

1970 BRITISH COHORT STUDY: LIFE IN YOUR EARLY 50s

Self-completion Questionnaire

HOW TO FILL IN THE QUESTIONNAIRE

- Please complete the questionnaire using **black or blue ink**.
- The questionnaire will be read by a scanner, so please mark your answers by putting a cross in the appropriate box **X**.
- Sometimes you will be asked to write in a box like this: **24** **Answer**. Please keep your answer within the boxes.
- If you make a mistake or change your mind please completely fill the box to show the mistake [**■**] and then cross the correct answer.
- You may skip any questions that you prefer not to answer.

HOW TO RETURN THE QUESTIONNAIRE

When you have completed the questionnaire please seal it inside the envelope provided and send it back to us or hand it to the interviewer if you have arranged for them to visit you. Your responses will be treated in the strictest confidence.

ANY QUESTIONS?

If you have any questions about this questionnaire, or about the British Cohort Study, please contact us: by email at bcs70@natcen.ac.uk or on Freephone 0800 526 397

INTERVIEWER TO ENTER:

Interviewer ID Number

1010-1013

Participant First Name

1014-1033

Participant Gender

1034 M F

Participant Date of Birth

1035-1036 0 4 7 0

Participant Reference Number

1001-1008 CKL 1009

BATCH 1037-1041
CARD 1042

SPARE 1043-1048

LEISURE ACTIVITIES

1 How often have you done each of the following activities in the last 12 months?

CROSS (X) ONE BOX ON EACH ROW

	At least once a week	At least once a month	Several times a year	At least once a year	Less often	Never	
a) Play a musical instrument	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1049
b) Performing arts (singing in a group or choir, acting, dance/ballet, comedy)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1050
c) Painting, drawing, printmaking or sculpture, photography, film or video making as an artistic activity (not family or holidays)	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1051
d) Textile crafts, wood crafts or any other crafts, such as embroidery, knitting, wood turning, furniture making, pottery or jewellery	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1052
e) Writing stories, plays or poetry	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1053
f) Go to the theatre to watch a play/drama	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1054
g) Go to the theatre to watch a pantomime or musical	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1055
h) Go to an opera, classical music concert or ballet	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1056
i) Go to another type of concert	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1057
j) Go to the cinema	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1058
k) Go to watch live sports	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1059
l) Visit an art exhibition/gallery or a museum	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	<input type="checkbox"/> 6	1060

	At least once a week	At least once a month	Several times a year	At least once a year	Less often	Never	
m) Visit a historical site/stately home	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1061
n) Visit a theme park	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1062
o) Visit a zoo, wildlife park or aquarium	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1063
p) Go to a library	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1064
q) Have a meal in a restaurant, cafe or pub	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1065
r) Go for a drink at a pub or club	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1066
s) Do unpaid voluntary work	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1067
t) Play card or board games	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1068
u) Play computer games (including on a games console, smartphone, or tablet)	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1069

2 Which, if any, of these pets do you keep at home at present?

CROSS (X) ALL BOXES THAT APPLY

- A dog ¹
- A cat ²
- Some other furry pet (e.g. hamster, rabbit) ³
- A bird ⁴
- Some other pet (e.g. fish, tortoise) ⁵
- NONE ⁶

1070-1075

SCREEN TIME AND READING

3

How many hours do you spend watching programmes or films on a television or a device such as a laptop, tablet or smartphone? Please remember to include time spent watching DVDs, Blu-rays, etc.

CROSS (X) ONE BOX ON EACH ROW

	None	Less than 1 hour a day	1 to 2 hours a day	2 to 3 hours a day	3 to 4 hours a day	More than 4 hours a day	
a) On a typical weekday	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1076
b) On a typical day at the weekend	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1077

4

How often do you read books, including in electronic format, in your spare time (not for work or study)?

CROSS (X) ONE BOX

Every day or almost every day	<input type="checkbox"/> ¹	
Several times a week	<input type="checkbox"/> ²	
Once or twice a week	<input type="checkbox"/> ³	
At least once a month	<input type="checkbox"/> ⁴	
Every few months	<input type="checkbox"/> ⁵	
At least once a year	<input type="checkbox"/> ⁶	
Less often or never	<input type="checkbox"/> ⁷	1078

5

How often do you read newspapers or news websites?

CROSS (X) ONE BOX

Every day or almost every day	<input type="checkbox"/> ¹	
Several times a week	<input type="checkbox"/> ²	
Once or twice a week	<input type="checkbox"/> ³	
At least once a month	<input type="checkbox"/> ⁴	
Every few months	<input type="checkbox"/> ⁵	
At least once a year	<input type="checkbox"/> ⁶	
Less often or never	<input type="checkbox"/> ⁷	1079

SPARE 1080-1088

PARTICIPATION

6 Are you currently a member of any of the following organisations?

PLEASE INDICATE WHETHER YOU ARE A MEMBER OF EACH ORGANISATION.
IF YOU ARE A MEMBER, RECORD HOW OFTEN YOU TAKE PART IN ITS ACTIVITIES.

	MEMBERSHIP		HOW OFTEN YOU TAKE PART				
	Yes	No	At least once a week	About once a month	Less than once a month	Never	
a) Political party	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₀₈₉	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1090
b) Trade union	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₀₉₁	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1092
c) Environmental group	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₀₉₃	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1094
d) Parents'/school association	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₀₉₅	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1096
e) Tenants/residents group or neighbourhood watch	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₀₉₇	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1098
f) Religious group or church organisation	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₀₉₉	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1100
g) Voluntary service group	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₀₁	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1102
h) Other community or civic group	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₀₃	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1104
i) Social club/working men's club	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₀₅	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1106
j) Sports club	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₀₇	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1108
k) Women's Institute/ Townswomen's Guilds	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₀₉	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1110
l) Women's group/feminist organisation	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₁₁	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1112
m) Professional organisation	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₁₃	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1114
n) Pensioners group/ organisation	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₁₅	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1116
o) Scouts/Guides organisation	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₁₇	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1118
p) Any other organisation	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₁₉	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1120
q) None	<input type="checkbox"/> ¹	<input type="checkbox"/> ² ₁₁₂₁	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1122

SLEEP

7 During the last 4 weeks, how long did it usually take for you to fall asleep?

CROSS (X) ONE BOX

- 0-15 minutes 1
- 16-30 minutes 2
- 31-45 minutes 3
- 46-60 minutes 4
- More than 60 minutes 5

1123

8 During the past 4 weeks, how many hours did you sleep each night on average?

WRITE IN NUMBER OF HOURS:

hrs

1124-1128

9 During the past 4 weeks, how often did you...

CROSS (X) ONE BOX ON EACH ROW

- | | All of the time | Most of the time | A good bit of the time | Some of the time | A little of the time | None of the time | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| a) ...awaken during your sleep time and have trouble falling back to sleep again? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 1129 |
| b) ...get enough sleep to feel rested upon waking in the morning? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 1130 |

HEARING

10 If you normally use a hearing aid, answer the following as if you were not using it. Do you have difficulty following a conversation if there is background noise such as TV, radio, children playing?

CROSS (X) ONE BOX

- No 1
- Yes, slight difficulty 2
- Yes, moderate difficulty 3
- Yes, great difficulty 4

1131

DRINKING

11

How often do you have a drink containing alcohol?

CROSS (X) ONE BOX

- Never 1
- Monthly or less 2
- 2-4 times per month 3
- 2-3 times per week 4
- 4 or more times a week 5

1132

12

How many drinks containing alcohol do you have on a typical day when you are drinking?

CROSS (X) ONE BOX

- 1 - 2 1
- 3 - 4 2
- 5 - 6 3
- 7 - 9 4
- 10+ 5
- Do not drink alcohol 6

1133

13

How often during the last year...

CROSS (X) ONE BOX ON EACH ROW

- | | Never | Less than monthly | Monthly | Weekly | Daily or almost daily |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|
| a) ...have you found that you were not able to stop drinking once you had started? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |
| b) ...have you failed to do what was normally expected of you because of your drinking? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 |

1134

1135

14

Has a relative or friend, doctor or other health worker been concerned about your drinking or suggested that you cut down?

CROSS (X) ONE BOX

- No 1 Yes, but not in the last year 2 Yes, during the last year 3

1136

ACTIVITIES

15

The following questions ask about how you have spent your leisure time. Please indicate how often you did each activity on average over the last 12 months AND the average length of time you spent doing the activity on each occasion.

FOR ACTIVITIES THAT ARE SEASONAL, E.G. CRICKET OR MOWING THE LAWN, PLEASE PUT THE AVERAGE FREQUENCY DURING THE SEASON WHEN YOU DID THE ACTIVITY.

CROSS (X) ONE BOX ON EACH ROW AND FOR EACH ACTIVITY YOU HAVE DONE RECORD THE AVERAGE LENGTH OF TIME SPENT DOING THE ACTIVITY ON EACH OCCASION.

	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	Average time per occasion Hours Mins
a) Health, fitness, gym or conditioning activities (including aerobics, keep fit classes)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1139-1140 1137-1138
b) Exercises with weights	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1145-1146 1143-1144
c) Swimming or diving	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1151-1152 1149-1150
d) Cycling, BMX or mountain biking (do not include transport to work)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1157-1158 1155-1156
e) Dancing	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1163-1164 1161-1162
f) Jogging, cross-country, roadrunning	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1169-1170 1167-1168
g) Backpacking or mountain climbing	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1175-1176 1173-1174
h) Walking or rambling (do not include transport to work)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1181-1182 1179-1180

	None	Less than once a month	Once a month	2 to 3 times a month	Once a week	2 to 3 times a week	4 to 5 times a week	6 times a week or more	Average time per occasion	Hours	Mins
i) Racquet sports (tennis, badminton, squash, etc)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1185-1186	1187-1188	1189-1190
j) Team sports (football, netball, basketball, rugby, hockey, cricket, etc)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1191-1192	1193-1194	1195-1196
k) Yoga / pilates	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1197-1198	1199-1200	1201-1202
l) Golf	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1203-1204	1205-1206	1207-1208
m) Other sporting activity	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1209-1210	1211-1212	1213-1214
n) Snooker, billiards or darts	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1215-1216	1217-1218	1219-1220
o) Musical instrument playing or singing	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1221-1222	1223-1224	1225-1226
p) Fishing	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1227-1228	1229-1230	1231-1232
q) Mowing the lawn – during the grass cutting season	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1233-1234	1235-1236	1237-1238
r) Watering the lawn or garden in the summer	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1239-1240	1241-1242	1243-1244
s) Digging, shovelling or chopping wood	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1245-1246	1247-1248	1249-1250
t) Weeding or pruning	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1251-1252	1253-1254	1255-1256
u) DIY (e.g. carpentry, home or car maintenance)	<input type="checkbox"/> 01	<input type="checkbox"/> 02	<input type="checkbox"/> 03	<input type="checkbox"/> 04	<input type="checkbox"/> 05	<input type="checkbox"/> 06	<input type="checkbox"/> 07	<input type="checkbox"/> 08	1257-1258	1259-1260	1261-1262 SPARE 1263-1279

HEALTH

16

The following items are about activities you might do during a typical day. Does your health limit you in these activities? If so, how much?

CROSS (X) ONE BOX ON EACH ROW

	Yes, limited a lot	Yes, limited a little	No, not limited at all	
a) Vigorous activities, such as running, lifting heavy objects, participating in strenuous sports	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1280
b) Moderate activities, such as moving a table, pushing a vacuum cleaner, bowling, or playing golf	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1281
c) Lifting or carrying groceries	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1282
d) Climbing several flights of stairs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1283
e) Climbing one flight of stairs	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1284
f) Bending, kneeling or stooping	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1285
g) Walking more than one mile	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1286
h) Walking half a mile	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1287
i) Walking 100 yards	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1288
j) Bathing or dressing yourself	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	1289

17

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of your physical health?

Have you...

CROSS (X) ONE BOX ON EACH ROW

- | | Yes | No | |
|--|---------------------------------------|---------------------------------------|------|
| a) Cut down the amount of time you spent on work or other activities? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1290 |
| b) Been limited in the kind of work or other activities you were able to do? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1291 |
| c) Accomplished less than you would like? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1292 |
| d) Had difficulty performing work or other activities (for example, it took extra effort)? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1293 |

18

During the past 4 weeks, have you had any of the following problems with your work or other regular daily activities as a result of any emotional problems (such as feeling depressed or anxious)?

Have you...

CROSS (X) ONE BOX ON EACH ROW

- | | Yes | No | |
|---|---------------------------------------|---------------------------------------|------|
| a) Cut down the amount of time you spent on work or other activities? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1294 |
| b) Accomplished less than you would like? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1295 |
| c) Not done your work or other activities as carefully as usual? | <input type="checkbox"/> ¹ | <input type="checkbox"/> ² | 1296 |

19

During the past 4 weeks, to what extent has your physical health or emotional problems interfered with your normal social activities with family, friends, neighbours, or groups?

CROSS (X) ONE BOX

- | | | |
|-------------|---------------------------------------|------|
| Not at all | <input type="checkbox"/> ¹ | |
| Slightly | <input type="checkbox"/> ² | |
| Moderately | <input type="checkbox"/> ³ | |
| Quite a bit | <input type="checkbox"/> ⁴ | |
| Extremely | <input type="checkbox"/> ⁵ | 1297 |

20

How much bodily pain have you had during the past 4 weeks?

CROSS (X) ONE BOX

- None 1
- Very mild 2
- Mild 3
- Moderate 4
- Severe 5
- Very severe 6

1298

21

During the past 4 weeks, how much did pain interfere with your normal work (including both work outside the home and housework)?

CROSS (X) ONE BOX

- Not at all 1
- Slightly 2
- Moderately 3
- Quite a bit 4
- Extremely 5

1299

22

These questions are about how you feel and how things have been with you during the past 4 weeks. For each question, please give the one answer that comes closest to the way you have been feeling.

How much time during the past four weeks...

CROSS (X) ONE BOX ON EACH ROW

- | | All of the time | Most of the time | Some of the time | A good bit of the time | A little of the time | None of the time | |
|---|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|----------------------------|------|
| a) Did you feel full of life? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 1300 |
| b) Have you been a very nervous person? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 1301 |
| c) Have you felt so down in the dumps nothing could cheer you up? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 1302 |
| d) Have you felt calm and cheerful? | <input type="checkbox"/> 1 | <input type="checkbox"/> 2 | <input type="checkbox"/> 3 | <input type="checkbox"/> 4 | <input type="checkbox"/> 5 | <input type="checkbox"/> 6 | 1303 |

	All of the time	Most of the time	Some of the time	A good bit of the time	A little of the time	None of the time	
e) Did you have a lot of energy?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1304
f) Have you felt downhearted and low?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1305
g) Did you feel worn out?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1306
h) Have you been a happy person?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1307
i) Did you feel tired?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1308
j) Has your health limited your social activities (like visiting friends, relatives, etc.)?	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	<input type="checkbox"/> ⁶	1309

23

For each of the following statements please choose one answer that best describes how true or false it is for you.

CROSS (X) ONE BOX ON EACH ROW

	Definitely true	Mostly true	Don't know	Mostly false	Definitely false	
a) I seem to get ill a little easier than other people	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1310
b) I am as healthy as anybody I know	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1311
c) I expect my health to get worse	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1312
d) My health is excellent	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1313

24

What age do you expect to live to?

WRITE EXPECTED AGE IN BOX

1314-1316

PERSONALITY

25

Please use the rating scale to describe how accurately these phrases describe you:

CROSS (X) ONE BOX ON EACH ROW

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate	
a) I am the life of the party	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1317
b) I sympathise with others' feelings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1318
c) I get chores done right away	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1319
d) I have frequent mood swings	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1320
e) I have a vivid imagination	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1321
f) I don't talk a lot	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1322
g) I am not interested in other people's problems	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1323
h) I often forget to put things back in their proper place	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1324
i) I am relaxed most of the time	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1325
j) I am not interested in abstract ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1326
k) I talk to a lot of different people at parties	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1327
l) I feel others' emotions	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1328
m) I like order	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1329
n) I get upset easily	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1330
o) I have difficulty understanding abstract ideas	<input type="checkbox"/> 1	<input type="checkbox"/> 2	<input type="checkbox"/> 3	<input type="checkbox"/> 4	<input type="checkbox"/> 5	1331

	Very inaccurate	Moderately inaccurate	Neither inaccurate or accurate	Moderately accurate	Very accurate	
p) I keep in the background	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1332
q) I am not really interested in others	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1333
r) I make a mess of things	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1334
s) I seldom feel blue	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1335
t) I do not have a good imagination	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1336

VALUES

26

Below is a list of things that people value. For each one we'd like to know on a scale from 1 to 10 how important each one is to you, where '1' equals 'Not important at all', and '10' equals 'Very important'.

CROSS (X) ONE BOX ON EACH ROW

	Not important at all										Very important
	1	2	3	4	5	6	7	8	9	10	
a) Health	<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"/>	1337-1338
b) Having a lot of money	<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"/>	1339-1340
c) Having children	<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"/>	1341-1342
d) Having a fulfilling job	<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"/>	1343-1344
e) Being independent	<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"/>	1345-1346
f) Owning your own home	<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"/>	1347-1348
g) Having a good marriage or partnership	<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"/>	1349-1350
h) Having good friends	<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"/>	1351-1352

ATTITUDES

27

Here is a list of opinions on different topics.

How much do you agree or disagree with the following statements?

CROSS (X) ONE BOX ON EACH ROW

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
a) For some crimes the death penalty is the most appropriate sentence	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1353
b) Problems in the environment are not as serious as people claim	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1354
c) People who never have children are missing an important part of life	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1355
d) Politicians are mainly in politics for their own benefit and not for the benefit of the community	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1356
e) All women should have the right to choose an abortion if they wish	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1357
f) Ordinary working people do not get their fair share of the nation's wealth	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1358
g) We should tackle problems in the environment even if this means slower economic growth	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1359
h) Couples who have children should not separate	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1360
i) None of the political parties would do anything to benefit me	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1361
j) People who break the law should be given stiffer sentences	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1362
k) There is one law for the rich and one for the poor	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1363

	Strongly agree	Agree	Neither agree nor disagree	Disagree	Strongly disagree	
l) It does not make much difference which political party is in power in Britain	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1364
m) School should teach children to obey authority	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1365
n) Management will always try to get the better of employees if it gets the chance	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1366

TRAVEL TO AND FROM WORK

THE NEXT QUESTIONS ASK ABOUT HOW YOU TRAVEL TO YOUR JOB. IF YOU HAVE MORE THAN ONE JOB PLEASE THINK ABOUT YOUR MAIN JOB, I.E. THE ONE WHERE YOU WORK MOST HOURS.

WRITE NUMBER IN BOX. IF YOU WORK FROM HOME PLEASE WRITE '0'

28 Roughly how many minutes does it take to travel from your home to your job? 1367-1369

29 How many times a week do you travel from home to your job? 1370-1372

30 How often do you use each of the following methods of transport to travel to your job?

CROSS (X) ONE BOX ON EACH ROW

	Always	Usually	Occasionally	Never	
a) Car	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1373
b) Public transport	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1374
c) Bicycle	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1375
d) Walking	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	1376

NEIGHBOURHOOD

31 Please indicate how strongly you agree or disagree with this statement: I feel like I belong to this neighbourhood.

CROSS (X) ONE BOX

- Strongly agree 1
- Agree 2
- Neither agree nor disagree 3
- Disagree 4
- Strongly disagree 5

1377

32 How often do you talk to any of your neighbours? Is it...

CROSS (X) ONE BOX

- On most days 1
- Once or twice a week 2
- Once or twice a month 3
- Less than once a month 4
- Never 5

1378

FEELINGS

33 If you needed to talk about your problems and private feelings, how much would the people around you be willing to listen?

CROSS (X) ONE BOX

- Not at all 1
- A little 2
- Somewhat 3
- A great deal 4

1379

34 How often do you feel lonely?

CROSS (X) ONE BOX

- Hardly ever or never 1
- Some of the time 2
- Often 3

1380

35

Below are some statements about feelings and thoughts. Please choose the option that best describes your experience of each over the last 2 weeks.

CROSS (X) ONE BOX ON EACH ROW

	None of the time	Rarely	Some of the time	Often	All of the time	
a) I've been feeling optimistic about the future	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1381
b) I've been feeling useful	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1382
c) I've been feeling relaxed	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1383
d) I've been dealing with problems well	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1384
e) I've been thinking clearly	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1385
f) I've been feeling close to other people	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1386
g) I've been able to make up my own mind about things	<input type="checkbox"/> ¹	<input type="checkbox"/> ²	<input type="checkbox"/> ³	<input type="checkbox"/> ⁴	<input type="checkbox"/> ⁵	1387

36

Generally speaking, would you say that most people can be trusted, or that you can't be too careful in dealing with people?

CROSS (X) ONE BOX

Most people can be trusted ¹

Can't be too careful ²

It depends ³

1388

37

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

CROSS (X) ONE BOX

Not at all satisfied

Completely satisfied

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"/>
0	01	02	03	04	05	06	07	08	09	10

1389-1390

