

MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT

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

Postal Questionnaire 2014

Version: 20/08/14

This questionnaire is about your health, wellbeing, lifestyle, circumstances and social life.

When completing the questionnaire please use a pen to circle the appropriate response(s) to each question and provide further details when requested either in the boxes or space provided.

EXAMPLE: How is your health in general?

(Circle one number)

- | | |
|-----------|---|
| Excellent | 1 |
| Very good | 2 |
| Good | 3 |
| Fair | 4 |
| Poor | 5 |

1 → go to Q5

Some questions do not apply to everybody. Where you should skip the 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, an arrow with "go to Q". If there is no arrow, please continue through each question in turn.

Where a question specifies "Since 2006...", please include any relevant information since your 60th birthday.

Please use the space provided at the back of the questionnaire booklet to provide any further information if you wish.

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 5705.

When you have finished filling in the questionnaire please use the pre-paid envelope provided to post it back to us. Thank you very much for your time and co-operation.

Please enter the date you completed the questionnaire:

INTD14 INTM14

		Day			Month	2014
--	--	-----	--	--	-------	------

Office Use Only

Date Received:

Signed in:

Comments:

N.B. In general, variable names ending in ‘_oth’ **record the code(s)** for the other specified reason(s) given, and those ending in ‘_txt’ (or with ‘txt’ in the variable name) **record the full text** written in the box.

Questions 1 to 15 are about **family, home and retirement.**

1. Does your household own or rent your accommodation?
(Circle one number) OWN14

- Own it outright 1
- Being bought with a mortgage or loan 2
- Rent it from the council 3
- Rent it from a relative 4
- Rent it from a private landlord 5
- Rent it from a housing association 6
- Other, (please specify) 7

.....OWN14_oth.....OWN14_txt..... *i.e. OWN14_oth records the reason code;
OWN14_txt records all the text written.*

2. In total, how many cars or vans are owned, or available for use, by members of your household?
Number NCAR14

3. How many people in total live in your household, including yourself? Include those who live in the household but are away e.g. working away or a student.
Number HOU14

4. Do you have a husband/wife or partner living in this household? REL14

- Husband/wife 1
- Partner 2
- Neither 3

5. Since 2006 have you been married, remarried, separated, divorced or widowed?
No 0 → go to Q6a MAR14
Yes 1

If ‘Yes’, please complete

	No	Yes	If ‘Yes’, what year?
Married or remarried	0 MARM14	1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MARY14
Separated / Divorced	0 MARSD14	1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MASY14
Widowed	0 MARW14	1	<input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> <input style="width: 20px; height: 20px; border: 1px solid black;" type="text"/> MADY14

6a. So, are you currently

- Single, that is never married 1 → go to Q6b MARJ14
- Married & living with husband/wife 2
- Married & separated from husband/wife 3
- Divorced 4
- Widowed 5

} → go to Q7

- 6b.** Since 2006, have you lived with a partner for more than a year? **MARP14**
- | | |
|-----|---|
| No | 0 |
| Yes | 1 |
-
- 7.** Have you retired from your *main* occupation, even if you are now doing other paid work?
- | | | |
|-----|----------------|--------------|
| No | 0 → go to Q10a | RET14 |
| Yes | 1 | |
-
- 8.** How old were you when you retired from your *main* occupation?
- | | | |
|-----|---|---------------|
| Age | <input type="text"/> <input type="text"/> Years | RETA14 |
|-----|---|---------------|
-
- 9.** What was the main reason you retired from your *main* occupation?
(Circle one number) *This could be multiple punched*
- | | | |
|---|---|-----------------|
| Usual retirement age for your job | 1 | RETR14_1 |
| Retired with husband/wife/partner | 2 | RETR14_2 |
| Left early with good bonus | 3 | RETR14_3 |
| Made redundant | 4 | RETR14_4 |
| Unhappy with job | 5 | RETR14_5 |
| Health reasons | 6 | RETR14_6 |
| Other reason, (please specify) | 7 | RETR14_7 |
| RETR14_OTH RETR14_txt | | |
-
- 10a.** Are you currently in paid work, including part-time work and self-employment?
- | | | |
|-----|----------------|--------------|
| No | 0 → go to Q11a | JOB14 |
| Yes | 1 | |
- b.** In what year did you start this paid job? **EMPSTR14**
- c.** How many hours a week (to the nearest hour) do you usually work in a paid job, including regular overtime? **WKHW14**
- d.** What are your reasons for working after State Pension Age?
(Circle all that apply)
- | | | |
|---|---|----------------|
| Could not afford to retire earlier | 1 | WKR14_1 |
| Didn't know what to do after stopping work | 2 | WKR14_2 |
| Enjoyed job/working | 3 | WKR14_3 |
| To improve pension/financial position | 4 | WKR14_4 |
| To keep fit and active | 5 | WKR14_5 |
| To retire at the same time as husband/wife/partner | 6 | WKR14_6 |
| Persuaded by employer to stay on | 7 | WKR14_7 |
| Other reason, (please specify) | 8 | WKR14_8 |
| WKR14_OTH WKR14_txt | | |

- 11a.** Are you currently doing any voluntary work? VOLWK14
 No 0 → go to Q12
 Yes 1
- b.** How many hours a week (to the nearest hour) do you usually take part in *voluntary* work?
 Hours WKVHW14

- 12.** Has your husband/wife or partner retired from their *main* occupation, even if they are now doing other paid work? SPRET14
 No 0 → go to Q14
 Yes 1 → go to Q13
 Husband/wife or partner never worked 2 → go to Q15a
 No husband/wife or partner 3 → go to Q15a

- 13.** How old was your husband/wife or partner when they retired from their *main* occupation?
 Age years SPRTA14

- 14.** Is your husband/wife or partner currently in paid work, including part-time work and self-employment? SPJW14
 No 0
 Yes 1

- 15a.** People have very different feelings about getting older. Which of these statements describes your feelings now? OLD14
 Getting older does not bother me at all 1
 Getting older bothers me a little 2
 Getting older bothers me a lot 3
- b.** There are things I like about getting older: OLDL14
 Yes, many things 1
 Yes, a few things 2
 No, nothing at all 3

If yes, please specify the main things you like...OLDLR114, OLDDR214, OLDDR314
OLDLR114_txt OLDDR214_txt OLDDR314_txt

- c.** There are things I dislike about getting older: OLDD14
 Yes, many things 1
 Yes, a few things 2
 No, nothing at all 3

If yes, please specify the main things you dislike.....
 *OLDDR114, OLDDR214, OLDDR314*
OLDDR114_txt OLDDR214_txt OLDDR314_txt

Questions 16 to 37 are about your **health**. Some are about your *current* health and some about your health *since 2006*.

16. How is your health in general?

(Circle one number)

GHI14

Excellent	1
Very good	2
Good	3
Fair	4
Poor	5

17. Do you have any longstanding illness or health problem? (By longstanding we mean illnesses or health problems which have lasted, or are expected to last, for 6 months or more)

DISA14

No	0
Yes	1

18. For at least the past 6 months, to what extent have you been limited because of a health problem in activities people usually do?

Would you say you have been ...

(Circle one number)

LIMH14

Severely limited	1
Limited but not severely	2
Not limited at all	3

19a. Do you usually cough first thing in the morning in the winter?

WIC14

No	0
Yes	1

b. Do you usually cough during the day or night in winter?

WID14

No	0
Yes	1

If you answered 'Yes' to either Q19a or Q19b, go to Q19c

If you answered 'No' to both Q19a and Q19b, go to Q20a

c. Do you cough like this on most days for as much as 3 months each year?

WIM14

No	0
Yes	1

20a. Do you usually bring up any phlegm (spit from the chest) first thing in the morning in winter?

PHL14

No	0
Yes	1

b. Do you usually bring up any phlegm during the day or at night in winter?

PHLD14

No	0
Yes	1

If you answered 'Yes' to either Q20a or Q20b, go to Q20c

If you answered 'No' to both Q20a and Q20b, go to Q21

c. Do you bring up phlegm on most days for as much as 3 months each year?

PHLM14

No	0
Yes	1

21. In the *past 3 years*, have you had a period of cough and phlegm lasting for 3 weeks or more?

COPH14

No	0
Yes	1

22a. Does your chest ever sound wheezy or whistling?

WZY14

No	0 → go to Q23a
Yes	1

b. Do you get this most days or nights?

WZYD14

No	0
Yes	1

23a. During the *past 3 years* have you had any chest illness, for example, bronchitis or pneumonia, which has kept you off work or indoors for a week or more?

BRONC14

No	0 → go to Q24a
Yes	1

23b. How many illnesses like this have you had in the *last 3 years*?

BRONN14

One 1
More than one 2

c. Did you consult a doctor about this during the *last 3 years*? **BROND14**

No 0
Yes 1

24a. Since 2006 have you been told by a doctor that you have **angina**?

DANG14

No 0 → go to Q25a
Yes 1

b. When were you told that you had angina? **DANGM14 DANGY14**

Month Year 2 0

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

Age Years
DANGA14

25a. Since 2006 have you been told by a doctor that you have had a **heart attack (myocardial infarct/coronary thrombosis)**? **DHARA14**

No 0 → go to Q26a
Yes 1

b. How many heart attacks have you had since 2006? **DHARAN14**

Number of attacks

c. What was the date of the first of these heart attacks?

Month Year 2 0

DHARAM14 DHARAY14

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

Age years
DHARAA14

26a. Have you ever been told by a doctor that you have **heart failure**? **HARF14**

No 0 → go to Q27a
Yes 1

b. When were you first told that you had heart failure?

Month Year

HARFM14 HARFY14

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

Age years
HARFA14

27a. Since 2006 have you been told by a doctor that you have **blood pressure problems**? **DBPP14**

No 0 → go to Q28a
Yes 1

b. What blood pressure problems have you had since 2006?

Hypertension/high blood pressure **DBPP114**
Low blood pressure 2 **DBPP214**
Other (please specify) 3 **DBPP314**
DBPPTO14 DBPPTO14.txt

28a. Since 2006 have you been told by a doctor that you have had a **stroke**?

No 0 → go to Q29a **DSTR14**
Yes 1

b. How many strokes have you had since 2006?

Number of strokes **DSTRN14**

c. What was the date of the first of these strokes?

Month Year 2 0

DSTRM14 DSTRY14

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

Age years
DSTRA14

29a. Since 2006 have you been told by a doctor that you have **diabetes**?

No 0 → go to Q30a

Yes 1 **DIAB14**

b. When were you told that you had diabetes?

Month Year 2 0

DIABM14

DIABY14

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

Age

Years

DIABA14

c. What type of diabetes do you have?

DIABTY14 Type 1 diabetes 1

Type 2 diabetes 2

d. Is your diabetes controlled by (*Circle all that apply*)

Diet 1 **DIABD14**

Tablets 2 **DIABT14**

Insulin injections 3 **DIABI14**

e. Do you have any complications of diabetes affecting any of the following: (*Circle all that apply*)

Feet 1 **DIABCF14**

Nerves 2 **DIABCN14**

Kidneys 3 **DIABCK14**

Eyes 4 **DIABCE14**

These next questions concern any test(s) or treatment(s) you may have had in hospital for **chest pain** or **heart disease** since 2006.

If you answer 'Yes' to a question please fill in the requested details.

30a. Since 2006 have you had an exercise/stress ECG heart tracing whilst walking or running on a treadmill? **ECG14**

No 0 → go to Q31a

Yes 1

b. Hospital name/town:

ECGHNtxt14

c. Name of consultant:

ECGCNtxt14

d. Were you an NHS or private patient?

NHS 1 **ECGNH14**

Private 2

Overseas 3

e. Date of test:

Month Year 2 0

ECGM14

ECGY14

f. What was the result of the test?

Abnormal 1

Normal 2

ECGR14

31a. Since 2006 have you had an angiogram or X-ray of your coronary arteries (a dye test of the arteries)?

No 0 → go to Q32a

Yes 1 **ANGR14**

b. Hospital name/town:

ANGRHNtxt14

c. Name of consultant:

ANGRCNtxt14

d. Name of ward:

ANGRWNtxt14

e. Were you an NHS or private patient?

NHS 1 **ANGMH14**

Private 2

Overseas 3

f. Date of test:

Month Year 2 0

ANGRM14

ANGRY14

g. What was the result of the test?

Abnormal 1

Normal **ANGRES14**

2

32a. Since 2006 have you had angioplasty of coronary arteries (balloon treatment for angina) or insertion of a stent?

ANPL14

No 0 → go to Q33a
Yes 1

b. Hospital name/town:

ANPLHNtxt14

c. Name of consultant:

ANPLCNtxt14

d. Name of ward:

ANPLWNtxt14

e. Were you an NHS or private patient?

NHS 1 ANPHN14
Private 2
Overseas 3

f. Date of admission to hospital:

Month Year 2 0

ANPLM14 ANPLY14

g. Length of stay in hospital:

Number of days ANPLD14

33a. Since 2006 have you had a coronary artery bypass graft (CABG) operation?

CABG14

No 0 → go to Q34a
Yes 1

b. Hospital name/town:

CABGHNtxt14

c. Name of consultant:

CABGCNtxt14

d. Name of ward:

CABGWNtxt14

e. Were you an NHS or private patient?

NHS 1 CABNH14
Private 2
Overseas 3

f. Date of admission to hospital:

Month Year 2 0

CABGM14 CABGY14

g. Length of stay in hospital:

Number of days

CABGD14

34a. Since 2006 have you had an admission to hospital with chest pain, angina or heart attack?

HCHP14

No 0 → go to Q35
Yes 1

b. What was the diagnosis?

HCHPTY14

Angina 0
Heart attack 1
Other, (please specify) 2

HCHPTY114, HCHPTY214

HCHPTY114_txt HCHPTY214_txt

c. Hospital name/town:

HCHPHNtxt14

d. Name of consultant:

HCHPCNtxt14

e. Name of ward:

HCHPWNtxt14

f. Were you an NHS or private patient?

HCPNH14

NHS 1
Private 2
Overseas 3

g. Date of admission to hospital:

Month Year 2 0

HCHPM14 HCHPY14

h. Length of stay in hospital:

Number of days

HCHPD14

35. In the last 12 months how many times have you consulted your GP (or other health professionals at the practice) about a health problem? (excluding routine visits for screening tests).

0	0	} → go to Q36	GPCONS14
1 to 5	1		
6 to 10	2		
11 to 15	3		
16 or more times	4		

If none, when was the last time you visited the GP?

Within the last 2 years	1	GPVISIT14
3 to 5 years ago	2	
More than 5 years ago	3	

36. The following statements are about **health checks** that you may have had recently. Please circle one number in each row to indicate whether or not you have had each of the following.

	No	Yes	Don't know
a. Blood pressure measurement <i>within the past 5 years</i> HLCHK14_a	0	1	2
b. Cholesterol measurement <i>within the past 5 years</i> HLCHK14_b	0	1	2
c. Eyesight check-up <i>within the past 2 years</i> HLCHK14_c	0	1	2
d. Dental check-up <i>within the past year</i> HLCHK14_d	0	1	2
e. Immunisation against influenza ("flu jab") <i>within the past year</i> HLCHK14_e	0	1	2
f. Colon cancer screen (stools test) <i>within the past 2 years</i> HLCHK14_f	0	1	2
For women only:			
g. Mammogram <i>within the past 3 years</i> HLCHK14_g	0	1	2

37. For those health checks listed above that you have *not* had during the period specified, which of the following kept you from having them?

(Circle all that apply)

My GP never recommended it	1	HLCHKR14_1
I have no need to, I have no relevant health problems	2	HLCHKR14_2
Financial reasons/cost	3	HLCHKR14_3
I don't have the time/ didn't get around to it	4	HLCHKR14_4
I don't think it is important	5	HLCHKR14_5
I've never thought about it	6	HLCHKR14_6
I had already had these checks earlier (i.e. before the period specified)	7	HLCHKR14_7
Other, (please specify)	8	HLCHKR14_8

HLCHKR14_oth1, HLCHKR14_oth2

HLCHKR_oth1_txt HLCHKR_oth2_txt

Questions 38 and 39 are about other **hospital admissions**. Please do not repeat information provided in questions 30 – 34.

38. Since 2006 have you been admitted to hospital as an **in-patient** (that is you spent at least one night in hospital) for any other reason **not** already mentioned in questions 30 to 34

No 0 → go to Q39 **HOAD14**

Yes 1 **HOADN14**

If 'Yes', how many admissions did you have?

Please fill in details of the first seven hospital admissions in the table below, starting from the earliest admission. Please use one column for each hospital admission and fill in the details requested in the boxes provided.

	1 st admission	2 nd admission	3 rd admission
Hospital Name/Town:	..... HO1HNtxt14 .....	..... HO2HNtxt14 .....	..... HO3HNtxt14
Name of Consultant:	..... HO1CNtxt14 .....	..... HO2CNtxt14 .....	..... HO3CNtxt14
Name of Ward:	..... HO1WNtxt14 .....	..... HO2WNtxt14 .....	..... HO3WNtxt14
Were you an NHS or private patient?	NHS 1 Private 2 Overseas 3HO1NH14	NHS 1 Private 2 Overseas 3HO2NH14	NHS 1 Private 2 Overseas 3HO3NH14
Date of admission	Month HO1MT14 <input type="text"/> <input type="text"/> HO1YR14 Year <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	Month HO2MT14 <input type="text"/> <input type="text"/> HO2YR14 Year <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>	Month HO3MT14 <input type="text"/> <input type="text"/> HO3YR14 Year <input type="text"/> 2 <input type="text"/> 0 <input type="text"/> <input type="text"/>
How many days did you stay in hospital?	Number of days <input type="text"/> <input type="text"/> HO1L14	Number of days <input type="text"/> <input type="text"/> HO2L14	Number of days <input type="text"/> <input type="text"/> HO3L14
Why were you admitted to hospital? <i>Please specify the reason you were admitted and the diagnosis you were given.</i>	HOAD1114 HOAD1114_txt HOAD1214 HOAD1214_txt HOAD1314 HOAD1314_txt HOAD1414 HOAD1414_txt	HOAD2114 HOAD2114_txt HOAD2214 HOAD2214_txt HOAD2314 HOAD2314_txt HOAD2414 HOAD2414_txt	HOAD3114 HOAD3114_txt HOAD3214 HOAD3214_txt HOAD3314 HOAD3314_txt HOAD3414 HOAD3414_txt
Was this problem the result of an injury? <i>If 'Yes', please specify cause of injury</i>	No 0 Yes 1 HO1R14 HO1C14 HO1C14_txt	No 0 Yes 1 HO2R14 HO2C14 HO2C14_txt	No 0 Yes 1 HO3R14 HO3C14 HO3C14_txt
What treatment(s) did you have? <i>Please specify all operations or treatments that you had during your stay in hospital.</i>	HOTR1114 HOTR1114_txt HOTR1214 HOTR1214_txt HOTR1314 HOTR1314_txt	HOTR2114 HOTR2114_txt HOTR2214 HOTR2214_txt HOTR2314 HOTR2314_txt	HOTR3114 HOTR3114_txt HOTR3214 HOTR3214_txt HOTR3314 HOTR3314_txt

4 th admission		5 th admission		6 th admission		7 th admission	
HO4HNtxt14		HO5HNtxt14		HO6HNtxt14		HO7HNtxt14	
HO4CNtxt14		HO5CNtxt14		HO6CNtxt14		HO7CNtxt14	
HO4WNtxt14		HO5WNtxt14		HO6WNtxt14		HO7WNtxt14	
NHS	1	NHS	1	NHS	1	NHS	1
Private	2	Private	2	Private	2	Private	2
Overseas	3 HO4NH14	Overseas	3 HO5NH14	Overseas	3 HO6NH14	Overseas	3 HO7NH14
Month HO4MT14	<input type="text"/>	Month HO5MT14	<input type="text"/>	Month HO6MT14	<input type="text"/>	Month HO7MT14	<input type="text"/>
HO4YR14	<input type="text"/>	HO5YR14	<input type="text"/>	HO6YR14	<input type="text"/>	HO7YR14	<input type="text"/>
Year	2 0 <input type="text"/>	Year	2 0 <input type="text"/>	Year	2 0 <input type="text"/>	Year	2 0 <input type="text"/>
Number of days HO4L14	<input type="text"/>	Number of days HO5L14	<input type="text"/>	Number of days HO6L14	<input type="text"/>	Number of days HO7L14	<input type="text"/>
HOAD4114 HOAD4114_txt HOAD4214 HOAD4214_txt HOAD4314 HOAD4314_txt HOAD4414 HOAD4414_txt	HOAD5114 HOAD5114_txt HOAD5214 HOAD5214_txt HOAD5314 HOAD5314_txt HOAD5414 HOAD5414_txt	HOAD6114 HOAD6114_txt HOAD6214 HOAD6214_txt HOAD6314 HOAD6314_txt HOAD6414 HOAD6414_txt	HOAD7114 HOAD7114_txt HOAD7214 HOAD7214_txt HOAD7314 HOAD7314_txt HOAD7414 HOAD7414_txt				
No	0	No	0	No	0	No	0
Yes	1 HO4R14	Yes	1 HO5R14	Yes	1 HO6R14	Yes	1 HO7R14
HO4C14 HO4C14_txt	HO5C14 HO5C14_txt	HO6C14 HO6C14_txt	HO7C14 HO7C14_txt				
HOTR4114 HOTR4114_txt HOTR4214 HOTR4214_txt HOTR4314 HOTR4314_txt	HOTR5114 HOTR5114_txt HOTR5214 HOTR5214_txt HOTR5314 HOTR5314_txt	HOTR6114 HOTR6114_txt HOTR6214 HOTR6214_txt HOTR6314 HOTR6314_txt	HOTR7114 HOTR7114_txt HOTR7214 HOTR7214_txt HOTR7314 HOTR7314_txt				

39. Since 2006, have you been to hospital for treatment or surgery and then come home again on the **same day** (that is you did not spend a night in hospital)?

No 0 → go to Q40 OP14

Yes 1

If 'Yes', please fill in details of the first seven in the table below. Please use one column for each illness or condition (even if you visited the hospital more than once for treatment for the same problem).

	1 st illness/condition	2 nd illness/condition	3 rd illness/condition
Why did you go to hospital? <i>Please specify the reason and the diagnosis you were given.</i>	OP1AD114 OP1AD114_txt OP1AD214 OP1AD214_txt OP1AD314 OP1AD314_txt	OP2AD114 OP2AD114_txt OP2AD214 OP2AD214_txt OP2AD314 OP2AD314_txt	OP3AD114 OP3AD114_txt OP3AD214 OP3AD214_txt OP3AD314 OP3AD314_txt
Was this problem the result of an injury? <i>If 'Yes', please specify cause of injury</i>	No 0 Yes 1 OP1R14 OP1RC14 OP1RC14_txt	No 0 Yes 1 OP2R14 OP2RC14 OP2RC14_txt	No 0 Yes 1 OP3R14 OP3RC14 O3RC14_txt
Hospital Name/Town: Name of Consultant: Name of Ward:	..... OP1HNtxt14 OP1CNtxt14 OP1WNtxt14 .....	..... OP2HNtxt14 OP2CNtxt14 OP2WNtxt14 .....	..... OP3HNtxt14 OP3CNtxt14 OP3WNtxt14
Were you an NHS or private patient?	NHS 1 Private 2 Overseas 3 OP1NH14	NHS 1 Private 2 Overseas 3 OP2NH14	NHS 1 Private 2 Overseas 3 OP3NH14
Date of beginning of treatment:	Month OP1MT14 [][] OP1Y14 [2][0][][] Year [2][0][][]	Month OP2MT14 [][] OP2Y14 [2][0][][] Year [2][0][][]	Month OP3MT14 [][] OP3Y14 [2][0][][] Year [2][0][][]
How many times did you visit the hospital for treatment for this illness/condition?	Number of visits [][] OP1N14	Number of visits [][] OP2N14	Number of visits [][] OP3N14
What treatment(s) did you have? <i>Please specify all operations or treatments that you had</i>	OP1TR114 OP1TR114_txt OP1TR214 OP1TR214_txt OP1TR314 OP1TR314_txt	OP2TR114 OP2TR114_txt OP2TR214 OP2TR214_txt OP2TR314 OP2TR314_txt	OP3TR114 OP3TR114_txt OP3TR214 OP3TR214_txt OP3TR314 OP3TR314_txt

4 th illness/condition	5 th illness/condition	6 th illness/condition	7 th illness/condition
<p>.....</p> <p>OP4HNtxt14</p> <p>.....</p> <p>OP4CNtxt14</p> <p>.....</p> <p>OP4WNtxt14</p> <p>.....</p>	<p>.....</p> <p>OP5HNtxt14</p> <p>.....</p> <p>OP5CNtxt14</p> <p>.....</p> <p>OP5WNtxt14</p> <p>.....</p>	<p>.....</p> <p>OP6HNtxt14</p> <p>.....</p> <p>OP6CNtxt14</p> <p>.....</p> <p>OP6WNtxt14</p> <p>.....</p>	<p>.....</p> <p>OP7HNtxt14</p> <p>.....</p> <p>OP7CNtxt14</p> <p>.....</p> <p>OP7WNtxt14</p> <p>.....</p>
<p>NHS 1</p> <p>Private 2</p> <p>Overseas 3_{OP4NH14}</p>	<p>NHS 1</p> <p>Private 2</p> <p>Overseas 3_{OP5NH14}</p>	<p>NHS 1</p> <p>Private 2</p> <p>Overseas 3_{OP6NH14}</p>	<p>NHS 1</p> <p>Private 2</p> <p>Overseas 3_{OP7NH14}</p>
<p>Month <input type="text"/> <input type="text"/></p> <p>OP4MT14</p> <p>OP4Y14 2 0 <input type="text"/> <input type="text"/></p> <p>Year</p>	<p>Month <input type="text"/> <input type="text"/></p> <p>OP5MT14</p> <p>OP5Y14 2 0 <input type="text"/> <input type="text"/></p> <p>Year</p>	<p>Month <input type="text"/> <input type="text"/></p> <p>OP6MT14</p> <p>OP6Y14 2 0 <input type="text"/> <input type="text"/></p> <p>Year</p>	<p>Month <input type="text"/> <input type="text"/></p> <p>OP7MT14</p> <p>OP7Y14 2 0 <input type="text"/> <input type="text"/></p> <p>Year</p>
<p>Number of visits <input type="text"/> <input type="text"/></p> <p>OP4N14</p>	<p>Number of visits <input type="text"/> <input type="text"/></p> <p>OP5N14</p>	<p>Number of visits <input type="text"/> <input type="text"/></p> <p>OP6N14</p>	<p>Number of visits <input type="text"/> <input type="text"/></p> <p>OP7N14</p>
<p>OP1N14</p> <p>OP4AD114 OP4AD114_txt</p> <p>OP4AD214 OP4AD214_txt</p> <p>OP4AD314 OP4AD314_txt</p>	<p>OP1N14</p> <p>OP5AD114 OP5AD114_txt</p> <p>OP5AD214 OP5AD214_txt</p> <p>OP5AD314 OP5AD314_txt</p>	<p>OP1N14</p> <p>OP6AD114 OP6AD114_txt</p> <p>OP6AD214 OP6AD214_txt</p> <p>OP6AD314 OP6AD314_txt</p>	<p>OP1N14</p> <p>OP7AD114 OP7AD114_txt</p> <p>OP7AD214 OP7AD214_txt</p> <p>OP7AD314 OP7AD314_txt</p>
<p>No 0</p> <p>Yes 1</p> <p> OP4R14</p> <p>.....</p> <p>OP4RC14 OP4RC14_txt</p> <p>.....</p>	<p>No 0</p> <p>Yes 1</p> <p> OP5R14</p> <p>.....</p> <p>OP5RC14 OP5RC14_txt</p> <p>.....</p>	<p>No 0</p> <p>Yes 1</p> <p> OP6R14</p> <p>.....</p> <p>OP6RC14 OP6RC14_txt</p> <p>.....</p>	<p>No 0</p> <p>Yes 1</p> <p> OP7R14</p> <p>.....</p> <p>OP7RC14 OP7RC14_txt</p> <p>.....</p>
<p>OP4TR114 OP4TR114_txt</p> <p>OP4TR214 OP4TR214_txt</p> <p>OP4TR314 OP4TR314_txt</p>	<p>OP5TR114 OP5TR114_txt</p> <p>OP5TR214 OP5TR214_txt</p> <p>OP5TR314 OP5TR314_txt</p>	<p>OP6TR114 OP6TR114_txt</p> <p>OP6TR214 OP6TR214_txt</p> <p>OP6TR314 OP6TR314_txt</p>	<p>OP7TR114 OP7TR114_txt</p> <p>OP7TR214 OP7TR214_txt</p> <p>OP7TR314 OP7TR314_txt</p>

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

	None of the time	Rarely	Some of the time	Often	All of the time
a. I've been feeling optimistic about the future WELLBA14	1	2	3	4	5
b. I've been feeling useful WELLBB14	1	2	3	4	5
c. I've been feeling relaxed WELLBC14	1	2	3	4	5
d. I've been feeling interested in other people WELLBD14	1	2	3	4	5
e. I've had energy to spare WELLBE14	1	2	3	4	5
f. I've been dealing with problems well WELLBF14	1	2	3	4	5
g. I've been thinking clearly WELLBG14	1	2	3	4	5
h. I've been feeling good about myself WELLBH14	1	2	3	4	5
i. I've been feeling close to other people WELLBI14	1	2	3	4	5
j. I've been feeling confident WELLBJ14	1	2	3	4	5
k. I've been able to make up my own mind about things WELLBK14	1	2	3	4	5
l. I've been feeling loved WELLBL14	1	2	3	4	5
m. I've been interested in new things WELLBM14	1	2	3	4	5
n. I've been feeling cheerful WELLBN14	1	2	3	4	5

Questions 41 to 45 are about other **common health-related problems** that many people report as they get older.

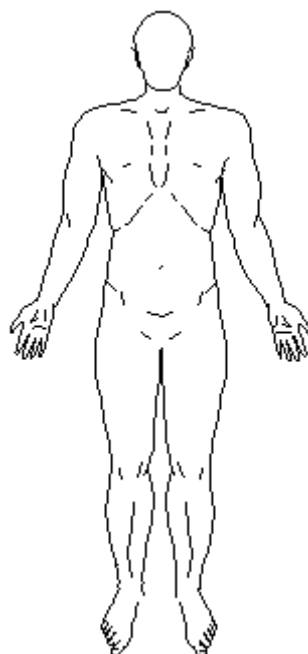
41. Since 2006 have you broken a bone?

No 0 → go to Q42a **BROKB14**
 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 bone	<input type="text"/> <input type="text"/> Years BROKB114	BROKBB114	BROKC114
2 nd bone	<input type="text"/> <input type="text"/> Years BROKB214	BROKBB214	BROKC214
3 rd bone	<input type="text"/> <input type="text"/> Years BROKB314	BROKBB314	BROKC314
4 th bone	<input type="text"/> <input type="text"/> Years BROKB414	BROKBB414	BROKC414
5 th bone	<input type="text"/> <input type="text"/> Years BROKB514	BROKBB514	BROKC514

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



RIGHT

LEFT

42a. 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 floor or ground or lower level? **FALLEN14**

No 0 → go to Q42b

Yes 1

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

FALLN14

On how many of these occasions have you injured yourself badly enough to seek medical attention?

DFALLN14

b. In the past *12 months* did you worry about falling down? **FALLW14**

No 0 → go to Q43a

Yes 1

If 'Yes', did this worry ever limit your activities? **FALLWL14**

No 0

Yes a little 1

Yes a lot 2

43a. In the *last month*, have you had any ache or pain which has lasted for *one day or longer*? (Please do not include pain occurring only during the course of a feverish illness such as flu) **PAIN14**

- No 0 → go to Q44a
- Yes 1

b. If 'Yes', have you been aware of this pain for more than 3 months?

- No 0 **PAINL14**
- Yes 1

c. In the *last month*, on average, how would you rate your pain on a scale from 0 to 10 where 0 is no pain and 10 is pain as bad as it could be? Please circle **one** number. (That is, your usual pain at times when you were in pain)

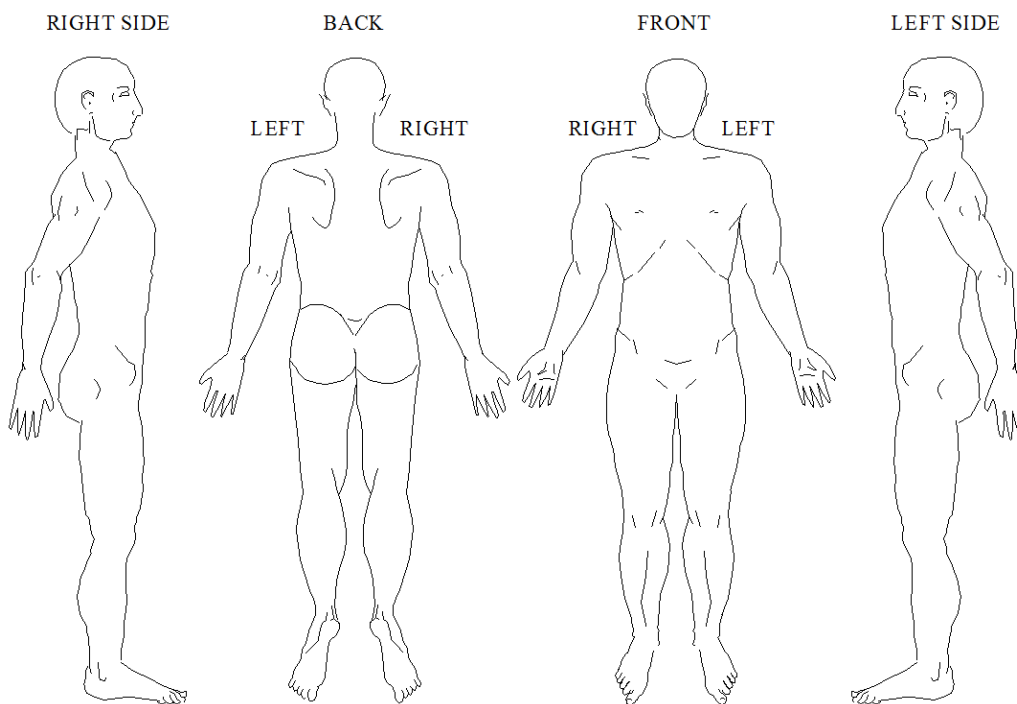
- 0 1 2 3 4 5 6 7 8 9 10 **PAINR14**
- no pain worst possible pain

d. In the *last month*, has pain ever limited your activities? **PAINLM14**

- No 0
- Yes a little 1
- Yes a lot 2

e. Below you will find four diagrams of the body.

Please **shade** in all the places where you have felt or feel the aches and pains.



PAINDR114
PAINDR214
PAINDR314
PAINDR414

PAINDB114
PAINDB214
PAINDB314
PAINDB414

PAINDF114
PAINDF214
PAINDF314
PAINDF414

PAINDL114
PAINDL214
PAINDL314
PAINDL414

44a. How often do you leak urine? *(Circle one number)*

- LEAK14** Never 0 → go to Q45
- About once a week or less often 1
- Two or three times a week 2
- About once a day 3
- Several times a day 4
- All the time 5

b. How much urine do you usually leak (whether you wear protection or not)? *(Circle one number)*

- A small amount 1
- LEAKAM14** A moderate amount 2
- A large amount 3

c. Overall, how much does leaking urine interfere with your everyday life? Please circle **one** number between 0 (not at all) and 10 (a great deal)

- LEAKIN14**
- 0 1 2 3 4 5 6 7 8 9 10
- not at all a great deal

d. When does urine leak? *(Circle all that apply)*

- LEAKWA14** Before you can get to the toilet 1
- LEAKWB14** When you cough or sneeze 2
- LEAKWC14** When you are asleep 3
- LEAKWD14** When you are physically active/exercising 4
- LEAKWE14** When you have finished urinating and are dressed 5
- LEAKWF14** For no obvious reason 6
- LEAKWG14** All the time 7

45. The following question asks you to indicate the level of **physical** and **mental** fatigue (i.e. tiredness, exhaustion) you expect or imagine you would feel when completing each of the ten listed activities.

For each activity (a-j) please circle responses for both physical **and** mental fatigue between 0 and 5, where 0 equals no fatigue at all and 5 equals extreme fatigue.

In the third column please indicate if you have done the activity in the past month. If you answer 'No', please make your best guess for the fatigue questions (see example 2 below). **Please fill out all three columns for every activity.** Please also pay careful attention to the duration (e.g. 30 minutes) and intensity (e.g. moderate, brisk) of each activity.

	Physical Fatigue					Mental Fatigue					Have you done this activity in the past month?			
	No Fatigue				Extreme Fatigue	No Fatigue				Extreme Fatigue	Yes	No		
	0	←		→	5	0	←		→	5				
Example Activity 1	0	1	2	3	4	5	0	1	2	3	4	5	1	0
Example Activity 2	0	1	2	3	4	5	0	1	2	3	4	5	1	0
a. Leisurely walk for 30 minutes	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATA14					MFATA14					FATA14			
b. Brisk or fast walk for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATB14					MFATB14					FATB14			
c. Light household activity for 1 hour (cleaning, cooking, dusting, baking, making beds, watering plants)	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATC14					MFATC14					FATC14			
d. Heavy gardening or outdoor work for 1 hour (mowing [push], raking, weeding, planting)	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATD14					MFATD14					FATD14			
e. Watching TV for 2 hours	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATE14					MFATE14					FATE14			
f. Sitting quietly for 1 hour	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATF14					MFATF14					FATF14			
g. Moderate- to high-intensity strength training for 30 minutes (hand-held weights or machines greater than 5 lbs., push-ups)	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATG14					MFATG14					FATG14			
h. Participating in a social activity for 1 hour (party, dinner, gathering with family/friends, playing cards, bridge)	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATH14					MFATH14					FATH14			
i. Hosting a social event for 1 hour (not including preparation time)	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATI14					MFATI14					FATI14			
j. High intensity activity for 30 minutes (jogging, hiking, biking, swimming, racquet sports, aerobic machines, dancing, Zumba)	0	1	2	3	4	5	0	1	2	3	4	5	1	0
	PFATJ14					MFATJ14					FATJ14			

Questions 46 to 62 are about different aspects of your **lifestyle**.

The first set of questions are about your **smoking habits**.

46a. Do you smoke **cigarettes** at all nowadays? **SMO14**

- No 0 → go to Q47a
- Yes 1

b. How many cigarettes **a day** do you usually smoke? *If you smoke roll-ups, please give the equivalent number of cigarettes. Please do not include electronic cigarettes*

Number of cigarettes → go to Q48

SMOD14

47a. Have you **ever** smoked cigarettes regularly, by which we mean at least one cigarette a day for *12 months or more*?

- No 0 → go to Q48
- Yes **SMOR14** 1

b. How long ago did you give up smoking?
(Fill in number of weeks or months or years in box below)

- OR **WSMU14** weeks ago
- OR **MSMU14** months ago
- OR **YSMU14** years ago

The next set of questions are about your **drinking habits**.

48. In the last year, how often have you had an alcoholic drink?

- Never 0 → go to Q50a
- Only on special occasions 1
- Monthly or less 2 **DRA14**
- 2 to 4 times per month 3
- 2 to 3 times per week 4
- 4 or more times per week 5

49. 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) **DRS14**

- No 0 → go to Q49b
- Yes 1

If 'Yes', how many measures? **NDRS14** measures

b. Wine, sherry, martini, or port **DRW14**

- No 0 → go to Q49c
- Yes 1

If 'Yes', how many glasses? **NDRW14** Glasses

c. Beer, lager, cider, or stout **DRB14**

No

0 → go to Q50a

Yes

1

If 'Yes', how many ½ pints?

NDRB14

½ Pints

The next set of questions are about your **eating habits**.

50a. Are you on any special diet at the moment?

SPET14

No

0 → go to Q51

Yes

1

b. If 'Yes', is your diet: (*Circle all that apply*)

Low salt/salt free

1

SPETLS14

Low fat

2

SPETLF14

High fibre/high residue

3

SPETHF14

Low protein

4

SPETLP14

Diabetic

5

SPETDI14

Weight reduction

6

SPETWR14

Gluten free

7

SPETGF14

Vegetarian

8

SPETVE14

Vegan

9

SPETVG14Other, (*please specify*)

10

SPETO14**SPETO114_txt SPETO214_txt SPETO314_txt**

c. Was it recommended by a doctor?

SPETDR14

No

0

Yes

1

51. How many days a week do you usually eat breakfast?

BRKF14

Days

52. What kind(s) of milk do you usually have at home either in drinks or on cereal?

(Circle all that apply)

Do not drink/use milk

1

MILKA14

Whole milk

2

MILKB14

Semi-skimmed

3

MILKC14

Skimmed

4

MILKD14Other, (*please specify*)

5

MILKE14**MILKO114_txt MILKO214_txt MILKO314_txt**

53. What type(s) of bread do you usually eat? (*Circle all that apply*)

- | | | |
|----------------------------------|---|----------------|
| White | 1 | BRDWH14 |
| Brown | 2 | BRDBR14 |
| Granary | 3 | BRDGR14 |
| Wholemeal | 4 | BRDWM14 |
| Don't often eat bread | 5 | BRDNO14 |
| Other, (<i>please specify</i>) | 6 | BRDOT14 |
- **BRDO114_txt** **BRDO214_txt** **BRDO314_txt**

54a. How often do you eat fruit?

- | | | |
|--------------------------|---|--------------|
| Rarely or never | 1 | FRU14 |
| Sometimes, not every day | 2 | |
| Every day 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?

NFRU14 portions

55a. How often do you eat vegetables (fresh, frozen or canned) not including potatoes?

- | | | |
|--------------------------|---|--------------|
| Rarely or never | 1 | VEG14 |
| Sometimes, not every day | 2 | |
| Every day or most days | 3 | |

b. On the days when you eat vegetables, how many portions (i.e. 3 heaped tablespoons) do you eat? (Please do not include potatoes)

NVEG14 portions

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

56a. 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, conditioning exercises, floor-based exercises, dancing, hill-walking or jogging?

- | | | |
|-----|----------------|----------------|
| No | WEXER14 | 0 → go to Q57a |
| Yes | | 1 |

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

Number **WEXEN14**

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

Number **WEXES14**

The following questions relate to your usual **sleep habits** during the *past month*. Your answers should indicate the most accurate reply for the majority of days and nights in the past month only. Please answer all questions.

57a. During the *past month*, what time have you usually gone to bed at night?

Bed time: : AM/PM

BEDTIMH14 BEDTIMM14 BEDTIMAP14

b. During the *past month*, how long (in minutes) has it usually taken you to fall asleep each night?

Number of minutes: **FALLSL14**

c. During the *past month*, what time have you usually got up in the morning?

Getting up time: : AM/PM

GETUPH14 GETUPM14 GETUPAP14

d. During the *past month*, how many hours of actual sleep did you get at night? (This may be different than the number of hours you spent in bed)

Hours of sleep per night: **HRSSLE14**

58. During the *past month*, how often have you had trouble sleeping because you . . . Please circle one number in each row.

	Not during the past month	Less than once a week	Once or twice a week	Three or more times a week
a. Cannot get to sleep within 30 minutes TRSLEA14	1	2	3	4
b. Wake up in the middle of the night or early morning TRSLEB14	1	2	3	4
c. Have to get up to use the bathroom TRSLEC14	1	2	3	4
d. Cannot breathe comfortably TRSLED14	1	2	3	4
e. Cough or snore loudly TRSLEE14	1	2	3	4
f. Feel too cold TRSLEF14	1	2	3	4
g. Feel too hot TRSLEG14	1	2	3	4
h. Had bad dreams TRSLEH14	1	2	3	4
i. Have pain TRSLEI14	1	2	3	4
j. Other reason(s), (<i>please specify</i>) TRSLEJ14 TRSLE114 TRSLE214 TRSLE314	1	2	3	4

TRSLE114_txt TRSLE214_txt TRSLE314_txt

59. During the *past month*, how would you rate your sleep quality overall?

SLQUAL14	Very good	1
	Fairly good	2
	Fairly bad	3
	Very bad	4

60. During the *past month*, how often have you taken medicine to help you sleep (prescribed or "over the counter")?

SLMEDI14	Not during the past month	1
	Less than once a week	2
	Once or twice a week	3
	Three or more times a week	4

61. During the *past month*, how often have you had trouble staying awake while driving, eating meals, or engaging in social activity?

SLSNOO14	Not during the past month	1
	Less than once a week	2
	Once or twice a week	3
	Three or more times a week	4

62. During the *past month*, how much of a problem has it been for you to keep up enough enthusiasm to get things done?

SLPROB14	No problem at all	1
	Only a very slight problem	2
	Somewhat of a problem	3
	A very big problem	4

- 63.** The following are statements that people use to **describe themselves**. Think about how well the following statements describe you.
Please circle one number in each row that best describes how strongly you agree or disagree with the statement.

	Strongly Disagree	Disagree	Agree	Strongly agree
a. I can do just about anything I really set my mind to do MASTA14	1	2	3	4
b. What happens to me in the future mostly depends on me MASTB14	1	2	3	4
c. There is really no way I can solve some of the problems I have MASTC14	1	2	3	4
d. Sometimes I feel that I'm being pushed around in life MASTD14	1	2	3	4
e. I have little control over the things that happen to me MASTE14	1	2	3	4
f. I often feel helpless in dealing with the problems of life MASTF14	1	2	3	4
g. There is little I can do to change many of the important things in my life MASTG14	1	2	3	4

- 64.** The following statements are about different **social activities**.
How often have you taken part in each of the following activities in the *last 12 months*?
Please circle one number in each row. If you do not take part in the activity, please circle 'Never' (5)

	Weekly or more often	Fortnightly	Monthly	Less often	Never
a. Church-related group or religious activities CHCHR14	1	2	3	4	5
b. Recreational groups, e.g. golf club or other sports club; chess, bridge; U3A; book club or writing group; art, music or craft based group SPTR14	1	2	3	4	5
c. Civic-political group, e.g. political party club, Chamber of Commerce, local government, school-based group LGR14	1	2	3	4	5
d. Other groups or clubs, e.g. Lions or Rotary club ADECR14	1	2	3	4	5
e. Other social activities, e.g. going to pubs, cinema, theatre or concerts with others SPARR14	1	2	3	4	5
f. Online social networking, e.g. Facebook SOCNET14	1	2	3	4	5
g. Other social activities, (<i>please specify</i>) OTHSOC114, OTHSOC214 OTHSOC14	1	2	3	4	5

OTHSOC114_txt OTHSOC214_txt

The next set of questions are about **friends and relatives**.

Questions 65a – c are about those who **do not live at home with you**.

65a. Thinking of all your relatives, how often do you regularly visit or are visited by any of these people? (*Circle one number*)

RELVIS14	Never/almost never	0
	Once every few months	1
	About once a month	2
	About once a week	3
	Almost daily	4

b. Thinking of all your friends, how often do you regularly visit or are visited by any of these people? (*Circle one number*)

FRNVIS14	Never/almost never	0
	Once every few months	1
	About once a month	2
	About once a week	3
	Almost daily	4

c. How many relatives and / or friends do you see once a month or more? (*Circle one number*)

FRNDR14	None	0
	1-2	1
	3-5	2
	6-10	3
	More than 10	4

d. Thinking about the son or daughter who lives nearest to you, where do they live? (*Circle one number*)

NEARCH14	No adult child	0
	Overseas	1
	More than 100 miles away	2
	Between 25 and 100 miles	3
	Between 5 and 25 miles	4
	Between 1 and 5 miles	5
	Less than 1 mile	6
In the same household	7	

66a. Do you regularly visit or are visited by any of your grandchildren/step grandchildren/great grandchildren?

GRAND14	No grandchildren	0	} → go to Q67
	No	1	
	Yes	2	

b. During the *last 12 months*, have you regularly or occasionally looked after any of your grandchildren/step grandchildren/great grandchildren without the presence of the parents? (*Circle one number*)

GRANDL14	Not in the last 12 months	0
	Less than once a month	1
	Once a month	2
	2 to 3 times a month	3
	Once a week	4
	2 to 3 times a week	5
	4 or more times a week	6
	Not applicable	7

67. Thinking about the person you have felt closest to in the *last 12 months* please answer the following questions: (*Circle one number*)

a	Is this person your:	Husband/wife/partner	1
	FRL14	Boyfriend/girlfriend	2
		Parent	3
		Brother/sister	4
		Son/daughter	5
		Other relative	6
		Neighbour	7
		Friend	8
		No-one	9 → go to Q68
		Other, (<i>please specify</i>)	10
	FRLO14 FRLO14_txt		

b. How much in the *last 12 months* did this person make you **feel good** about yourself? (*Circle one number*)

FRFG14	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?

FRSH14	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**?

FRPR14	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?

FRCD14	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?

FRCM14	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**?

FRWR14	Not at all	0
	A little	1
	Quite a lot	2
	A great deal	3

68. The following statements are about different aspects of your life. Please circle one number in each row to indicate how often you feel that way.

	Hardly ever	Some of the time	Often
a. How often do you feel that you lack companionship? NOCOMP14	1	2	3
b. How often do you feel left out? LEFTOUT14	1	2	3
c. How often do you feel isolated from others? ISOLATE14	1	2	3

The following statements are about **religious and spiritual beliefs**.

- 69a. Is a religious or spiritual faith important to you?

Yes, very important,	1	RELIMP14
Yes, somewhat important,	2	
No, not particularly important	3	
No, not important at all	4	

- b. Do you look to a religion or faith to provide meaning or purpose in life?

Yes, a lot	1	RELMEAN14
Yes, a little	2	
No, not much	3	
No, not at all	4	

- c. Do you pray or meditate?

Yes, daily/almost daily	1	PRAY14
Regularly, but not daily	2	
Occasionally	3	
Never	4	

70. The following statements are different ways people may **describe themselves**. Please circle the number next to each statement to indicate how accurately it describes you.

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate
I am the life of the party EXTRAA14	1	2	3	4	5
I feel little concern for others AGREEA14	1	2	3	4	5
I am always prepared CONSCA14	1	2	3	4	5
I don't talk a lot EXTRAB14	1	2	3	4	5
I am interested in people AGREEB14	1	2	3	4	5
I leave my belongings around CONSCB14	1	2	3	4	5
I feel comfortable around people EXTRAC14	1	2	3	4	5
I insult people AGREEC14	1	2	3	4	5
I pay attention to details CONSCC14	1	2	3	4	5
I keep in the background EXTRAD14	1	2	3	4	5
I sympathise with others' feelings AGREED14	1	2	3	4	5
I make a mess of things CONSCD14	1	2	3	4	5
I start conversations EXTRAEE14	1	2	3	4	5
I am not interested in other people's problems AGREEE14	1	2	3	4	5
I get chores done right away CONSCE14	1	2	3	4	5
I have little to say EXTRAF14	1	2	3	4	5
I have a soft heart AGREEF14	1	2	3	4	5
I often forget to put things back in their proper place CONSCF14	1	2	3	4	5
I talk to a lot of different people at parties EXTRAG14	1	2	3	4	5
I am not really interested in others AGREEG14	1	2	3	4	5

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate
I like order CONSCG14	1	2	3	4	5
I don't like to draw attention to myself EXTRAH14	1	2	3	4	5
I take time out for others AGREEH14	1	2	3	4	5
I shirk my duties CONSCH14	1	2	3	4	5
I don't mind being the centre of attention EXTRA114	1	2	3	4	5
I feel others' emotions AGREE114	1	2	3	4	5
I follow a schedule CONSCI14	1	2	3	4	5
I am quiet around strangers EXTRAJ14	1	2	3	4	5
I make people feel at ease AGREEJ14	1	2	3	4	5
I am exacting in my work CONSCJ14	1	2	3	4	5

Thank you for completing the questionnaire

Comments/Feedback

If you would like to make any further comments, either about your own experiences or about the questionnaire, please feel free to do so in the space below:

If you do not wish to complete this questionnaire

We would be grateful if you could tell us why you did not wish to complete the questionnaire in the space below. Please return the uncompleted questionnaire to us in the large pre-paid envelope.