Annotated with (Variable names)

(CHESNO) CHES Number ) To facilitate
(ctc) CHES Number Twin code ) linkage with
(ccd) CHES Number Check digit ) data from earlier
(key) Unique Case Identifier ) follow-ups
(SERIAL) Serial Number on 26-year Survey
(Sex) Sex from Address File

CONFIDENTIAL

BCS70 - 1970 British Cohort Study

Following the lives of everyone in Britain born 5 -11 April, 1970

Where Are You Now?

This questionnaire is designed to gather information about what you are doing and your views on a number of current issues.

If you have any queries about this survey, or about any aspect of BCS70, please telephone the number below - we will pay the cost of the call.

0500 600 616

Please return your completed questionnaire in the envelope provided.
What we would like you to do

Please answer **ALL** the questions, unless there is an **instruction** telling you to skip questions which do not apply to you.

Here is an example:

**🌟 IF YOU DO NOT HAVE A JOB, DO NOT ANSWER THESE QUESTIONS, PLEASE CONTINUE AT Q.20, PAGE 5.**

How to answer the questions

Please follow the instructions given for each question. You may be asked to give your answers in a number of ways. For some questions you will be asked to tick a box, for others you will have to write your answer, and sometimes you may have to do both.

Here are some examples:

1. **Please tick one box**
   
   For example: Yes □ No □

2. **Please tick all that apply**
   
   For example: Neither □ Glasses □ Contact lenses □

3. **Please write in**
   
   For example:
   
   What is the name or title of your job?
   
   Please write in
   
   **NURSE - STATE REGISTERED (SRN)**

4. **Tick box and write in where appropriate**
   
   For example:
   
   Own □ Renting □ Other arrangement □
   
   Please say what below
   
   **LIVE IN NURSES HOME**
   
   **If there is not enough space, you can continue your answer on page 15.**
   
   As indicated, if there is not enough space provided for your answer, you can use the space on page 15.

5. **Please tick a box or write in**
   
   For example: Never been unemployed □
   
   Number of times unemployed □ **5**
Your Views

1. People have very different opinions about many things. Below is a list of statements on different topics on which we'd like your views. Please read each statement then decide how much you agree or disagree with the opinion and tick the relevant BOX on the right.

Please tick one box for each statement

<table>
<thead>
<tr>
<th>Statement</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>The law should be obeyed, even if a particular law is wrong</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There should be more women bosses in important jobs in business and industry</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Having almost any job is better than being unemployed</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>For some crimes the death penalty is the most appropriate sentence</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>When both partners work full-time, the man should take an equal share of domestic chores</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>It does not really make much difference which political party is in power in Britain</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Divorce is too easy to get these days</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>If I didn't like a job I'd pack it in, even if there was no other job to go to</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Marriage is for life</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Training, Qualifications and Skills

2. How old were you when you left school (including 6th form college)? Please write in ______ years old

(B960129)

3. And how old were you when you left full-time education?
   Please tick the box or write in your age

   Still in full-time education [ ] ______ years old

   (B960131) (B960132)

4. Since you left full-time education have you been on any of the following?
   Please tick all that apply and write in the number where appropriate

   If any:
   How many?

   Courses leading to qualifications (EXCEPT youth training) (B960134) [ ] ______ (B960135)

   Youth Training Scheme (YTS) (B960137) [ ] ______ (B960138)

   Other government schemes (B960140) [ ] ______ (B960141)

   Work related training provided by an employer and lasting 3 days or more (B960143) [ ] ______ (B960144)
5. We are interested in knowing about\textbf{ANY} qualifications you may have gained \textbf{AT ANY TIME}, either at school or since.

\begin{itemize}
  \item[a)] Which, if any, of the following qualifications have you gained, and how many do you have? \textit{Please tick all that apply and write in the number gained where appropriate.}
  \begin{itemize}
    \item No qualifications
    \item CSE - grade 1
    \item CSE - other grades
    \item GCE "O" Level - passes or grades A-C
    \item GCE "O" Level - other grades
    \item GCSE - grades A-C
    \item GCSE - other grades
    \item GCE "A" Level
    \item Scottish "O" Grade - passes or grades A-C
    \item Scottish "O" Grade - other grades
    \item Scottish Standard Grade - grades 1-3
    \item Scottish Standard Grade - other grades
    \item Scottish Higher Grade
    \item Scottish Certificate of 6th Year Studies
    \item HE Diploma
    \item First Degree (BA, BSc, BEd, etc)
    \item PGCE
    \item Post Graduate Degree (MA, MSc, PhD, etc)
    \item Other academic qualifications
  \end{itemize}

  \textit{If any: How many?}

  \begin{itemize}
    \item \(\square\) (B960146)
    \item \(\square\) (B960147)
    \item \(\square\) (B960150)
    \item \(\square\) (B960153)
    \item \(\square\) (B960156)
    \item \(\square\) (B960159)
    \item \(\square\) (B960162)
    \item \(\square\) (B960165)
    \item \(\square\) (B960168)
    \item \(\square\) (B960171)
    \item \(\square\) (B960174)
    \item \(\square\) (B960177)
    \item \(\square\) (B960212)
    \item \(\square\) (B960215)
    \item \(\square\) (B960218)
    \item \(\square\) (B960219)
    \item \(\square\) (B960220)
    \item \(\square\) (B960221)
    \item \(\square\) (B960222)
  \end{itemize}

  \textit{Please give full name of qualification(s) below}

\textit{Q5A01-Q5A012 - See List of Open-coded Variables}

\textit{If there is not enough space, you can continue your answer on page 15.}

\item[b)] Have you gained any other qualifications since leaving school, including any technical, vocational, or professional qualifications? \textit{Please tick one box and give details where appropriate.}

\textit{Please include HGV, PSV, RSA, Pitmans, City & Guilds, TEC, BEC, SEN, SRN, INNEB, membership of professional institutions, or any similar technical, vocational, or professional qualifications}

\begin{itemize}
  \item No \(\square\)
  \item Yes \(\square\)
  \item \(\square\) Please give full name of qualification(s) below.
  \end{itemize}

\textit{Q5B01-Q5B12 - See List of Open-coded Variables}

\textit{If there is not enough space, you can continue your answer on page 15.}
6. People have a variety of skills. Please answer question a) for each of the skills listed below. If you have the skill, please also answer question b).

- **a)** How good are you at this skill? 

<table>
<thead>
<tr>
<th>Skill</th>
<th>Good</th>
<th>Fair</th>
<th>Poor</th>
<th>Don't have skill</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Writing clearly</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Using tools properly</td>
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</tr>
<tr>
<td>Typing or using a keyboard</td>
<td></td>
<td></td>
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<tr>
<td>Using a computer to solve</td>
<td></td>
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<tr>
<td>get information</td>
<td></td>
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<tr>
<td>Looking after people who</td>
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<tr>
<td>need care</td>
<td></td>
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<td></td>
<td></td>
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<tr>
<td>Teaching or instructing</td>
<td></td>
<td></td>
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<td></td>
<td></td>
<td></td>
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<tr>
<td>children or adults</td>
<td></td>
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<tr>
<td>Carrying out mathematical</td>
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<td>calculations</td>
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<tr>
<td>Understanding finance and</td>
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<tr>
<td>accounts</td>
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</tbody>
</table>

- **b)** If you have this skill: Do you use it at work? 

<table>
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<tr>
<th>Skill</th>
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</tbody>
</table>

Jobs and All That

7. Since you were 16, how many full-time jobs lasting a month or more have you had? 

Please tick the box or write in number

- Never had a full-time job [ ] (B960240)
- Number of full-time jobs [ ] (B960241)

FULL-TIME= 30 or more hours a week

8. And since you were 16, how many part-time jobs lasting a month or more have you had? 

Please tick the box or write in number

- Never had a part-time job [ ] (B960243)
- Number of part-time jobs [ ] (B960244)

PART-TIME= under 30 hours a week

9. Since you were 16, has there ever been any period of a month or more when you did not have a paid job and your situation was best described by one of the things listed below? 

Please tick all that apply and write in the number of periods where appropriate

- Unemployed and seeking work [ ] (B960246) [ ] (B960247)
- At home full-time looking after children or others [ ] (B960249) [ ] (B960250)
- Unable to work for health reasons (not sick leave) [ ] (B960252) [ ] (B960253)
- Not in a paid job for some other reason [ ] (B960255) [ ] (B960256)
10. Since you were 16, what is the length of the longest single period when you were unemployed and seeking work?  
   Please tick one box only

   Never been unemployed  □  7-11 months  □
   3 months or less  □  1-2 years  □  (B960258)
   4-6 months  □  More than 2 years  □

11. Which of the following best describes what you are currently doing?  
   Please tick all that apply

   Full-time paid employee (30 or more hours a week)  □  (B960259)
   Part-time paid employee (under 30 hours a week)  □  (B960260)
   Full-time self employed  □  (B960261)
   Part-time self employed  □  (B960262)
   Unemployed and seeking work  □  (B960263)
   Full-time education  □  (B960264)
   Temporarily sick/disabled (less than 6 months)  □  (B960265)
   Long-term sick/disabled (6 months or longer)  □  (B960266)
   Looking after home/family  □  (B960267)
   On a training scheme  □  (B960268)
   Something else  □  Please say what below  (B960269)

   Q11OTHER - See List of Open-coded Variables
   ____________________________________________________________________________

   ★ IF YOU CURRENTLY HAVE A JOB, OR ARE SELF-EMPLOYED, PLEASE ANSWER THE QUESTIONS BELOW ABOUT YOUR JOB OR BUSINESS.

   ★ IF YOU HAVE MORE THAN ONE JOB, PLEASE ANSWER THE QUESTIONS ABOUT YOUR "MAIN" JOB.

   ★ IF YOU DO NOT HAVE A JOB, DO NOT ANSWER THESE QUESTIONS, PLEASE CONTINUE AT Q.20, PAGE 6.

12. In what year did you start your current job?  Please write in  19 ______  (B960270)

13. What is the name or title of your job?  (Include details of any grade or rank that you may have)  
   Please write in

   SOC-HGSSCALE - See List of Open-coded Variables
   ____________________________________________________________________________

14. What type of work do you do most of the time?  (Include details of any machinery or special materials used or any special skills/training)  
   Please write in

   SOC-HGSSCALE - See List of Open-coded Variables
   ____________________________________________________________________________
15. What is made or done by your employer or business?
*Please write in*

Not currently available

____________________________________________________________________________

16. Including yourself about how many people work at the same place as you?
*Please tick one box only*

- 10 or less
- 11 - 25
- 26 - 99
- 100 - 499
- 500 or more
- Don't know/Varies

17. Do you supervise other people?
*Please tick one box only*

- No
- Yes

Please write in number supervised: ______

18. How many hours do you usually work each week? *Please include any paid overtime you usually do, but exclude meal-breaks.*
*Please write in number*

Hours in average week: ______

19. What is your usual take home pay (after deductions, but including any bonuses or overtime)?
*Please write in the amount and tick one box for period covered*

Amount of take home pay (to nearest £): _______________

Period pay covers. *Please tick one box only*

- Hour
- Day
- Week
- Month
- Year

Other period

Please say what below

Q19OTHER - See List of Open-Coded Variables

____________________________________________________________________________

Relationships, Marriage and Children

20. Are you currently in a relationship with someone, whether or not you are living together?
*Please tick as appropriate*

- No
- Yes

Is your partner: Male

Female

21. Which of the things below best describes your current situation?
*Please tick one box only*

- Living with your husband or wife
- Living as a couple with someone
- Living alone or in some other arrangement
22. What is your current legal marital status?  
*Please tick one box only and write in date of marriage where appropriate*

*Living as a couple without being legally married to your partner should not be counted as "married".*

- Single and never married  
  - [ ]
- Married, first and only marriage  
  - [ ]  
  - *Please give the month and year of your current or most recent marriage*
- Remarried, second or later marriage  
  - [ ]
- Separated  
  - [ ]
- Divorced  
  - [ ]  
  - Month: (B960323)  
  - Year: 19 (B960325)
- Widowed  
  - [ ]

*☆ IF YOU ARE NOT LIVING WITH YOUR HUSBAND OR WIFE, OR SOMEONE AS A COUPLE AT THE MOMENT PLEASE CONTINUE AT Q.26 BELOW.*

23. When did you start living with your partner?  
*Please write month and year*

- Month: [ ]  
- Year: 19 [ ]

24. Which of the following best describes what your partner is currently doing?  
*Please tick one box only*

- Working full-time (30 or more hours a week)  
  - [ ]
- Working part-time (under 30 hours a week)  
  - [ ]
- Self-employed  
  - [ ]
- Unemployed  
  - [ ]  
  - (B960331)
- In full-time education  
  - [ ]
- Looking after children or at home full-time  
  - [ ]
- Something else  
  - [ ]

25. Does your current partner have any children from a previous relationship that do not live with you?  
*Please tick one box only*

- Yes  
  - [ ]
- No  
  - [ ]
- Don't know  
  - [ ]  
  - (B960332)

26. How many children do you have?  
*Please do not include step/adopted/fostered children.*  
*Please write in the number or tick box*

- Number of children: [ ]  
  - (B960333)
- Do not have children  
  - [ ]  
  - (B960334)

*☆ IF YOU DO NOT HAVE ANY CHILDREN, PLEASE CONTINUE AT Q.29, PAGE 8*

27. Is your current partner the other parent of some or all of your children?  
*Please tick one box only*

- No current partner  
  - [ ]  
  - (B960335)
- Yes, of all children  
  - [ ]
- Yes, of some children  
  - [ ]
- No, of none  
  - [ ]

28. Do all your children live with you?  
*Please tick one box only*  

- Yes, all  
  - [ ]
- Yes, some  
  - [ ]
- No, none  
  - [ ]
Household and Housing

Please answer these questions about your normal "home" address. If you are away from your "home" address for 6 months or more, please answer these questions about your address away from "home".

29. We'd like to know a little bit about the members of your household the people who you normally live with, and with whom you share a living room OR normally share at least one meal a day. Please complete one line below for each member of your household.

If you are NOT living in a self-contained household (eg: if you are living in a hostel or similar accommodation), please answer these questions just about any of your family living with you.

THE FIRST LINE IS FOR YOUR DETAILS. PLEASE GIVE YOUR SEX AND AGE.

<table>
<thead>
<tr>
<th>FIRST NAME</th>
<th>SEX</th>
<th>AGE</th>
<th>RELATIONSHIP TO YOU</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please write in

Tick one box

Male | Female

Give age last birthday

Write in number from list of relationships below

List of relationships:

01 Lawful Spouse
02 Live-in partner
03 Own Child
04 Adopted Child
05 Fostered Child
06 Stepchild/Partner's Child
07 Brother/Sister
08 Brother/Sister In-Law
09 Parent
10 Parent In-Law
11 Other relative
12 Friend/Unrelated sharer
13 Landlord
14 Employer
15 Other
30. In what year did you start living at your present address? (B960417) (B960419)

Please write in month and year.
Month: ____________ Year: 19 ______

31. Do you own or rent your home, or do you have some other arrangement?

Please tick one box only

- Own outright
- Buying on mortgage/loan
- Rented from a local authority or housing association
- Rented from a private landlord
- Rented from some other landlord
- Living with parents - paying rent
- Living with parents - rent-free
- Other arrangement

Please say what below

Q31OTHER - See List of Open-coded Variables

__________________________

32. Not including any bathroom or kitchen, how many rooms are there in your home?

Please write in number
Number of rooms: ______ (B960422)

Some More of Your Views

33. Below is another list of statements on different topics on which we'd like your views. Once again, please read each statement then decide how much you agree or disagree with the opinion and tick the relevant BOX on the right.

Please tick one box for each statement

<table>
<thead>
<tr>
<th>Politicians are mainly in politics for their own benefit and not for the benefit of the community</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960424)</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Censorship of films and magazines is necessary to uphold moral standards</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960425)</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Men and women should all have the chance to do the same kind of work</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960426)</td>
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<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>None of the political parties would do anything to benefit me</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960427)</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>People who break the law should be given stiffer sentences</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960428)</td>
<td>Q</td>
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<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Couples who have children should not separate</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960429)</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Government should redistribute income from the better off to those who are less well off</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960430)</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>If a child is ill and both parents are working, it should usually be the mother who takes time off work to look after the child</th>
<th>Strongly Agree</th>
<th>Agree</th>
<th>Uncertain</th>
<th>Disagree</th>
<th>Strongly Disagree</th>
</tr>
</thead>
<tbody>
<tr>
<td>(B960431)</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
<td>Q</td>
</tr>
</tbody>
</table>
34. How would you describe your general health? Please tick one box only

- Excellent ✗
- Good ✗
- Fair ✗
- Poor ✗ (B960432)

35. How tall are you? Please write in

feet: ___ inches: ___ OR metres: ___ cms: ___ (B960433) (B960434) (B960436) (B960437)

36. How much do you weigh? Please write in

stones: ___ lbs: ___ OR kilograms: ___ (B960439) (B960441) (B960443)

37. Would you say that you were...

Please tick one box only

- Very underweight ✗
- Slightly underweight ✗
- About the right weight ✗ (B960445)
- Slightly overweight ✗
- Overweight ✗
- Don't know ✗

38. Below is a list of health problems. Please answer question a) for each. Please also answer question b) for each problem you have ticked for question a).

a) Since you were 16, have you suffered from this health problem? Please tick all that apply in column a) below.

b) If you have suffered from this health problem since you were 16, was this in the last 12 months? Please tick all that apply in column b) below.

Have you suffered from any of these...

- Migraine ✗ (B960446) ✗ (B960512)
- Hay fever ✗ (B960447) ✗ (B960513)
- Asthma ✗ (B960447) ✗ (B960514)
- Bronchitis ✗ (B960449) ✗ (B960515)
- Wheezing when you have a cold/flu ✗ (B960450) ✗ (B960516)
- Skin problems:
  - eczema ✗ (B960451) ✗ (B960517)
  - other skin problems ✗ (B960452) ✗ (B960518)
- Fits, convulsions, epilepsy ✗ (B960453) ✗ (B960519)
- Persistent joint or back pain ✗ (B960454) ✗ (B960520)
- Diabetes ✗ (B960455) ✗ (B960521)
- Persistent trouble with teeth, gums or mouth ✗ (B960456) ✗ (B960522)
- Cancer ✗ (B960457) ✗ (B960523)
- Stomach or other digestive problems ✗ (B960458) ✗ (B960524)
- Bladder or kidney problems ✗ (B960459) ✗ (B960525)
- Depression for more than a few days ✗ (B960460) ✗ (B960526)
- Hearing difficulties ✗ (B960461) ✗ (B960527)
- Other problems with your ears ✗ (B960462) ✗ (B960528)
- Frequent problems with periods or other gynaecological problems ✗ (B960463) ✗ (B960529)
- Other health problem ✗ (B960530) Please describe below (B960464)

See list of Open-Coded Variables

If there is not enough space, you can continue your answer on page 15.
39 a) Since you were 16, have you ever had any trouble with your eyes or eyesight in one or both eyes? Please tick all that apply

No sight problem [ ] (B960531)
Short-sight [ ] (B960532)
Long-sight [ ] (B960533)
Astigmatism [ ] (B960534)
Other sight problem [ ] Please describe below (B960535)

Q39_1, Q39_2 - See List of Open-coded Variables

b) Do you wear glasses or contact lenses some or all of the time? Please tick all that apply

Neither [ ] (B960536)
Glasses [ ] (B960537)
Contact lenses [ ] (B960538)

40. Since you were 16, how many times have you had medical treatment because of an accident, injury or assault? Please tick the box or write in number

No accidents or assaults needing medical attention [ ] (B960539)
Number of accidents or assaults: ______

Please give details of each below

Injuries suffered
Please describe
Where it happened
Please tick one box
Where treated
Please tick all that apply
Your age at the time

Q40A1–Q40A4
See List of Open-coded Variables
At home [ ] On the road [ ] At work [ ] Playing sport [ ] Elsewhere [ ] Please say where
GP [ ] (B960543)
Hospital casualty dept [ ] Hospital in-patient [ ] (B960544) (B960546)

Q40B1–Q40B4
See List of Open-coded Variables
At home [ ] On the road [ ] At work [ ] Playing sport [ ] Elsewhere [ ] Please say where
GP [ ] (B960549)
Hospital casualty dept [ ] Hospital in-patient [ ] (B960550) (B960552)

Q40C1–Q40C4
See List of Open-coded Variables
At home [ ] On the road [ ] At work [ ] Playing sport [ ] Elsewhere [ ] Please say where
GP [ ] (B960555)
Hospital casualty dept [ ] Hospital in-patient [ ] (B960556) (B960558)

Q40D1–Q40D4
See List of Open-coded Variables
At home [ ] On the road [ ] At work [ ] Playing sport [ ] Elsewhere [ ] Please say where
GP [ ] (B960561)
Hospital casualty dept [ ] Hospital in-patient [ ] (B960562) (B960564)

If there is not enough space, you can continue your answer on page 15.

41. Do you suffer from any long term health problem, long standing illness, infirmity or disability of any kind? Please include any you have already reported. Please tick one box only

(B960566)

No [ ] Don't know [ ] Yes [ ] Please describe below

Q41OTH1–Q41OTH6 - See List of Open-coded Variables

If there is not enough space, you can continue your answer on page 15.
Drinking and Smoking

42. How often do you have an alcoholic drink?

*Please tick one box only*

- Most days
- 3 or 4 times a week
- Once or twice a week
- Less often/occasionally
- Only on special occasions
- Never drink alcohol

43. In the last week I have drunk:

*Please tick box or write in amount for each*

- No alcohol at all
- Shandy
- Beer/lager
- Low alcohol beers/lagers
- Cider
- Low alcohol cider
- Wine
- Low alcohol wine
- Spirits (Gin, Whisky, Vodka, Rum, Brandy)
- Martini/Cinzano/Sherry
- Other alcoholic drink

**Amount**

- Shandy
- Beer/lager
- Low alcohol beers/lagers
- Cider
- Low alcohol cider
- Wine
- Low alcohol wine
- Spirits (Gin, Whisky, Vodka, Rum, Brandy)
- Martini/Cinzano/Sherry
- Other alcoholic drink

**Enter "0" (zero) for any not drunk in the last week**

44. Which of the following describes your smoking habit?

*Please tick one box only*

- I've never smoked
- I used to smoke but don't at all now
- I now smoke occasionally but not every day
- I smoke every day

**IF YOU DO SMOKE:** How many of the following do you usually smoke in a day?

*Please write in*

- Number of cigarettes
- Number of cigars
How You Feel

45. These questions are concerned with how you are feeling generally. Please answer them by ticking either the “Yes” or “No” box for each one. It is important that you try to answer ALL the questions.

<table>
<thead>
<tr>
<th>Question</th>
<th>Yes</th>
<th>No</th>
</tr>
</thead>
<tbody>
<tr>
<td>Do you often have backache?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you feel tired most of the time?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you often feel miserable or depressed?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you often have bad headaches?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you often get worried about things?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you usually have great difficulty in falling or staying asleep?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you usually wake unnecessarily early in the morning?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you wear yourself out worrying about your health?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you often get into a violent rage?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do people often annoy and irritate you?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Have you at times had twitching of the face, head or shoulders?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you often suddenly become scared for no good reason?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you scared to be alone when there are no friends near you?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you easily upset or irritated?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you frightened of going out alone or of meeting people?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you constantly keyed up and jittery?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you suffer from indigestion?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Do you suffer from an upset stomach?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Is your appetite poor?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Does every little thing get on your nerves and wear you out?</td>
<td></td>
<td>☐</td>
</tr>
<tr>
<td>Does your heart often race like mad?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Do you often have bad pains in your eyes?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Are you troubled with rheumatism or fibrositis?</td>
<td>☐</td>
<td>☐</td>
</tr>
<tr>
<td>Have you ever had a nervous breakdown?</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>
And Finally...

46. How interested would you say you are in politics?

*Please tick one box only*

(B960661)

- Very interested
- Fairly interested
- Not very interested
- Not at all interested

47. If there was a general election tomorrow, which political party would you vote for?

*Please tick one box only*

(B960662)

- Would not vote
- Plaid Cymru
- Conservative
- Scottish National
- Labour
- Other party

L Please say which below

Q47OTHER - See List of Open-coded Variables

48. Do you regard yourself as belonging to any particular religion?

*Please tick one box and write in if appropriate*

(B960663)

- No, no religion
- Yes

L Please say which below

Q48 - See List of Open-coded Variables

49. How do you feel your standard of living compares to most other people your age?

*Please tick one box only*

(B960664)

- Much better
- A bit better
- The same
- A bit worse
- Much worse

50. Generally speaking, which of these two statements is most true for you?

*Please tick one box only*

(B960665)

- I usually have a free choice and control over my life
- Whatever I do has no real effect on what happens to me

51. Here is a scale from 0 to 10. On it, "0" means that you are completely dissatisfied and "10" means that you are completely satisfied. *Please tick the box with the number above it which shows how dissatisfied or satisfied you are about the way your life has turned out so far.*

<table>
<thead>
<tr>
<th>Completely Dissatisfied</th>
<th>Completely Satisfied</th>
</tr>
</thead>
<tbody>
<tr>
<td>0</td>
<td>1</td>
</tr>
</tbody>
</table>

(B960666) (B960667)
Thank you for taking the time to complete this questionnaire.

Please use the space below to:

🌟 Continue your answer to any question
🌟 Tell us anything you like about your life that our questions have not covered.

__________________________________________________________________________

(B960668)

Please continue on a separate sheet of paper if necessary.

This is the end of the questions.

THANK YOU FOR ALL YOUR HELP!

Please return your completed questionnaire in the envelope provided.
# List of Open-coded Variables

## Q5a) Other academic qualification

- Q5A01 Other academic qualification #01
- Q5A02 Other academic qualification #02
- Q5A03 Other academic qualification #03
- Q5A04 Other academic qualification #04
- Q5A05 Other academic qualification #05
- Q5A06 Other academic qualification #06
- Q5A07 Other academic qualification #07
- Q5A08 Other academic qualification #08
- Q5A09 Other academic qualification #09
- Q5A10 Other academic qualification #10
- Q5A11 Other academic qualification #11
- Q5A12 Other academic qualification #12

## Q5b) Other vocational qualification

- Q5B01 Vocational qualification #01
- Q5B02 Vocational qualification #02
- Q5B03 Vocational qualification #03
- Q5B04 Vocational qualification #04
- Q5B05 Vocational qualification #05
- Q5B06 Vocational qualification #06
- Q5B07 Vocational qualification #07
- Q5B08 Vocational qualification #08
- Q5B09 Vocational qualification #09
- Q5B10 Vocational qualification #10
- Q5B11 Vocational qualification #11
- Q5B12 Vocational qualification #12

## Q11 Other economic status

- Q11OTH1 Q11 Other economic status 1
- Q11OTH2 Q11 Other economic status 2

## Q13 Name or title of job/Q14 Type of work

<table>
<thead>
<tr>
<th>Code</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>SOC</td>
<td>Current JOB: SOC-Stand Occ Classifcn</td>
</tr>
<tr>
<td>CAMSUB</td>
<td>Current JOB: Cambridge Sub-Group, etc</td>
</tr>
<tr>
<td>EMPIN</td>
<td>Current JOB: Employment Status-input</td>
</tr>
<tr>
<td>EMPCHK</td>
<td>Current JOB: Employment Status-check</td>
</tr>
<tr>
<td>CAMSCALM</td>
<td>Current JOB: Cambridge Score-MALES</td>
</tr>
<tr>
<td>CAMSCALF</td>
<td>Current JOB: Cambridge Score-FEMALES</td>
</tr>
<tr>
<td>SEG91</td>
<td>Current JOB: Socio-Economic Group '91</td>
</tr>
<tr>
<td>RGSC91</td>
<td>Current JOB: RGs Social Class 1991</td>
</tr>
<tr>
<td>ISCO</td>
<td>Current JOB: ISCO '88-Int Occ Classfn</td>
</tr>
<tr>
<td>KOS</td>
<td>Current JOB: KOS-Key Occs for Stats</td>
</tr>
<tr>
<td>CODOT</td>
<td>Current JOB: CODOT - 3 digit</td>
</tr>
<tr>
<td>OPCOD81</td>
<td>Current JOB: OPCS '81-Operatnl Code</td>
</tr>
<tr>
<td>SEG81</td>
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</tr>
<tr>
<td>RGSC81</td>
<td>Current JOB: RGs Social Class 1981</td>
</tr>
<tr>
<td>OUG71</td>
<td>Current JOB: OPCS '71-Occpun Unit Grp</td>
</tr>
<tr>
<td>SEG71</td>
<td>Current JOB: Socio-Economic Group '71</td>
</tr>
<tr>
<td>RGSC71</td>
<td>Current JOB: RGs Social Class 1971</td>
</tr>
<tr>
<td>OUG66</td>
<td>Current JOB: RGs '66-Occpun Unit Grp</td>
</tr>
<tr>
<td>SEG66</td>
<td>Current JOB: Socio-Economic Group '66</td>
</tr>
<tr>
<td>RGSC66</td>
<td>Current JOB: RGs Social Class 1966</td>
</tr>
<tr>
<td>OUG61</td>
<td>Current JOB: RGs '61-Occpun Unit Grp</td>
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<tr>
<td>SEG61</td>
<td>Current JOB: Socio-Economic Group '61</td>
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<tr>
<td>RGSC61</td>
<td>Current JOB: RGs Social Class 1961</td>
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<tr>
<td>GOLDTH90</td>
<td>Current JOB: Goldthorpe Soc Class '90</td>
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<tr>
<td>GOLDTH80</td>
<td>Current JOB: Goldthorpe Soc Class '80</td>
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<tr>
<td>GOLDTH70</td>
<td>Current JOB: Goldthorpe Soc Class '70</td>
</tr>
<tr>
<td>HGCOLPGP</td>
<td>Current JOB: Hope-Goldthorpe Group</td>
</tr>
</tbody>
</table>
Q19 Other pay period
Q19OTHER Q19 Other pay period

Q31 Other tenure
Q31OTHER Q31 Other tenure

Q38 Other health problem
Q38OTH1 Q38 Other health problem 1
Q38OTH2 Q38 Other health problem 2
Q38OTH3 Q38 Other health problem 3
Q38OTH4 Q38 Other health problem 4
Q38OTH5 Q38 Other health problem 5
Q38OTH6 Q38 Other health problem 6

Q39 Other sight problem
Q39_1 Q39 Other sight problem #1
Q39_2 Q39 Other sight problem #2

Q40 Accident, injury or assault
Q40A1 Q40 Accident, etc 1/Injury 1
Q40A2 Q40 Accident, etc 1/Injury 2
Q40A3 Q40 Accident, etc 1/Injury 3
Q40A4 Q40 Accident, etc 1/Injury 4
Q40B1 Q40 Accident, etc 2/Injury 1
Q40B2 Q40 Accident, etc 2/Injury 2
Q40B3 Q40 Accident, etc 2/Injury 3
Q40B4 Q40 Accident, etc 2/Injury 4
Q40C1 Q40 Accident, etc 3/Injury 1
Q40C2 Q40 Accident, etc 3/Injury 2
Q40C3 Q40 Accident, etc 3/Injury 3
Q40C4 Q40 Accident, etc 3/Injury 4
Q40D1 Q40 Accident, etc 4/Injury 1
Q40D2 Q40 Accident, etc 4/Injury 2
Q40D3 Q40 Accident, etc 4/Injury 3
Q40D4 Q40 Accident, etc 4/Injury 4

Q41 Disability
Q41OTH1 Q41 Disability 1
Q41OTH2 Q41 Disability 2
Q41OTH3 Q41 Disability 3
Q41OTH4 Q41 Disability 4
Q41OTH5 Q41 Disability 5
Q41OTH6 Q41 Disability 6

Q43 Other alcoholic drink
Q43OTH01 Shandy (pints)
Q43OTH02 Beer/lager (pints)
Q43OTH03 Low alcohol beer/lager (pints)
Q43OTH04 Cider (pints)
Q43OTH05 Low alcohol cider (pints)
Q43OTH06 Wine (glasses)
Q43OTH07 Low alcohol wine (glasses)
Q43OTH08 Spirits (single measure)
Q43OTH09 Martini, etc (small glasses)
Q43OTH10 Alcopops (bottles)
Q43OTH11 Liqueur (small glasses)
Q43OTH12 Other alcohol
Q43OTH13 Other answer

Q47 Other party vote
Q47OTHER Vote for other party

Q48 Religion
Q48 Q48 Religion