

**MRC NATIONAL SURVEY OF HEALTH AND DEVELOPMENT**  
MRC Unit for Lifelong Health and Ageing at UCL, 1-19 Torrington Place, London, WC1E 7HB

## Postal Questionnaire 2022

(Version: 10/05/2022)

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

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

The survey should take about 45 minutes to complete.

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

The 'Privacy and data protection' FAQs on the study website provide details about how we protect the information you provide and how it will be used for research.

If you have any problems, queries or concerns, you can contact us by calling 0800 952 0249 or 020 7670 5700 or emailing [mrclha.enquiries@ucl.ac.uk](mailto:mrclha.enquiries@ucl.ac.uk).

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 question: **INTD22**      **INTM22**  
 Day  Month 2022

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Please enter a tick if the questionnaire was completed by proxy on behalf of the study member **PROXY22**

What is the relationship of proxy to study member: \_\_\_\_\_ **PROXY22\_TEXT** \_\_\_\_\_

**Questions 1 to 19 are about family, home and retirement.**

1. Does your household own or rent your accommodation? *Please tick one box.*

OWN22

- 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)

..... OWN22\_7\_TEXT

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

NCAR22

Number

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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.

HOU22

Number

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

REL22

- Husband/wife (1)
- Partner (2)
- Neither (3)

5. Since your 68<sup>th</sup> birthday, have you been married, remarried, partnered, re-partnered, separated, divorced or widowed?

MAR22

- No (0) → go to Question 7
- Yes (1)

6. If 'Yes', please complete

	No (0)	Yes (1)	If 'Yes', what year?				
Married or remarried	<input type="checkbox"/>	<input type="checkbox"/> <b>MARM22</b>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<b>MARMY22</b>
Partnered or re-partnered	<input type="checkbox"/>	<input type="checkbox"/> <b>MARP22</b>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<b>MARPY22</b>
Separated / Divorced	<input type="checkbox"/>	<input type="checkbox"/> <b>MARSD22</b>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<b>MARSDY22</b>
Widowed	<input type="checkbox"/>	<input type="checkbox"/> <b>MARW22</b>	<input type="text" value="2"/>	<input type="text" value="0"/>	<input type="text"/>	<input type="text"/>	<b>MARWY22</b>

7. So, are you currently

- MARJ22**
- Single, that is never married (1)
  - Unmarried, but in a partnership or cohabiting (2)
  - Married & living with husband/wife (3)
  - Married & separated from husband/wife (4)
  - Divorced (5)
  - Widowed (6)

8. Since your 68<sup>th</sup> birthday, have you retired from your **main** occupation, even if you are now doing other paid work?

- RET22**
- No (0) → go to Question 11
  - Yes (1)

9. How old were you when you retired from your main occupation?

Age   years

**RETA22**

10. What was the **main reason** that you retired from your main occupation?

Please tick **one** box

RETR22

- Usual retirement age for your job (1)
- Retired with husband/wife/partner (2)
- Left early with good bonus (3)
- Made redundant (4)
- Unhappy with job (5)
- Health reasons (6)
- Other, (please specify) (7)

.. RETR22\_7\_TEXT

11. Are you currently in paid work, including part-time work and self-employment?

JOB22

- No (0) → go to Question 15
- Yes (1)

12. In what year did you start this paid job?

EMPSTR22

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13. How many hours a week (to the nearest hour) do you usually work in a paid job, including regular overtime?

Hours

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WKHW22

**14.** What are your reasons for working after State Pension Age?

*Please tick all that apply*

- WKR22\_1**  Could not afford to retire earlier (1)
- WKR22\_2**  Didn't know what to do after stopping work (2)
- WKR22\_3**  Enjoyed job/working (3)
- WKR22\_4**  To improve pension/financial position (4)
- WKR22\_5**  To keep fit and active (5)
- WKR22\_6**  To retire at the same time as husband/wife/partner (6)
- WKR22\_7**  Persuaded by employer to stay on (7)
- WKR22\_8**  Other, (please specify) (8)

**WRK22\_8\_TEXT** .....

**15.** Are you currently doing any voluntary work?

No (0) → go to Question 17

**VOLWK22**  Yes (1)

**16.** How many hours a week (to the nearest hour) do you usually take part in voluntary work?

**WKVHW22** Hours 

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**17.** Since your 68<sup>th</sup> birthday, has your husband/wife or partner retired from their main occupation, even if they are now doing other paid work?

No (0) → go to Question 19

Yes (1) → go to Question 18

**SPRET22**  Husband/wife or partner never worked (2) → go to Question 20

No husband/wife or partner (3) → go to Question 20

**18.** How old was your husband/wife or partner when they retired from their main occupation?

**SPRETA22** Age 

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 years

19. Is your husband/wife or partner currently in paid work, including part-time work and self-employment?

No (0)

SPJW22  Yes (1)

**Questions 20 to 107 are about your health. Some are about your current health and some about your health since your 68<sup>th</sup> birthday.**

20. How is your health in general?

Excellent (1)

GHI22  Very good (2)

Good (3)

Fair (4)

Poor (5)

21. 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.

DISA22  No (0)

Yes (1)

22. 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 ...

Severely limited (1)

LIMH22  Limited but not severely (2)

Not limited at all (3)

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

No (0)

WIC22  Yes (1)

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

- WID22**            No (0)  
                        Yes (1)

If you answered 'Yes' to either Question 23 **or** Question 24, go to Question 25

If you answered 'No' to both Question 23 **and** Question 24, go to Question 26

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

- WIM22**            No (0)  
                        Yes (1)

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

- PHL22**            No (0)  
                        Yes (1)

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

- PHLD22**            No (0)  
                        Yes (1)

If you answered 'Yes' to either Question 26 **or** Question 27, go to Question 28

If you answered 'No' to both Question 26 **and** Question 27, go to Question 29

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

- PHLDM22**            No (0)  
                        Yes (1)

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

- COPH22**            No (0)  
                        Yes (1)

30. Does your chest ever sound wheezy or whistling?

No <sup>(0)</sup> → go to Question 32

WZY22  Yes <sup>(1)</sup>

31. Do you get this most days or nights?

WZYD22  No <sup>(0)</sup>

Yes <sup>(1)</sup>

32. 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?

No <sup>(0)</sup> → go to Question 36

BRONC22  Yes <sup>(1)</sup>

33. How many illnesses like this have you had in the last 3 years?

BRONN22  One <sup>(1)</sup>

More than one <sup>(2)</sup>

34. Did you consult a doctor about this during the last 3 years?

BROND22  No <sup>(0)</sup>

Yes <sup>(1)</sup>

35. Do colds usually go to your chest?

COLD22  No <sup>(0)</sup>

Yes <sup>(1)</sup>

36. Do you ever have any pain or discomfort in your chest?

ANGIN22  No <sup>(0)</sup> → go to Question 39

Yes <sup>(1)</sup>

37. When you walk at an ordinary pace on the level, does this produce the pain?

CHPRN22  No <sup>(0)</sup>

Yes <sup>(1)</sup>

Unable to walk <sup>(2)</sup> → go to Question 39



38. When you walk uphill or hurry, does this produce the pain?

- No (0)
- Yes (1)
- Unable (2)

CHPRU22

39. Do you think that you have or have had Coronavirus since April 2021?

- No (0) → go to Question 47
- Yes, confirmed by a positive test (1)
- Yes, based on medical advice (2)
- Yes, based on strong personal suspicion (3)
- Unsure (4) → go to Question 47

COVID22

40. Have you experienced any of the following symptoms?

- |                                                                        |                                                                                     |
|------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fever (1) <b>COVIDS22_1</b>                   | <input type="checkbox"/> Fatigue (11) <b>COVIDS22_11</b>                            |
| <input type="checkbox"/> Cough - dry (2) <b>COVIDS22_2</b>             | <input type="checkbox"/> Unusual loose motions or diarrhoea (12) <b>COVIDS22_12</b> |
| <input type="checkbox"/> Cough - mucus or phlegm (3) <b>COVIDS22_3</b> | <input type="checkbox"/> Vomiting (13) <b>COVIDS22_13</b>                           |
| <input type="checkbox"/> Sore throat (4) <b>COVIDS22_4</b>             | <input type="checkbox"/> Loss of smell (14) <b>COVIDS22_14</b>                      |
| <input type="checkbox"/> Chest tightness (5) <b>COVIDS22_5</b>         | <input type="checkbox"/> Loss of taste (15) <b>COVIDS22_15</b>                      |
| <input type="checkbox"/> Shortness of breath (6) <b>COVIDS22_6</b>     | <input type="checkbox"/> Skin rash (16) <b>COVIDS22_16</b>                          |
| <input type="checkbox"/> Runny nose (7) <b>COVIDS22_7</b>              | <input type="checkbox"/> Headaches (17) <b>COVIDS22_17</b>                          |
| <input type="checkbox"/> Nasal congestion (8) <b>COVIDS22_8</b>        | <input type="checkbox"/> Other, please specify (18) <b>COVIDS22_18</b>              |
| <input type="checkbox"/> Sneezing (9) <b>COVIDS22_9</b>                | <b>COVIDS22_18_TEXT</b>                                                             |
|                                                                        | .....                                                                               |
| <input type="checkbox"/> Muscle or body aches (10) <b>COVIDS22_10</b>  | <input type="checkbox"/> No - none of these (19) <b>COVIDS22_19</b>                 |

41. Have you discussed any symptoms you have had, which you think may be caused by Coronavirus, with a doctor or with NHS 111?

COVIDD22\_1  Yes - discussed symptoms with doctor (1)

COVIDD22\_2  Yes - discussed symptoms with NHS 111 (2)

COVIDD22\_3  No (3)

42. Thinking about the **last**, or only, episode of COVID-19 you have had, have you now recovered and are back to normal?

COVIDN22  Yes, I am back to normal (1)

No, I still have some or all of my symptoms (2)

43. How long have you had, or did you have, COVID-19 symptoms overall?  
Please include time spent with mild symptoms and the time in between symptoms if these have been coming and going. If you have caught COVID-19 more than once, please answer about the longest episode of illness you experienced.

COVIDL22  Less than 2 weeks (1)

2-4 weeks (2)

4-12 weeks (3)

3-6 months (4)

6-12 months (5)

12-18 months (6)

18-24 months (7)

More than 24 months (8)

44. For how long were you or have you been unable to function as normal due to COVID-19 symptoms?

- COVIDF22  I was always able to function as normal (0) (This is a 10 in the value)
- Less than 2 weeks (1)
- 2-4 weeks (2)
- 4-12 weeks (3)
- 3-6 months (4)
- 6-12 months (5)
- 12-18 months (6)
- 18-24 months (7)
- More than 24 months (8)

45. Have you **ever** received a diagnosis of Long COVID or post-COVID syndrome?

- COVIDG22  No (0)
- Yes (1)

46. Were you admitted to hospital?

- COVIDH22  No (0)
- Yes (1)

47. Since your 68<sup>th</sup> birthday, have you been told by a doctor that you have **COPD (chronic obstructive pulmonary disease)**?

- No (0) → go to Question 50
- COPD22  Yes (1)

48. When were you told that you had COPD?

Month COPDM22 Year 2 0 COPDY22

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

Age   years  
COPDA22

49. In the past 12 months how many times have you had a flare of your COPD (exacerbation) which needed treatment (with antibiotics and/or steroids)? (a single flare may have needed treatment with several courses of treatment, but count this as one flare)

Number of flares 

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 COPDN22

50. Since your 68<sup>th</sup> birthday, have you been told by a doctor that you have **emphysema**?

No (0) → go to Question 53

Yes (1) EMPH22

51. When were you told that you had emphysema?

Month 

EMPHM22
---------

 ear 

2	0	EMPHY22
---	---	---------

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

Age 

EMPHA22
---------

 years

52. In the past 12 months how many times have you had a flare of your emphysema (exacerbation) which needed treatment (with antibiotics and/or steroids)? (a single flare may have needed treatment with several courses of treatment, but count this as one flare)

Number of flares 

--	--

 EMPHN22

53. Since your 68<sup>th</sup> birthday, have you been told by a doctor that you have **asthma**?

No (0) → go to Question 56

Yes (1) ASTH22

54. When were you told that you had asthma?

Month 

ASTHM22
---------

 Year 

2	ASTHY22
---	---------

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

Age 

ASTHA22
---------

 years

55. In the past 12 months how many times have you had a flare of your asthma (exacerbation) which needed treatment (inhalers or other treatments)? (a single flare may have needed treatment with several courses of treatment, but count this as one flare)

Number of flares 

--	--

 ASTHN22

56. Since your 68<sup>th</sup> birthday have you been told by a doctor that you have **angina**?

No (0) → go to Question 58

Yes (1) DANG22

57. When were you told that you had angina?

Month 

--	--

 DANGM22 year 

2	0		
---	---	--	--

 DANGY22

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

Age 

--	--

 years DANY22

58. Since your 68<sup>th</sup> birthday have you been told by a doctor that you have had a **heart attack (myocardial infarct/coronary thrombosis)**?

No (0) → go to Question 61

Yes (1) DHARA22

59. How many heart attacks have you had since your 68<sup>th</sup> birthday?

Number of attacks 

--	--

 DHARAN22

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

Month 

--	--

 DHARAM22 year 

2	0		
---	---	--	--

 DHARAY22

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

Age 

--	--

 years DHARAA22

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

No (0) → go to Question 63

Yes (1) **HARF22**

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

Month **HARFM22** Year 

2	0		
---	---	--	--

**HARFY22**

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

Age 

--	--

 years **HARFA22**

63. Since your 68<sup>th</sup> birthday have you been told by a doctor that you have **blood pressure problems**?

No (0) → go to Question 66 **DBPP22**

Yes (1)

64. What blood pressure problems have you had since your 68<sup>th</sup> birthday?

**DBPP122**  Hypertension/high blood pressure (1)

Orthostatic or postural hypotension (blood pressure too low when you stand up) (2)

65. When were you first told that you had blood pressure problems?

Month **DBPPM22** Year 

2	0		
---	---	--	--

**DBPPY22**

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

Age 

--	--

 years **DBPPA22**

66. Since your 68<sup>th</sup> birthday have you been told by a doctor that you have had a **stroke**?

No (0) → go to Question 69

**DSTR22**  Yes (1)

67. How many strokes have you had since your 68<sup>th</sup> birthday?

Number of strokes 

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DSTRN22

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

Month 

--	--

DSTRM22 'ear 

2	0		
---	---	--	--

DSTRY22

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

Age 

--	--

DSTRA22 years

69. Since your 68<sup>th</sup> birthday have you been told by a doctor that you have **diabetes**?

No <sup>(0)</sup> → go to Question 72

DIAB22  Yes <sup>(1)</sup>

70. When were you told that you had diabetes?

Month 

--	--

DIABM22 'ear 

2	0		
---	---	--	--

DIABY22

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

Age 

--	--

DIABA22 ears

71. Do you have any complications of diabetes affecting any of the following:  
Please tick *all that apply*

Feet <sup>(1)</sup> DIABCF22

Nerves <sup>(2)</sup> DIABCN22

Kidneys <sup>(3)</sup> DIABCK22

Eyes <sup>(4)</sup> DIABCE22

72. Since your 68<sup>th</sup> birthday, has the doctor diagnosed you with **atrial fibrillation**?

No <sup>(0)</sup> → go to Question 74

Yes <sup>(1)</sup> AFIB22

73. When were you told that you had atrial fibrillation?

Month  ear 

2	0	<input type="text" value="AFIBY22"/>
---	---	--------------------------------------

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

Age  ears

74. Since your 68<sup>th</sup> birthday, has the doctor diagnosed you with **osteoporosis**?

No (0) → go to Question 76

**OSTPO22** Yes (1)

75. When were you told that you had osteoporosis?

Month  ear 

2	0	<input type="text" value="OSTPOY22"/>
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If you cannot remember the month and year please give your age

Age  ears

76. Since your 68<sup>th</sup> birthday, has the doctor diagnosed you with **rheumatoid arthritis**?

No (0) → go to Question 78

**RHEUM22** Yes (1)

77. When were you told that you had rheumatoid arthritis?

Month  ear 

2	0	<input type="text" value="RHEUMY22"/>
---	---	---------------------------------------

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

Age  ears

78. Since your 68<sup>th</sup> birthday, has the doctor diagnosed you with **osteoarthritis**?

**OSTEO22** No (0) → go to Question 80

Yes (1)



**79.** Where is the site of the arthritis: *Tick all that apply*  
Pain means that you are experiencing pain for more than one hour across the day

	Right side		Left side	
	Stiffness (1)	Pain (2)	Stiffness (3)	Pain (4)
Hands	<input type="checkbox"/> OSTE022_1_1	<input type="checkbox"/> OSTE022_1_2	<input type="checkbox"/> OSTE022_1_3	<input type="checkbox"/> OSTE022_1_4
Wrists	<input type="checkbox"/> OSTE022_2_1	<input type="checkbox"/> OSTE022_2_2	<input type="checkbox"/> OSTE022_2_3	<input type="checkbox"/> OSTE022_2_4
Elbows	<input type="checkbox"/> OSTE022_3_1	<input type="checkbox"/> OSTE022_3_2	<input type="checkbox"/> OSTE022_3_3	<input type="checkbox"/> OSTE022_3_4
Shoulders	<input type="checkbox"/> OSTE022_4_1	<input type="checkbox"/> OSTE022_4_2	<input type="checkbox"/> OSTE022_4_3	<input type="checkbox"/> OSTE022_4_4
Hips	<input type="checkbox"/> OSTE022_5_1	<input type="checkbox"/> OSTE022_5_2	<input type="checkbox"/> OSTE022_5_3	<input type="checkbox"/> OSTE022_5_4
Knees	<input type="checkbox"/> OSTE022_6_1	<input type="checkbox"/> OSTE022_6_2	<input type="checkbox"/> OSTE022_6_3	<input type="checkbox"/> OSTE022_6_4
Ankles	<input type="checkbox"/> OSTE022_7_1	<input type="checkbox"/> OSTE022_7_2	<input type="checkbox"/> OSTE022_7_3	<input type="checkbox"/> OSTE022_7_4
Feet	<input type="checkbox"/> OSTE022_8_1	<input type="checkbox"/> OSTE022_8_2	<input type="checkbox"/> OSTE022_8_3	<input type="checkbox"/> OSTE022_8_4
Other, (specify) OSTEO22_TEXT .....	<input type="checkbox"/> OSTE022_OTH1_1	<input type="checkbox"/> OSTE022_OTH1_2	<input type="checkbox"/> OSTE022_OTH1_3	<input type="checkbox"/> OSTE022_OTH1_4

**80.** Since your 68<sup>th</sup> birthday, has the doctor diagnosed you with **migraines**?

No (0) → go to Question 82

**MIGR22**  Yes (1)

**81.** When were you told that you had migraines?

Month  ear

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

Age  years

82. Since your 68<sup>th</sup> birthday has the doctor diagnosed you with **eye trouble which requires treatment**?

No (0) → go to Question 88

EYE22  Yes (1)

83. What was the eye condition: *Tick all that apply*

EYEC22  cataracts (1) → go to Question 84

EYEG22  glaucoma (2) → go to Question 85

EYEMD22  macular degeneration (3) → go to Question 86

EYEL22  laser treatment for diabetic retinopathy (3) → go to Question 87

84. When were you told that you had cataracts?

Month  ar

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

Age  , -ars

85. When were you told that you had glaucoma?

Month  ar

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

Age  , -ars

86. When were you told that you had macular degeneration?

Month  ar

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

Age  ears

87. When did you have laser treatment for diabetic retinopathy?

Month  ar

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

Age  ars

88. Since your 68<sup>th</sup> birthday has the doctor diagnosed you with **Parkinson's Disease**?

No (0) → go to Question 90

**PARKIN22** Yes (1)

89. When were you diagnosed with Parkinson's Disease?

Month  ar

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

Age  ars

90. Since your 68<sup>th</sup> birthday, has the doctor diagnosed you with a **cognitive impairment**?

No (0) → go to Question 93

**COGIMP22** Yes (1)

91. Did the doctor give you a specific name for your cognitive impairment?

*Tick all that apply*

**COGIMP22\_1** Dementia (1)

**COGIMP22\_2** Alzheimer's disease (2)

**COGIMP22\_3** Mild cognitive impairment (3)

**COGIMP22\_4** Stroke (4)

**COGIMP22\_5** Parkinsons (5)

**COGIMP22\_OTH** Other (6)

92. When were you first diagnosed with any of the cognitive impairment(s)?

Month  ar

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

Age  ars

93. Since your 68<sup>th</sup> birthday have you had a **blackout or fainted**?

**FAINT22** No (0) → go to Question 96  
 Yes (1)

94. In the last year, approximately how many times have you fainted?

Number of times fainted

95. When did you first faint?

Month

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

Age

96. In the last 12 months have you suffered from being constipated all or most of the time?

**CONS22** No (0)  
 Yes (1)

97. Since your 68<sup>th</sup> birthday, have you had any persistent trouble with your gums or mouth?

**GUMS22** No (0)  
 Yes (1)

Please think to a time when you have been unwell, for example while in hospital. Sometimes a person's memory, thinking and concentration can get worse over hours and days due to an illness, e.g. infection, operation or due to medications. This is called delirium.

**98.** Since your 68<sup>th</sup> birthday, have you experienced delirium symptoms?

No <sup>(0)</sup> → go to Question 102

**DELIR22**  Yes <sup>(1)</sup>

**99.** Think of a time where you have been unwell, particularly if admitted to hospital. In the context of this illness, did you have any of the following symptoms over the course of a few hours or days ?

**DELIRS22\_1**  New or worsening confusion / disorientation? <sup>(1)</sup>

**DELIRS22\_2**  Uncharacteristic drowsiness? <sup>(2)</sup>

**DELIRS22\_3**  Agitation, aggression or violence? <sup>(3)</sup>

**DELIRS22\_4**  Experienced hallucinations, seeing or hearing things not really there? <sup>(4)</sup>

**DELIRS22\_5**  Thinking clearly, but then more muddled, over hours or days? <sup>(5)</sup>

**100.** Which illness led to this? *Tick all that apply*

**DELIRC22\_1**  Infection? <sup>(1)</sup>

**DELIRC22\_2**  Surgical operation? <sup>(2)</sup>

**DELIRC22\_3**  New medications? <sup>(3)</sup>

**DELIRC22\_4**  Pain? <sup>(4)</sup>

**DELIRC22\_5**  Don't know why? <sup>(5)</sup>

**DELIRC22\_6**  Other, (please specify) <sup>(6)</sup> ..... **DELIRC22\_6\_TEXT**

**101.** What was the approximate duration:

**DELIRD22**  1 to 2 days <sup>(1)</sup>

3 to 7 days <sup>(2)</sup>

1 to 2 weeks <sup>(3)</sup>

More than 2 weeks <sup>(4)</sup>

**102.** 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).

- GPCONS22        0 <sup>(0)</sup>
- 1 to 5 <sup>(1)</sup> → go to Question 104
- 6 to 10 <sup>(2)</sup> → go to Question 104
- 11 to 15 <sup>(3)</sup> → go to Question 104
- 16 or more times <sup>(4)</sup> → go to Question 104

**103.** If none, when was the last time you consulted the GP or other health professional?

- GPVISIT22        Within the last 2 years <sup>(1)</sup>
- 3 to 5 years ago <sup>(2)</sup>
- More than 5 years ago <sup>(3)</sup>

**104.** As a result of the COVID-19 pandemic, have you experienced any of the following?  
*Tick all that apply*

- COVIDO22\_1        Routine out patient appointment cancelled or deferred <sup>(1)</sup>
- COVIDO22\_2        Surgery cancelled or deferred <sup>(2)</sup>
- COVIDO22\_3        Cancer treatment cancelled or deferred <sup>(3)</sup>
- COVIDO22\_4        Investigations for health problem cancelled or deferred <sup>(4)</sup>
- COVIDO22\_5        Difficulty getting prescription medicine <sup>(5)</sup>
- COVIDO22\_6        Avoided contacting the GP for a health problem (unrelated to coronavirus) <sup>(6)</sup>
- COVIDO22\_7        Avoided going to hospital with a serious health problem <sup>(7)</sup>
- COVIDO22\_8        None of the above <sup>(0)</sup>

**105.** Do you have private health insurance?

- PRIVHI22        No <sup>(0)</sup> → go to Question 107
- Yes <sup>(1)</sup>

**106.** In the **last 12 months** how many times have you accessed private healthcare services?

- NPRIVHC22** ]  0 (0)
- 1 to 5 (1)
- 6 to 10 (2)
- 11 to 15 (3)
- 16 or more times (4)

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

	No (0)	Yes (1)	Don't know (2)
<b>a.</b> Blood pressure measurement <i>within the past 5 years</i> <b>HLCHK22_A</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Cholesterol measurement <i>within the past 5 years</i> <b>HLCHK22_B</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Eyesight check-up <i>within the past 2 years</i> <b>HLCHK22_C</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Dental check-up <i>within the past year</i> <b>HLCHK22_D</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Immunisation against influenza ("flu jab") <i>within the past year</i> <b>HLCHK22_E</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Colon cancer screen (stools test) <i>within the past 2 years</i> <b>HLCHK22_F</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Any COVID vaccination <b>HLCHK22_G</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Questions 108 to 114 are about your ability to carry out everyday tasks.**

**108.** How often in the **last week** did the following apply?  
 “I felt that everything I did was an effort” or “I could not get going”

- EFF22**
- Rarely or none of the time (<1 day) <sup>(1)</sup>
  - Some or a little of the time (1 - 2 days) <sup>(2)</sup>
  - A moderate amount of time (3 - 4 days) <sup>(3)</sup>
  - Most of the time (>4 days) <sup>(4)</sup>

**109.** Have you had difficulty with the following in the **last 12 months**?  
 Please tick one box in each row

	No difficulty <sup>(1)</sup>	A little difficulty <sup>(2)</sup>	Some difficulty <sup>(3)</sup>	A great deal of difficulty <sup>(4)</sup>
<b>a.</b> Reading a newspaper? <b>RNEW22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Recognizing a friend across the street? <b>RECF22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Reading signs at night? <b>RSNT22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Hearing over the phone? <b>HTEL22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Hearing a normal conversation? <b>HCONV22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Hearing conversation in a noisy room? <b>HNOIS22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**110.** Do you wear a hearing aid at all?

- AIDH22**
- No <sup>(0)</sup>
  - Yes, for left ear <sup>(1)</sup>
  - Yes, for right ear <sup>(2)</sup>
  - Yes, for both ears <sup>(3)</sup>



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

*Please tick one box in each row*

	I can do this myself <sup>(1)</sup>	I can do this myself but with difficulty <sup>(2)</sup>	I need help with this <sup>(3)</sup>	I am unable to manage this <sup>(4)</sup>
<b>a.</b> Feed myself <b>FEED22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Bathing (e.g. shower, bath) <b>BATH22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Grooming (e.g. brushing teeth, shaving) <b>GROOM22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Dressing (including buttons, zips) <b>DRESS22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Toilet use (including managing personal hygiene) <b>WCUSEC22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Stairs (including with aids such as a walking stick) <b>STEP22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Cutting toenails <b>CUTTOE22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**112.** Are you able to transfer from bed to chair and back alone or is help required?

Independent <sup>(1)</sup>

**BED22**  Independent but with difficulty <sup>(2)</sup>

I need minor help (someone to be with me) <sup>(3)</sup>

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

Unable <sup>(5)</sup>

**113.** Are you able to move on level surfaces alone or is help required?

**MOVE22** Independent (but may use any aid, e.g. walking stick or frame), can move more than 5 yards <sup>(1)</sup>

- Independent but with difficulty (including with any aid), can move more than 5 yards <sup>(2)</sup>
- Walk with help of one person (verbal or physical), can move more than 5 yards <sup>(3)</sup>
- Wheelchair independent, including corners, can move more than 5 yards <sup>(4)</sup>
- Immobile or move less than 5 yards <sup>(5)</sup>

**114.** The following questions are about everyday activities. Please record what you have actually done in the **last month**.

*Please tick one box in each row*

	Not at all <sup>(1)</sup>	With help <sup>(2)</sup>	On your own with difficulty <sup>(3)</sup>	On your own <sup>(4)</sup>	Not applicable <sup>(0)</sup>
<b>a.</b> Walk around outside? <b>IADLA22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Climb stairs? <b>IADLB22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Get in and out of a car? <b>IADLC22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Walk over uneven ground? <b>IADLD22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Cross roads? <b>IADLE22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Travel on public transport? <b>IADLF22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Manage to feed yourself? <b>IADLG22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> Manage to make yourself a hot drink? <b>IADLH22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> Take hot drinks from one room to another? <b>IADLI22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b> Do the washing up? <b>IADLJ22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>k.</b> Make yourself a hot snack? <b>IADLK22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>l.</b> Manage your own money when out? <b>IADLL22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	Not at all (1)	With help (2)	On your own with difficulty (3)	On your own (4)	Not applicable (0)
<b>m.</b> Wash small items of clothing? IADLM22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>n.</b> Do your own housework? IADLN22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>o.</b> Do your own shopping? IADLO22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>p.</b> Do a full clothes wash? IADLP22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>q.</b> Read newspapers or books? IADLQ22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>r.</b> Use the telephone? IADLR22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>s.</b> Write letters? IADLS22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>t.</b> Go out socially? IADLT22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>u.</b> Manage your own garden? IADLU22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>v.</b> Drive a car? IADLV22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**115.** The following statements are about feelings and thoughts.

Please tick one box in each row that best describes your experience of each statement over the **last 2 weeks**.

	None of the time (1)	Rarely (2)	Some of the time (3)	Often (4)	All of the time (5)
<b>a.</b> I've been feeling optimistic about the future	WELLBA22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> I've been feeling useful	WELLBB22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> I've been feeling relaxed	WELLBC22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> I've been dealing with problems well	WELLBF22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> I've been thinking clearly	WELLBG22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> I've been feeling close to other people	WELLBI22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> I've been able to make up my own mind about things	WELLBK22		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**116.** The following are statements that people use to describe themselves. Think about how well the following statements describe you.

Please tick one box in each row that best describes how strongly you agree or disagree with the statement.

	Strongly Disagree (1)	Disagree (2)	Agree (3)	Strongly Agree (4)
<b>a.</b> I can do just about anything I really set my mind to. <b>MASTA22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> What happens to me in the future mostly depends on me. <b>MASTB22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> There is really no way I can solve some of the problems I have. <b>MASTC22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Sometimes I feel that I'm being pushed around in life. <b>MASTD22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> I have little control over the things that happen to me. <b>MASTE22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> I often feel helpless in dealing with the problems of life. <b>MASTF22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> There is little I can do to change many of the important things in my life <b>MASTG22</b>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**117.** 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?

**FALLEN22**     ]     No (0) → go to Question 120  
     Yes (1)

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

**FALLN22**    

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

**DFALLN22**    

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

**FALLW22**     ]     No (0) → go to Question 122  
     Yes (1)

121. If 'Yes', did this worry ever limit your activities?

- No (0)
- FALLWL22  Yes a little (1)
- Yes a lot (2)

122. How often do you have problems with dizziness when you are walking on a level surface?

- Always (1)
- DIZZ22  Very often (2)
- Often (3)
- Sometimes (4)
- Never (5)
- Never walk (6)
- Can't walk (7)

123. 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)

- PAIN22  No (0) → go to Question 128
- Yes (1)

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

- No (0)
- PAINL22  Yes (1)

125. 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? That is, your usual pain at times when you were in pain.

PAINR22 *Please tick one box.*

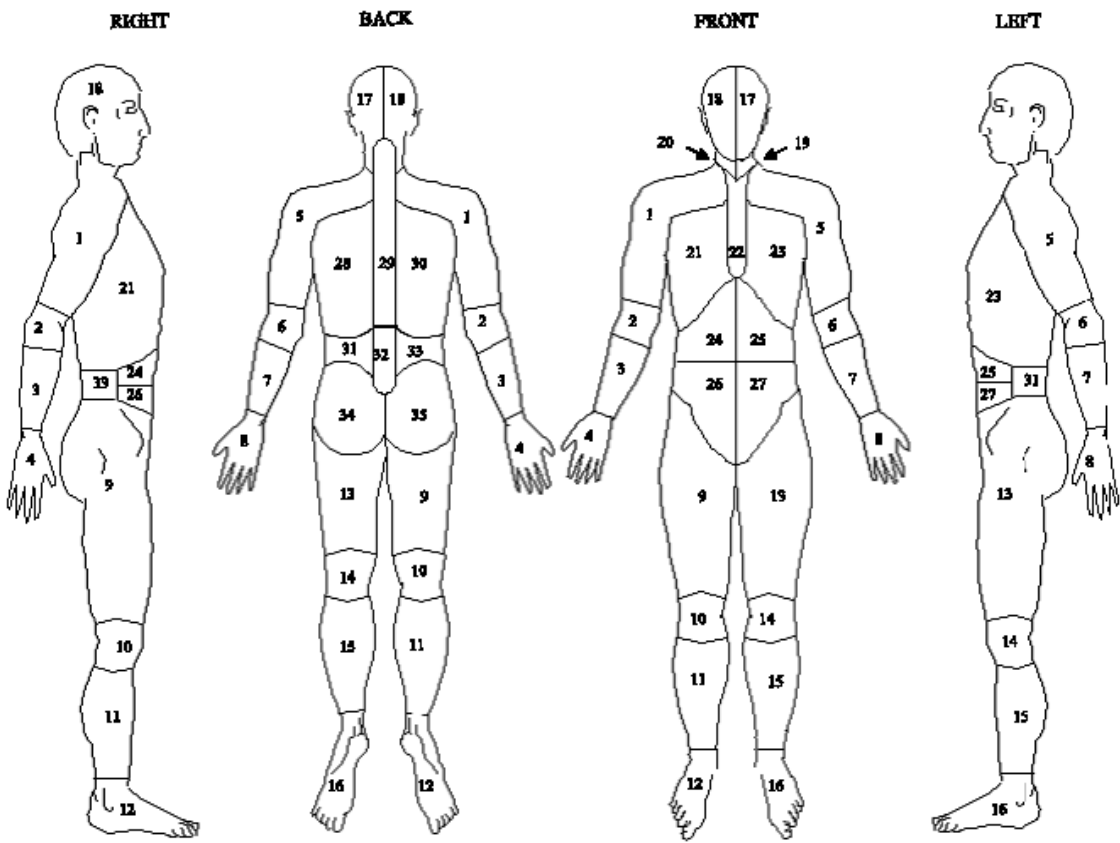
No pain										worst possible pain
0	1	2	3	4	5	6	7	8	9	10
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

126. In the last month, has pain ever limited your activities?

- PAINLM22 ] No (0)  
 Yes a little (1)  
 Yes a lot (2)

127. 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.  
 Please indicate which of these pain areas have the greatest effect on your day to day living.



Aberdeen Revised Coding

PAIND0122	PAIND0722	PAIND1322	PAIND1922	PAIND2522	PAIND3122
PAIND0222	PAIND0822	PAIND1422	PAIND2022	PAIND2622	PAIND3222
PAIND0322	PAIND0922	PAIND1522	PAIND2122	PAIND2722	PAIND3322
PAIND0422	PAIND1022	PAIND1622	PAIND2222	PAIND2822	PAIND3422
PAIND0522	PAIND1122	PAIND1722	PAIND2322	PAIND2922	PAIND3522
PAIND0622	PAIND1222	PAIND1822	PAIND2422	PAIND3022	

128. How often do you leak urine?

- LEAK22
- Never <sup>(0)</sup> → go to Question 134
  - About once a week or less often <sup>(1)</sup>
  - Two or three times a week <sup>(2)</sup>
  - About once a day <sup>(3)</sup>
  - Several times a day <sup>(4)</sup>
  - All the time <sup>(5)</sup>

129. How much urine do you usually leak (whether you wear protection or not)?

- LEAKAM22
- A small amount <sup>(1)</sup>
  - A moderate amount <sup>(2)</sup>
  - A large amount <sup>(3)</sup>

130. Overall, how much does leaking urine interfere with your everyday life?  
Please put a tick into one box between 0 (not at all) and 10 (a great deal)

- LEAKIN22
- a great deal
- |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |                          |
|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|--------------------------|
| 0                        | 1                        | 2                        | 3                        | 4                        | 5                        | 6                        | 7                        | 8                        | 9                        | 10                       |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

131. When does urine leak? *Tick all that apply*

- LEAKWA22  Before you can get to the toilet <sup>(1)</sup>
- LEAKWB22  When you cough or sneeze <sup>(2)</sup>
- LEAKWC22  When you are asleep <sup>(3)</sup>
- LEAKWD22  When you are physically active/exercising <sup>(4)</sup>
- LEAKWE22  When you have finished urinating and are dressed <sup>(5)</sup>
- LEAKWF22  For no obvious reason <sup>(6)</sup>
- LEAKWG22  All the time <sup>(7)</sup>

132. Do you wake up and notice you have leaked urine while sleeping?

- LEAKS22 ]
- Never (1)
- occasionally (2)
- several times a week (3)
- every night (4)

133. Do you ever leak urine for no obvious reason and without feeling that you want to go?

- LEAKNR22 ]
- Never (1)
- occasionally (2)
- sometimes (3)
- most of the time (4)
- all of the time (5)

134. In the **past 12 months** have you experienced accidental leakage of loose or liquid, or formed or solid, stool that is beyond your control? (This does NOT include leakage during short-term diarrhoeal illness.)

- LEAKSTL22 ]
- No, Never (0)
- Yes, daily (1)
- Yes, weekly (2)
- Yes, monthly (3)
- Yes, rarely (i.e. less than monthly) (4)

Questions 135 to 147 are about different aspects of your lifestyle.  
**The following questions are about your smoking habits.**

135. Do you smoke cigarettes at all nowadays?

- SMO22 ]
- No (0) → go to Question 137
- Yes (1)



136. 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 Question 139

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

SMOR22  No (0) → go to Question 139  
 Yes (1)

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

WSMU22 OR   weeks ago

MSMU22 OR   months ago

YSMU22   years ago

139. Have you ever smoked an e-cigarette or vaping device, in the last 12 months?

ECIG22  Daily (1)  
 Weekly (2)  
 Monthly (3)  
 Rarely (i.e. less than monthly) (4)  
 Never (5) (This has a value of 6)

**The following questions are about your drinking habits.**

140. In the **past 12 months**, how often have you had an alcoholic drink?

Never (0) → go to Question 146  
DRA22  Only on special occasions (1) → go to Question 146  
 Monthly or less (2) → go to Question 146  
 2 to 4 times per month (3)  
 2 to 3 times per week (4)  
 4 or more times per week (5)

**141.** 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)

DRS22

No (0)

Yes (1)

If 'Yes', how many measures?

NDRS22

ures

b. Wine, sherry, martini, or port

DRW22

No (0)

Yes (1)

If 'Yes', how many glasses?

NDRW22

es

c. Beer, lager, cider, or stout

DRB22

No (0)

Yes (1)

If 'Yes', how many ½ pints?

NDRB22

½ pints

**142.** How many standard alcoholic drinks do you have on a typical day when you were drinking?

AUNDSP22

1-2 (1)

3-4 (2)

5-6 (3)

7-9 (4)

10+ (5)

**143.** How often have you found you were not able to stop drinking once you had started?

DRGOG22

Never (1)

Less than monthly (2)

Monthly (3)

Weekly (4)

Daily or almost daily (5)

144. How often have you failed to do what was expected of you because of drinking?

DRFAIL22

- Never (1)
- Less than monthly (2)
- Monthly (3)
- Weekly (4)
- Daily or almost daily (5)

145. Has a relative, friend, doctor or health worker been concerned about your drinking or advised you to cut down?

DRCONC22

- No (0)
- Yes, but not in the last year (2) (ARE THESE VALUES CORRECT?)
- Yes, during the last year (4)

**The following questions are about your eating habits.**

146. My appetite is:

APPA22

- Very poor (1)
- Poor (2)
- Average (3)
- Good (4)
- Very good (5)

147. Normally I eat:

APPD22

- Less than one meal a day (1)
- One meal a day (2)
- Two meals a day (3)
- Three meals a day (4)
- More than three meals a day (5)

**Questions 148-152 are about your exercise habits.**

**148.** 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?

- WEXER22  No <sup>(0)</sup> → go to Question 151  
 Yes <sup>(1)</sup>

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

WEXEN22 Number

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

WEXES22 Number

**151.** The following questions are about the time you spend sitting down. How much time you spent on average during **the last year**:

*Please tick one option for each row.*

	None <sup>(0)</sup>	Less than 1 hour a day <sup>(1)</sup>	1 to 2 hours a day <sup>(2)</sup>	2 to 3 hours a day <sup>(3)</sup>	3 to 4 hours a day <sup>(4)</sup>	More than 4 hours a day <sup>(5)</sup>
a. Watching TV?	SITA22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Using a computer?	SITB22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Reading?	SITC22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**152.** In the **last month**, how often did you leave your home to go outside? Would you say...

- OUTFRQ22  Every day (7 days a week) <sup>(1)</sup>  
 Most days (5 – 6 days a week) <sup>(2)</sup>  
 Some days (2 – 4 days a week) <sup>(3)</sup>  
 Rarely (once a week or less) <sup>(4)</sup>  
 Never <sup>(5)</sup>

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

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

Bed time:  :  AM/PM

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

Number of minutes:

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

Getting up time  :  AM/PM

156. 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:

157. During the past month, how often have you had trouble sleeping because you:  
*Please tick one box in each row.*

	Not during the past month <sup>(1)</sup>	Less than once a week <sup>(2)</sup>	Once or twice a week <sup>(3)</sup>	Three or more times a week <sup>(4)</sup>
a. Cannot get to sleep within 30 minutes	<input type="text" value="TRSLEA22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
b. Wake up in the middle of the night or early morning	<input type="text" value="TRSLEB22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
c. Have to get up to use the bathroom	<input type="text" value="TRSLEC22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
d. Cannot breathe comfortably	<input type="text" value="TRSLED22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
e. Cough or snore loudly	<input type="text" value="TRSLEE22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
f. Feel too cold	<input type="text" value="TRSLEF22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
g. Feel too hot	<input type="text" value="TRSLEG22"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

	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)
<b>h.</b> Had bad dreams	TRSLEH22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> Have pain	TRSLEI22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>j.</b> Other reason(s), (please specify) TRSLEJ22_TEXT	TRSLEJ22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

- SLQUAL22  Very good (1)
- Fairly good (2)
- Fairly bad (3)
- Very bad (4)

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

- SLMEDI22  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)

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

- SLSNOO22  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)

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

- SLPROB22  No problem at all (1)  
 Only a very slight problem (2)  
 Somewhat of a problem (3)  
 A very big problem (4)

**162.** Do you have a bed partner or housemate?

- SLPART22  No bed partner or housemate (1) → go to Question 164  
 Partner / housemate in other room (2)  
 Partner in same room but not same bed (3)  
 Partner in same bed (4)

**163.** If you have a housemate or bed partner, ask him/her how often in the past month you have had:

*Please tick one box in each row*

	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)
<b>a.</b> Loud snoring	SLPRTA22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Long pauses between breaths while asleep	SLPRTB22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Legs twitching or jerking while you sleep	SLPRTC22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Episodes of disorientation or confusion during sleep	SLPRTD22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Other restlessness while you sleep, (please specify) SLPRTE22_TEXT .....	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**164.** How likely are you to doze off or fall asleep in the following situations, in comparison to just feeling tired?

This refers to your usual way of life in recent times. Even if you have not done some of the activities recently, try to work out how they would have affected you. Please put a tick one box in each row. It is important that you answer each question as best as you can.

	Would never doze (1)	Slight chance of dozing (2)	Moderate chance of dozing (3)	High chance of dozing (4)
<b>a.</b> Sitting and reading	DOZA22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Watching TV	DOZB22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Sitting still in a public place (e.g., a theatre, a cinema or a meeting)	DOZC22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> As a passenger in a car for an hour without a break	DOZD22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Lying down to rest in the afternoon when circumstances allow	DOZE22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Sitting and talking to someone	DOZF22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Sitting quietly after a lunch without having drunk alcohol	DOZG22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> In a car or a bus while stopped for a few minutes in traffic	DOZH22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**The following questions are about friends and relatives.**

Questions 165 - 167 are about those who do not live at home with you.

**165.** Thinking of all your relatives, how often do you regularly visit or are visited by any of these people? *Tick one box*

- RELVIS22  Never/almost never (0)
- Once every few months (1)
- About once a month (2)
- About once a week (3)
- Almost daily (4)



**166.** Thinking of all your friends, how often do you regularly visit or are visited by any of these people? *Tick one box*

- FRNVIS22**
- Never/almost never (0)
  - Once every few months (1)
  - About once a month (2)
  - About once a week (3)
  - Almost daily (4)

**167.** How many relatives and / or friends do you see once a month or more? *Tick one box*

- FRNDR22**
- None (0)
  - 1 - 2 (1)
  - 3 - 5 (2)
  - 6 - 10 (3)
  - More than 10 (4)

**168.** Thinking about the son or daughter who lives nearest to you, where do they live? *Tick one box*

- NEARCH22**
- 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)

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

- GRAND22**  No grandchildren <sup>(0)</sup> → go to Question 171
- No <sup>(1)</sup> → go to Question 171
- Yes <sup>(2)</sup>

**170.** 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? *Tick one box*

- GRANDL22**  Not in the last 12 months <sup>(0)</sup>
- Less than once a month <sup>(1)</sup>
- Once a month <sup>(2)</sup>
- 2 to 3 times a month <sup>(3)</sup>
- Once a week <sup>(4)</sup>
- 2 to 3 times a week <sup>(5)</sup>
- 4 or more times a week <sup>(6)</sup>
- Not applicable <sup>(7)</sup>

171. Thinking about the person you have felt closest to in the **last 12 months** please answer the following questions: *Tick one box*

a. Is this person your:

FRL22

- Husband/wife/partner (1)
- Boyfriend/girlfriend (2)
- Parent (3)
- Brother/sister (4)
- Son/daughter (5)
- Other relative (6)
- Neighbour (7)
- Friend (8)
- No-one (9) → go to Question 172
- Other, (specify) (10).....FRL22\_TEXT.....

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

FRFG22

- 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?

FRSH22

- 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?

- FRPR22
- 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?

- FRCD22
- 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?

- FRCM22
- 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?

- FRWR22
- Not at all (0)
  - A little (1)
  - Quite a lot (2)
  - A great deal (3)

**172.** The following statements are about different aspects of your life.  
Please tick one box in each row to indicate how often you feel that way.

	Hardly ever (1)	Some of the time (2)	Often (3)
<b>a.</b> How often do you feel that you lack companionship?	NOCOMP22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> How often do you feel left out?	LEFTOUT22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> How often do you feel isolated from others?	ISOLATE22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

**173.** The next set of questions are about other life events you may have had in the last year.

**a.** have you developed or found out you have a serious illness or disability?

- ILL22            No (0) → go to Question 173b  
      Yes (1)

**If “Yes”:**

As a result of this has your way of life changed at all?

- ILLCH22       No, not at all (0)  
      Yes, somewhat (1)  
      Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACA22       Fairly calm about it (0)  
      Shocked but able to cope (1)  
      Rather overwhelmed (2)

**b.** have you had an accident or injury which has affected you for a month or more?

- AC22            No (0) → go to Question 173c  
      Yes (1)

**If “Yes”:**

As a result of this has your way of life changed at all?

- ACCH22       No, not at all (0)  
      Yes, somewhat (1)  
      Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACB22       Fairly calm about it (0)  
      Shocked but able to cope (1)  
      Rather overwhelmed (2)

c. have you been assaulted or robbed or been a victim of attempted robbery?

- ROB22**  No (0) → go to Question 173d  
 Yes (1)

**If “Yes”:**

As a result of this has your way of life changed at all?

- ROBCH22**  No, not at all (0)  
 Yes, somewhat (1)  
 Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACC22**  Fairly calm about it (0)  
 Shocked but able to cope (1)  
 Rather overwhelmed (2)

d. has your spouse/partner had a serious illness, accident or injury or been assaulted or robbed?

- No (0) → go to Question 173e  
**SPAC22**  Yes (1)  
 No spouse / partner in the last year (8)

**If “Yes”:**

As a result of this has your way of life changed at all?

- SPACCH22**  No, not at all (0)  
 Yes, somewhat (1)  
 Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACD22**  Fairly calm about it (0)  
 Shocked but able to cope (1)  
 Rather overwhelmed (2)

e. have you had any serious disagreements with your spouse/partner or felt betrayed or disappointed by him/her?

- DSSP22**  No (0) → go to Question 173f  
 Yes (1)  
 No spouse / partner in the last year (8)

**If “Yes”:**

As a result of this has your way of life changed at all?

- DSSPCH22**  No, not at all (0)  
 Yes, somewhat (1)  
 Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACE22**  Fairly calm about it (0)  
 Shocked but able to cope (1)  
 Rather overwhelmed (2)

f. have you had any serious difficulties with any of your children or grandchildren, because of their health, behaviour or for other reasons?

- CHDF22**            No (0) → go to Question 173g  
      Yes (1)  
      No children / grandchildren (8) → go to Question 173g

**If “Yes”:**

As a result of this has your way of life changed at all?

- CHDFCH22**       , not at all (0)  
      Yes, somewhat (1)  
      Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACF22**            Fairly calm about it (0)  
      Shocked but able to cope (1)  
      Rather overwhelmed (2)

g. has a friend or relative or someone you know well had a serious accident, illness or injury, or been robbed or assaulted?

- RELIL22**            No (0) → go to Question 173h  
      Yes (1)

**If “Yes”:**

As a result of this has your way of life changed at all?

- RELILCH22**       , not at all (0)  
      Yes, somewhat (1)  
      Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACG22**            Fairly calm about it (0)  
      Shocked but able to cope (1)  
      Rather overwhelmed (2)

h. Have you fallen out or had a serious disagreement with a friend or relative or felt betrayed by them?

- RDIS22**            No (0) → go to Question 173i  
      Yes (1)

**If “Yes”:**

As a result of this has your way of life changed at all?

- RDISCH22**       , not at all (0)  
      Yes, somewhat (1)  
      Yes, a great deal (2)

When this happened or when you found out about it, were you

- REACH22**            Fairly calm about it (0)  
      Shocked but able to cope (1)  
      Rather overwhelmed (2)

i. have you moved house away from the area where most of your friends lived?

HOUM22  No (0) → go to Question 173j  
 Yes (1)

**If “Yes”:**

As a result of this has your way of life changed at all?

HOUMCH22  No, not at all (0)  
 Yes, somewhat (1)  
 Yes, a great deal (2)

When this happened or when you found out about it, were you

REACI22  Fairly calm about it (0)  
 Shocked but able to cope (1)  
 Rather overwhelmed (2)

j. Have you had a major bereavement?

RELD22  No (0) → go to Question 173k  
 Yes (1) Please specify.....RELD22\_TXT

**If “Yes”:**

As a result of this has your way of life changed at all?

RELDCH22  No, not at all (0)  
 Yes, somewhat (1)  
 Yes, a great deal (2)

When this happened or when you found out about it, were you

REACJ22  Fairly calm about it (0)  
 Shocked but able to cope (1)  
 Rather overwhelmed (2)

k. Have you had any other serious upsets or disappointments?

UPS22  No (0) → go to Question Error! Reference source not found.  
 Yes (1) Please specify.....UPS22\_TXT

**If “Yes”:**

As a result of this has your way of life changed at all?

No, not at all (0)  
UPSCH22  Yes, somewhat (1)  
 Yes, a great deal (2)

When this happened or when you found out about it, were you

REACK22  Fairly calm about it (0)  
 Shocked but able to cope (1)  
 Rather overwhelmed (2)



174. Thinking back over the last year, was there anything in particular which made life better in some way?

- LIFEB22  No (0)  
 Yes (1)

If 'Yes', please specify

LIFEB22\_TEXT  
.....

175. We are interested in the following question, as there can be differences in mental and physical health between the different groups. This question was asked on the 2021 census.

Which of the following best describes your sexual orientation?

SEXOR22

- Straight or Heterosexual (1)  
 Gay or Lesbian (2)  
 Bisexual (3)  
 Other sexual orientation (please specify) (4) ...SEXOR22\_4\_TEXT..  
 Prefer not to answer (5)

- 176.** 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 tick one box in each row. If you do not take part in the activity, please tick 'Never'*

	Weekly or more often (1)	Fortnightly (2)	Monthly (3)	Less often (4)	Never (5)
<b>a.</b> Church-related group or religious activities	CHCHR22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>b.</b> Sports groups, e.g. golf, cycle, dancing, or walking clubs	SPTR22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>c.</b> Recreational groups, e.g. chess, bridge; U3A; book club or writing group; art, music or craft based group	<input type="checkbox"/> RGR22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>d.</b> Support groups – bereavement or patient support groups	SUPPG22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>e.</b> Civic-political group, e.g. political party club, residents association, Chamber of Commerce, local government, school-based group	LGR22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>f.</b> Voluntary groups, e.g. Lions or Rotary club or charity work	ADECR22 <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>g.</b> Social activities with friends or family, e.g. meeting up for coffee, dinner; or going out shopping, cinema, theatre with others or attending football or other sporting events	<input type="checkbox"/> SPARR22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>h.</b> Online social networking, e.g. Facebook, WhatsApp, Skype, online social events	<input type="checkbox"/> SOCNET22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<b>i.</b> Other social activities, (please OTHERSOC22_TEXT	<input type="checkbox"/> OTHSOC22	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

- 177.** Do you have any pets?

ANYPETS22  No (0) → go to the End  
 Yes (1)

178. How many of the following pets do you have?

Pets	Number
Cats <sup>(1)</sup> <span style="float: right;">PETS22_01</span>	
Dogs <sup>(2)</sup> <span style="float: right;">PETS22_02</span>	
Rabbits <sup>(3)</sup> <span style="float: right;">PETS22_03</span>	
Rodents (mice, hamster, gerbil, etc) <sup>(4)</sup> <span style="float: right;">PETS22_04</span>	
Birds (budgerigar, parrot, etc) <sup>(5)</sup> <span style="float: right;">PETS22_05</span>	
Fish <sup>(6)</sup> <span style="float: right;">PETS22_06</span>	
Other, (specify) <sup>(7)</sup> .....	PETS22_07
	PETS22_07_TEXT

179. Which devices do you use to connect to the internet?

- INTUSE22\_01  Desktop computers and iMacs <sup>(1)</sup>
- INTUSE22\_02  Laptops and MacBooks <sup>(2)</sup>
- INTUSE22\_03  Tablet, iPads and eReaders <sup>(3)</sup>
- INTUSE22\_04  Smart Phone <sup>(4)</sup>
- INTUSE22\_05  Smart speakers <sup>(5)</sup>
- INTUSE22\_06  Other, (specify) <sup>(6)</sup> ..... INTUSE\_06\_TEXT
- INTUSE22\_07  Do not have access to the internet <sup>(7)</sup> → go to the End

180. Are you happy to download apps?

- AAPS22  Yes <sup>(1)</sup>
- With assistance <sup>(2)</sup>
- No <sup>(3)</sup>

**Thank you for completing the questionnaire**

## Comments/Feedback

We would welcome any comments about your own experiences, which have not been captured by the questions:

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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.