Did you do any of the activities listed in the table below in the last 12 months?

No 0 → go to Q6f **ACT10610**
 Yes 1

If yes, please indicate how often you did each activity on average over the last 12 months. For activities that are seasonal, e.g. skiing, please put the average frequency during the season when you did the activity.

Please indicate the average length of time you spent doing the activity on each occasion.

Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
Dancing e.g. ballroom	NACD0610 0	1	2	3	4	5	6	7	HACD0610	MACD0610
Musical instrument playing, singing	NACS0610 0	1	2	3	4	5	6	7	HACS0610	MACS0610
Horse-riding	NACH0610 0	1	2	3	4	5	6	7	HACH0610	MACH0610
Fishing	NACF0610 0	1	2	3	4	5	6	7	HACF0610	MACF0610
Rowing	NACR0610 0	1	2	3	4	5	6	7	HACR0610	MACR0610
Sailing, windsurfing, boating	NACB0610 0	1	2	3	4	5	6	7	HACB0610	MACB0610
Ice-skating	NACK0610 0	1	2	3	4	5	6	7	HACK0610	MACK0610
Winter sports e.g. skiing	NACW0610 0	1	2	3	4	5	6	7	HACW0610	MACW0610
Martial arts, boxing, wrestling	NACX0610 0	1	2	3	4	5	6	7	HACX0610	MACX0610

6f. Did you do any of the activities listed in the table below in the last 12 months?

No 0 → go to Q6g ACT20610
 Yes 1

If yes, please indicate how often you did each activity on average over the last 12 months.
 Please indicate the average length of time you spent doing the activity on each occasion.
 Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
Preparing food, cooking and washing up	NA2F0610 0	1	2	3	4	5	6	7	HA2F0610	MA2F0610
Shopping for food and groceries	NA2G0610 0	1	2	3	4	5	6	7	HA2G0610	MA2G0610
Shopping and browsing in shops for other items (e.g. clothes, toys)	NA2S0610 0	1	2	3	4	5	6	7	HA2S0620	MA2S0610
Cleaning the house	NA2H0610 0	1	2	3	4	5	6	7	HA2H0610	MA2H0610
Doing the laundry and ironing	NA2L0610 0	1	2	3	4	5	6	7	HA2L0610	MA2L0610
Caring for children or babies at home (not as paid employment)	NA2B0610 0	1	2	3	4	5	6	7	HA2B0610	MA2B0610
Caring for people who are elderly, handicapped or disabled at home (not as paid employment)	NA2D0610 0	1	2	3	4	5	6	7	HA2D0610	MA2D0610

6g. Did you do any other physical activities not listed in tables 6a-f in the last 12 months

No 0 → go to Q7a PAC0610
 Yes 1

If yes, please specify the activity and indicate how often you did each activity on average over the last 12 months. For activities that are seasonal, please put the average frequency during the season when you did the activity.

Please indicate the average length of time you spent doing the activity on each occasion.

Please complete EACH line

	Number of times you did the activity in the last 12 months								Average time per episode	
	Not done in last year	Less than once month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or every day	Hours	Mins
First activity (please specify) PACF0610.....	NPF0610 0	1	2	3	4	5	6	7	HPF0610	MPF0610
Second activity (please specify) PACS0610.....	NPS0610 0	1	2	3	4	5	6	7	HPS0610	MPS0610

7. At home, how many times a day do you normally climb up a flight of stairs (10 steps)?

Number of times each day

a. on a weekday NHSUD0610

b. on a weekend day NHSUE0610

8. Please could you say how much time you spent on average during the last year watching TV or videos or using a computer, **other than for work**?

	<i>please circle one number per line</i>					
	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 or 4 hours a day	More than 4 hours a day
TV or video viewing	NVID0610 0	1	2	3	4	5
Using a computer (during leisure time only)	NCPU0610 0	1	2	3	4	5

These questions are about your **drinking** habits.

9. Have you drunk alcohol in the last year?

No	0 → go to Q12
Yes, but only on special occasions	1 DRA0610
Yes, more often	2

10. In the last 7 days have you had any of the following drinks? *Do not count non-alcoholic drinks.*

a. Spirits or liqueurs (e.g. whisky, gin, brandy)

	DRS0610
No	0 → go to Q10b
Yes	1

If yes, how many measures?

Measures **NDRS0610**

b. Wine, sherry, martini, or port

	DRW0610
No	0 → go to Q10c
Yes	1

If yes, how many glasses?

Glasses **NDRW0610**

c. Beer, lager, cider, or stout

	DRB0610
No	0 → go to Q11a
Yes	1

If yes, how many ½ pints?

½ pints **NDRB0610**

11a. In the last year, have you felt you ought to cut down on your drinking? *Do not include dieting*

	CUDR0610
No	0
Yes	1

b. In the last year, have people ever annoyed you by criticising your drinking?

	ATDR0610
No	0
Yes	1

c. In the last year, have you ever felt bad or guilty about your drinking?

	BDR0610
No	0
Yes	1

d. 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?

	FDR0610
No	0
Yes	1

These next questions are about your **diet**.

12. How many days a week do you usually eat breakfast? (*please circle one*)

	BRKF0610
None	0
One	1
Two	2
Three	3
Four	4
Five	5
Six	6
Seven	7

13. For your **main** meal of the day, how many times during the week do you usually:

a. Eat out in a restaurant or café (including a fast food restaurant)

Number of times **EATC0610**

b. Eat a meal from a take-away restaurant

Number of times **EATW0610**

c. Eat a meal prepared at home

Number of times **EATH0610**

14. When you have your **main** meal at home, do you usually eat it....

	<i>please circle one number per line</i>		
	Usually	Sometimes	Rarely/ Never
sitting at a table? SEATH0610	1	2	3
watching television? WEATH0610	1	2	3
with other members of the family? MEATH0610	1	2	3
with friends? FEATH0610	1	2	3
alone? AEATH0610	1	2	3

15a. Do you get up in the night to get something to eat or drink?
EATN0610

- Every night 1
- Most nights 2
- Sometimes 3
- Occasionally 4
- Never 5

If occasionally or more, what do you usually eat or drink?

.....
.....

b. If you are hungry at home between meals, what do you usually eat?

.....
.....

c. If you are thirsty at home between meals, what do you usually drink?

.....
.....

16. What type of bread do you usually eat?
(please circle the one you have most often)

- White 1
- Brown/Granary 2 **BRD0610**
- Wholemeal 3
- Don't often eat bread 4
- Other 5

If other, please specify type of bread:

.....**BRDO0610**.....
.....

17a. How often do you eat fruit?
(please circle one)

- I rarely or never have fruit 1 → **FRU0610** *go to Q17c*
- I have fruit some days, not every day 2
- I eat fruit everyday or most days 3

b. On the days when you eat fruit, how many portions (e.g. an apple, an orange, some grapes) do you eat?

NFRU0610

- One portion a day 1
- Two portions a day 2
- Three portions a day 3
- Four portions a day 4
- Five or more portions a day 5

c. Is there fruit usually available to eat at home?

FRUH0610

- No 0
- Yes 1

18. What kind of milk do you usually have at home either as a drink or on cereal?
(please circle the one you have most often)

- Do not drink/use milk 1
- Whole milk 2 **MIK0610**
- Semi-skimmed 3
- Skimmed 4
- Soya 5
- Other 6

If other, please specify type of milk:

MIK0610

If you don't use milk at all, please say why not:

.....

21. How many times **per week** do you usually eat, either on their own or in mixed dishes, sandwiches etc:

	<i>please circle one number per line</i>			
	5-7 times	3-4 times	1-2 times	Less often/ Never
red meat (beef, lamb, pork) RMET0610	1	2	3	4
white meat (chicken and turkey) WMET0610	1	2	3	4
processed meat (e.g. sausages – including salami, frankfurters, beefburgers, chicken nuggets) PMET0610	1	2	3	4

22. Do you have a special diet? (e.g. vegetarian, diet for a health condition)

SPET0610

No 0
 Yes 1

If yes, please say what sort of diet

.....SPOET0610.....

23. Are there any foods that you always avoid eating?

NOEAT0610

No 0
 Yes 1

If yes, please say which food or foods:

.....

24. Do you take any dietary supplements? (e.g. vitamin or mineral tablets)

No 0 → go to Q25 DISU0610
 Yes 1

If yes, please specify the names/brands of each supplement in table below and indicate how often you use each one in the table below.

	<i>please circle one number per line</i>		
Name/brand of supplement (<i>please specify</i>)	Daily	Several times a week	Less often
Supplement 1:DSU10610.....	1	2	3 NDSU10610
Supplement 2:DSU20610.....	1	2	3 NDSU20610
Supplement 3:DSU30610.....	1	2	3 NDSU30610
Supplement 4:DSU40610.....	1	2	3 NDSU40610
Supplement 5:DSU50610.....	1	2	3 NDSU50610
Supplement 6:DSU60610.....	1	2	3 NDSU60610
Supplement 7:DSU70610.....	1	2	3 NDSU70610
Supplement 8:DSU80610.....	1	2	3 NDSU80610

DSU90610

DSU100610

NDSU90610

NDSU100610

25. Have you broken a bone since you were 25 years old?

No 0 → go to Q26a **BROKB0610**
 Yes 1

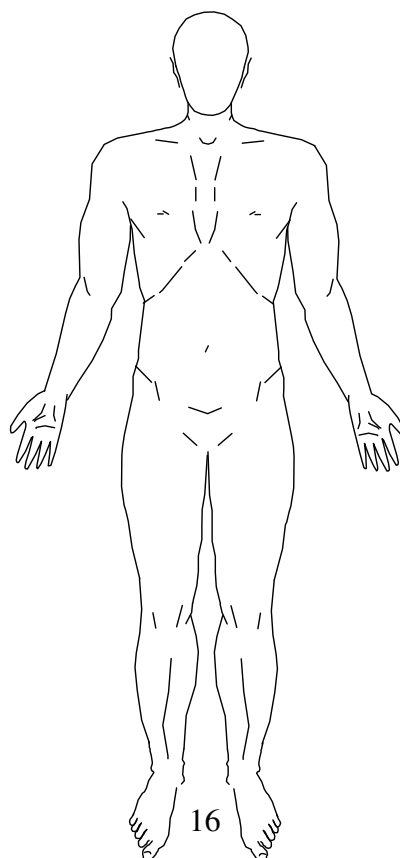
If 'Yes': please fill in details of each injury, starting with the first, in the table below:

	How old were you when you broke the bone? <i>Please give your age in years</i>	Which bone did you break? <i>Please specify in box below and also indicate on the diagram</i>	What caused the bone to break? <i>Please specify in box below</i>
1 st broken bone	<input type="text"/> <input type="text"/> Years	BROKB10610	
2 nd broken bone	<input type="text"/> <input type="text"/> Years	BROKB20610	
3 rd broken bone	<input type="text"/> <input type="text"/> Years	BROKB30610	
4 th broken bone	<input type="text"/> <input type="text"/> Years	BROKB40610	
5 th broken bone	<input type="text"/> <input type="text"/> Years	BROKB50610	

Please put a cross on the figure below (marked 1,2,3,4 or 5) to show where each break occurred.

RIGHT

LEFT



We would like ask you about your **parents**.

26a. Is your natural mother alive?

No 0 **MLIV0610**
Yes 1 → go to Q27a

b. How old was your mother when she died?

Years **MDA0610**

c. What was the date of her death?

Year **MDY0610**

Month **MDM0610**

Day **MDD0610**

d. What was the cause of her death?
If you are not sure, do you know what was on the death certificate?

Please specify cause:

.....
.....

27a. Is your natural father alive?

No 0 **FLIV0610**
Yes 1 → go to Q28a

b. How old was your father when he died?

Years **FDA0610**

c. What was the date of his death?

Year **FDY0610**

Month **FDM0610**

Day **FDD0610**

d. What was the cause of his death?
If you are not sure, do you know what was on the death certificate?

Please specify cause:

.....
.....

These questions are about your **social life** particularly with friends and relatives who do not live at home with you.

28a. Are there any relatives or friends who do not live in your household with whom you have contact at least once a month, either by visit, telephone, email or letters?

FRNDC10610

No 0 → go to Q29a
Yes 1

b. Thinking of all your relatives or friends, how often do you regularly **visit** or are **visited** by these people.

FRNDC0610

Never/almost never 1
Once every few months 2
About once a month 3
About once a week 4
Almost daily 5

c. How many relatives or friends do you see once a month or more?

FRNDR0610

None 1
1-2 2
3-5 3
6-10 4
More than 10 5

29a. Do you think that you have friends, neighbours or relatives who would help you out if a problem or crisis came up?

FRNDH0610

- No one to help 1
- Would sometimes get help 2
- Would often get help 3
- Would always get help 4

b. 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?

FRNDM0610

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

30. The following statements are about neighbourhoods. Please indicate how strongly you agree or disagree with each statement.

Statements	<i>please circle one number per line</i>				
	Strongly Agree	Agree	Neither Agree or Disagree	Disagree	Strongly Disagree
I feel like I belong to this neighbourhood NBHDA0610	1	2	3	4	5
The friendships and associations I have with other people in my neighbourhood mean a lot to me NBHDB0610	1	2	3	4	5
If I needed some advice about something I could go to someone in my neighbourhood NBHDC0610	1	2	3	4	5
I borrow things and exchange favours with my neighbours NBHDD0610	1	2	3	4	5
I would be willing to work together with others on something to improve my neighbourhood NBHDE0610	1	2	3	4	5
I plan to remain a resident of this neighbourhood for a number of years NBHDF0610	1	2	3	4	5
I like to think of myself as similar to the people who live in this neighbourhood NBH DG0610	1	2	3	4	5
I regularly stop and talk with people in my neighbourhood NBH DH0610	1	2	3	4	5

These next questions are about things you have experienced in the **last 12 months**.

31a. Have you developed, or found out that you have, a serious illness or disability in the last 12 months?

ILL0610

No	0
Yes	1

b. Have you had an accident or received an injury that has affected you for a month or more in the last 12 months?

AC0610

No	0
Yes	1

c. Have you been assaulted, robbed or been a victim of attempted robbery in the last 12 months?

ROB0610

No	0
Yes	1

d. Have you lost your job or thought you would soon lose your job in the last 12 months?

LJOB0610

No	0
Yes	1

e. Have you had any other crises or serious disappointments in your work or career in general in the last 12 months?

WKC0610

No	0
Yes	1

f. Have you moved house in the last 12 months?

HOU20610

No	0 → go to Q31h
Yes	1

g. Did you move away from the area where most of your friends lived?

HOUM0610

No	0
Yes	1

h. Has your spouse/partner had a serious accident or illness, or received a serious injury, or been assaulted in the last 12 months?

SPAC0610

No	0
Yes	1
No spouse/partner	2 → go to Q31l

i. Has your spouse/partner lost their job or thought they would soon lose their job in the last 12 months?

SPLJ0610

No	0
Yes	1

j. Has your spouse/partner had any other crises or serious disappointments in their work in the last 12 months?

SPCR0610

No	0
Yes	1

k. Have you had any serious disagreements with your spouse/partner or felt betrayed or disappointed by them in the last 12 months?

DSSP0610

No	0
Yes	1

l. Have you had any serious difficulties with any of your children, because of their health or behaviour or for other reasons in the last 12 months?

CHDF0610

No	0
Yes	1
No children	2

m. Has a friend or relative (other than your spouse/partner or children) or someone you know well had a serious accident or illness or received a serious injury in the last 12 months?

RELIL0610

No	0
Yes	1

n. Has a friend or relative (other than your spouse/partner or children) or someone you know well died in the last 12 months?

RELD0610

No	0
Yes	1

o. Have you fallen out or had a serious disagreement with a friend or relative (other than your spouse/partner or children) or someone you know well or felt betrayed by them in the last 12 months?

REDIS0610

No 0
Yes 1

p. Have you lost contact with a close friend or relative (other than your spouse/partner or children) for any other reason in the last 12 months?

RLOS0610

No 0
Yes 1

q. Have you had any other serious upsets or disappointments in the last 12 months?

UPS0610

No 0
Yes 1

If yes, please specify what they were:

UPS10610

.....
.....
.....
.....
.....
.....
.....
.....

b. Do you provide some regular service or help for any sick, handicapped or elderly person not living with you?

PROV0610

No 0
Yes 1

If yes, please specify who you help:

PROV10610 PROV20610

If you answered 'Yes' to either question a or b, please answer question c.

c. In total, how many hours do you spend each week looking after or helping these people?

PROVH0610

0-4 hours per week 1
5-9 hours per week 2
10-19 hours per week 3
20-34 hours per week 4
35-49 hours per week 5
50-99 hours per week 6
100 or more hours per week/
continuous care 7
Varies under 20 hours 8
Varies 20 hours or more 9
Other (*please specify*) 10

32a. Is there anyone **living with you** who is sick, handicapped or elderly whom you look after or give special help to (for example, a sick, handicapped, or elderly relative/husband/wife/friend, etc)?

AFT0610

No 0
Yes 1

If yes, please specify who you look after or help:

AFT10610

AFT20610

.....
.....

33. The following statements are about **feelings** and **thoughts**. Please circle one number per line that best describes your experience of each statement over the **last 2 weeks**.

Statements	<i>please circle one number per line</i>				
	None of the time	Rarely	Some of the time	Often	All of the time
I've been feeling optimistic about the future WELLBA0610	1	2	3	4	5
I've been feeling useful WELLBB0610	1	2	3	4	5
I've been feeling relaxed WELLBC0610	1	2	3	4	5
I've been feeling interested in other people WELLBD0610	1	2	3	4	5
I've had energy to spare WELLBE0610	1	2	3	4	5
I've been dealing with problems well WELLBF0610	1	2	3	4	5
I've been thinking clearly WELLBG0610	1	2	3	4	5
I've been feeling good about myself WELLBH0610	1	2	3	4	5
I've been feeling close to other people WELLBI0610	1	2	3	4	5
I've been feeling confident WELLBJ0610	1	2	3	4	5
I've been able to make up my own mind about things WELLBK0610	1	2	3	4	5
I've been feeling loved WELLBL0610	1	2	3	4	5
I've been interested in new things WELLBM0610	1	2	3	4	5
I've been feeling cheerful WELLBN0610	1	2	3	4	5

These questions are about hysterectomy operations and HRT use.

34. *Since January 2003* have you had an operation to remove your uterus (womb) and/ or ovaries.

No 0 → *go to Q35* **WOP0610**
 Yes 1

If *yes*, please give dates of all operations. (Circle 0 (no) or 1 (yes) for a-e). 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	
			WOPM10610	WOPY10610	WOPA10610	
a) Removal of uterus (womb) and both ovaries (hysterectomy and bilateral oophorectomy)	0	1 →	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/>	yrs
			WOPM20610	WOPY20610	WOPA20610	
b) Removal of uterus (womb) only (hysterectomy)	0	1 →	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/>	yrs
			WOPM30610	WOPY30610	WOPA30610	
c) Removal of uterus (womb) and one ovary (hysterectomy and oophorectomy)	0	1 →	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/>	yrs
			WOPM40610	WOPY40610	WOPA40610	
d) Removal of both ovaries only (bilateral oophorectomy)	0	1 →	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/>	yrs
			WOPM50610	WOPY50610	WOPA50610	
e) Removal of one ovary only (oophorectomy)	0	1 →	<input type="text"/> <input type="text"/> / <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	or	<input type="text"/> <input type="text"/>	yrs

35. *Since January 2003* have you had hormone replacement therapy (HRT) **HRTY0610**

No 0 → *go to page 24*
 Yes 1

36a. Are you currently on HRT?
 No 0 **HRT0610**
 Yes 1

b. If you are currently on HRT, what is the name of the HRT preparation?

Please specify:

.....

36C. Please indicate (by ticking the boxes) which months you used HRT preparations.
 Please start from January 2003

Jan Feb Mar Apr May June July Aug Sep Oct Nov Dec

2003	H0301 0610	H0302 0610	H0303 0610	H0304 0610	H0305 0610	H0306 0610	H0307 0610	H0308 0610	H0309 0610	H0310 0610	H0311 0610	H0312 0610
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2004	H0401 0610	H0402 0610	H0403 0610	H0404 0610	H0405 0610	H0406 0610	H0407 0610	H0408 0610	H0409 0610	H0410 0610	H0411 0610	H0412 0610
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2005	H0501 0610	H0502 0610	H0503 0610	H0504 0610	H0505 0610	H0506 0610	H0507 0610	H0508 0610	H0509 0610	H0510 0610	H0511 0610	H0512 0610
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2006	H0601 0610	H0602 0610	H0603 0610	H0604 0610	H0605 0610	H0606 0610	H0607 0610	H0608 0610	H0609 0610	H0610 0610	H0611 0610	H0612 0610
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2007	H0701 0610	H0702 0610	H0703 0610	H0704 0610	H0705 0610	H0706 0610	H0707 0610	H0708 0610	H0709 0610	H0710 0610	H0711 0610	H0712 0610
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2008	H0801 0610	H0802 0610	H0803 0610	H0804 0610	H0805 0610	H0806 0610	H0807 0610	H0808 0610	H0809 0610	H0810 0610	H0811 0610	H0812 0610
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2009	H0901 0610	H0902 0610	H0903 0610	H0904 0610	H0905 0610	H0906 0610	H0907 0610	H0908 0610	H0909 0610	H0910 0610	H0911 0610	H0912 0610
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2010	H1001 0610	H1002 0610	H1003 0610	H1004 0610	H1005 0610	H1006 0610	H1007 0610	H1008 0610	H1009 0610	H1010 0610	H1011 0610	H1012 0610
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If you would like to give further details to any questions or make any comments about the questionnaire, please feel free to do so in the space below:

COMP0610

Thank you very much for the time you have spent filling in this questionnaire. Please bring the completed questionnaire with you to the clinic. If you are being visited at home, please give your completed questionnaire to the nurse.