

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		

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## **CONFIDENTIAL**

### **BCS70 - 1970 British Cohort Study**

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

## ***Where Are You Now?***

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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**

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
The law should be obeyed, even if a particular law is wrong (B960120)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
There should be more women bosses in important jobs in business and industry (B960121)		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Having almost any job is better than being unemployed (B960122)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
For some crimes the death penalty is the most appropriate sentence (B960123)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
When both partners work full-time, the man should take an equal share of domestic chores (B960124)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
It does not really make much difference which political party is in power in Britain (B960125)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Divorce is too easy to get these days (B960126)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If I didn't like a job I'd pack it in, even if there was no other job to go to (B960127)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Marriage is for life (B960128)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## 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**

		<b>If any:</b> How many?	
Courses leading to qualifications (EXCEPT youth training) (B960134)	<input type="checkbox"/>	_____	(B960135)
Youth Training Scheme (YTS) (B960137)	<input type="checkbox"/>	_____	(B960138)
Other government schemes (B960140)	<input type="checkbox"/>	_____	(B960141)
Work related training provided by an employer and lasting 3 days or more (B960143)	<input type="checkbox"/>	_____	(B960144)

5. We are interested in knowing about **ANY** qualifications you may have gained **AT ANY TIME**, either at school or since.

a) Which, if any, of the following qualifications have you gained, and how many do you have?  
**Please tick all that apply and write in the number gained where appropriate.**

**If any:**  
 How many?

- |           |   |                          |   |
|-----------|---|--------------------------|---|
| (B960146) | No qualifications                         | <input type="checkbox"/> | (B960146)   |
| (B960147) | CSE - grade 1                             | <input type="checkbox"/> | _____ (B960148)   |
| (B960150) | CSE - other grades                        | <input type="checkbox"/> | _____ (B960151)   |
| (B960153) | GCE "O" Level - passes or grades A-C      | <input type="checkbox"/> | _____ (B960154)   |
| (B960156) | GCE "O" Level - other grades              | <input type="checkbox"/> | _____ (B960157)   |
| (B960159) | GCSE - grades A-C                         | <input type="checkbox"/> | _____ (B960160)   |
| (B960162) | GCSE - other grades                       | <input type="checkbox"/> | _____ (B960163)   |
| (B960165) | GCE "A" Level                             | <input type="checkbox"/> | _____ (B960166)   |
| (B960168) | Scottish "O" Grade - passes or grades A-C | <input type="checkbox"/> | _____ (B960169)   |
| (B960171) | Scottish "O" Grade - other grades         | <input type="checkbox"/> | _____ (B960172)   |
| (B960174) | Scottish Standard Grade - grades 1-3      | <input type="checkbox"/> | _____ (B960175)   |
| (B960177) | Scottish Standard Grade - other grades    | <input type="checkbox"/> | _____ (B960178)   |
| (B960212) | Scottish Higher Grade                     | <input type="checkbox"/> | _____ (B960213)   |
| (B960215) | Scottish Certificate of 6th Year Studies  | <input type="checkbox"/> | _____ (B960216)   |
| (B960218) | HE Diploma                                | <input type="checkbox"/> |   |
| (B960219) | First Degree (BA, BSc, BEd, etc)          | <input type="checkbox"/> | <input type="checkbox"/>  |
| (B960220) | PGCE                                      | <input type="checkbox"/> |   |
| (B960221) | Post Graduate Degree (MA, MSc, PhD, etc)  | <input type="checkbox"/> |   |
| (B960222) | Other academic qualifications             | <input type="checkbox"/> | <input type="checkbox"/> <b>Please give full name of qualification(s) below</b> |

Q5A01-Q5A012 - See List of Open-coded Variables

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

b) Have you gained any other qualifications since leaving school, including any technical, vocational, or professional qualifications? **Please tick one box and give details where appropriate.**

**Please include HGV, PSV, RSA, Pitmans, City & Guilds, TEC, BEC, SEN, SRN, NNEB, membership of professional institutions, or any similar technical, vocational, or professional qualifications**

- (B960223) No  Yes   **Please give full name of qualification(s) below.**

Q5B01-Q5B12 - See List of Open-coded Variables

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*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?				b) <i>If you have this skill:</i> Do you use it at work?	
	<i>Please tick one box below for each skill</i>				<i>Please tick one box below for each skill</i>	
	Good	Fair	Poor	Don't have skill	Yes	No
Writing clearly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960224)					(B960225)
Using tools properly	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960226)					(B960227)
Typing or using a computer keyboard	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960228)					(B960229)
Using a computer to solve problems or get information	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960230)					(B960231)
Looking after people who need care	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960232)					(B960233)
Teaching or instructing children or adults	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960234)					(B960235)
Carrying out mathematical calculations	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960236)					(B960237)
Understanding finance and accounts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	(B960238)					(B960239)

**Jobs and All That**

7. Since you were 16, how many fulltime jobs lasting a month or more have you had?  
*Please tick the box or write in number*

Never had a fulltime 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) **DO NOT INCLUDE: weekend jobs or jobs you did for money whilst at school**

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*

**If any:**  
How many periods of one month or more?

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 | <input type="checkbox"/> | 7-11 months       | <input type="checkbox"/>           |
| 3 months or less      | <input type="checkbox"/> | 1-2 years         | <input type="checkbox"/> (B960258) |
| 4-6 months            | <input type="checkbox"/> | More than 2 years | <input type="checkbox"/>           |

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

Q110THER - See List of Open-coded Variables

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★ **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-HGSCALE - See List of Open-coded Variables

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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-HGSCALE - See List of Open-coded Variables

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15. What is made or done by your employer or business?

**Please write in**

Not currently available

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16. Including yourself about how many people work at the same place as you?

**Please tick one box only**

10 or less	<input type="checkbox"/>	100 - 499	<input type="checkbox"/>	
11 - 25	<input type="checkbox"/>	500 or more	<input type="checkbox"/>	(B960272)
26 - 99	<input type="checkbox"/>	Don't know/Varies	<input type="checkbox"/>	

17. Do you supervise other people?

**Please tick one box**

(B960273)

(B960274)

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: \_\_\_\_\_ (B960277)

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 £): \_\_\_\_\_ (B960312)

**Period** pay covers. **Please tick one box only** (B960318)

Hour  Day  Week  Month  Year

Other period  **Please say what below**

Q19OTHER - See List of Open-Coded Variables

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## 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   
 (B960319) (B960320)

21. Which of the things below best describes your current situation?

**Please tick one box only**

Living with your husband or wife	<input type="checkbox"/>	
Living as a couple with someone	<input type="checkbox"/>	(B960321)
Living alone or in some other arrangement	<input type="checkbox"/>	

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".**

(B960322)

Single and never married

Married, first and only marriage

Remarried, second or later marriage

Separated

Divorced

Widowed

**Please give the month and year of your current or most recent marriage**

Month:                      Year: 19                     

★ **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                       
(B960327) (B960329)

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 fulltime

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:                      Do not have children   
(B960333) (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** (B960336)

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.**

FIRST NAME	SEX	AGE	RELATIONSHIP TO YOU
<i>Please write in</i>	<i>Tick one box</i>	<i>Give age last birthday</i> <i>Write in age</i>	<i>Write in number from list of relationships below</i>
	<i>Male    Female</i>		
<b>YOU</b>	(B960337) <input type="checkbox"/> <input type="checkbox"/>	(B960338)	<b>YOURSELF</b>
	(B960340) <input type="checkbox"/> <input type="checkbox"/>	(B960341)	(B960343)
	(B960345) <input type="checkbox"/> <input type="checkbox"/>	(B960346)	(B960348)
	(B960350) <input type="checkbox"/> <input type="checkbox"/>	(B960351)	(B960353)
	(B960355) <input type="checkbox"/> <input type="checkbox"/>	(B960356)	(B960358)
	(B960360) <input type="checkbox"/> <input type="checkbox"/>	(B960361)	(B960363)
	(B960365) <input type="checkbox"/> <input type="checkbox"/>	(B960366)	(B960368)
	(B960370) <input type="checkbox"/> <input type="checkbox"/>	(B960371)	(B960373)
	(B960375) <input type="checkbox"/> <input type="checkbox"/>	(B960376)	(B960378)
	(B960412) <input type="checkbox"/> <input type="checkbox"/>	(B960413)	(B960415)

**List of relationships:**

- |                              |                          |                            |
|------------------------------|--------------------------|----------------------------|
| 01 Lawful Spouse             | 07 Brother/Sister        | 12 Friend/Unrelated sharer |
| 02 Live-in partner           | 08 Brother/Sister In-Law | 13 Landlord                |
| 03 Own Child                 | 09 Parent                | 14 Employer                |
| 04 Adopted Child             | 10 Parent In-Law         | 15 Other                   |
| 05 Fostered Child            | 11 Other relative        |                            |
| 06 Stepchild/Partner's Child |                          |                            |

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  (B960421)
- Rented from some other landlord
- Living with parents- paying rent
- Living with parents- rent-free
- Other arrangement  **L Please say what below**

Q31OTHER - See Lost 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**

	Strongly Agree	Agree	Uncertain	Disagree	Strongly Disagree
Politicians are mainly in politics for their own benefit and not for the benefit of the community (B960424)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Censorship of films and magazines is necessary to uphold moral standards (B960425)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Men and women should all have the chance to do the same kind of work (B960426)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
None of the political parties would do anything to benefit me (B960427)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
People who break the law should be given stiffer sentences (B960428)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Couples who have children should not separate (B960429)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Government should redistribute income from the better off to those who are less well off (B960430)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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 (B960431)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

## Health

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...    a)    **Since you were 16?**    b)    **In the past 12 months?**  
**Please tick all that apply**                      **Please tick all that apply**

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

Q380TH1-Q380TH6

(B960464)

**below**

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
- Glasses  (B960536)
- Contact lenses  (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)  
(B960540)

Number of accidents or assaults: \_\_\_\_\_  **Please give details of each below**

Injuries suffered <i>Please describe</i>	Where it happened <i>Please tick one box</i>	Where treated <i>Please tick all that apply</i>	Your age <i>at the time</i>
	(B960542)		
Q40A1-Q40A4 See List of Open-coded Variables	At home <input type="checkbox"/>	On the road <input type="checkbox"/>	GP <input type="checkbox"/> (B960543)
	At work <input type="checkbox"/>	Playing sport <input type="checkbox"/>	Hospital casualty dept <input type="checkbox"/> (B960544) (B960546)
	Elsewhere <input type="checkbox"/>	<b>Please say where</b>	Hospital in-patient <input type="checkbox"/> (B960545)
	(B960548)		
Q40B1-Q40B4 See List of Open-coded Variables	At home <input type="checkbox"/>	On the road <input type="checkbox"/>	GP <input type="checkbox"/> (B960549)
	At work <input type="checkbox"/>	Playing sport <input type="checkbox"/>	Hospital casualty dept <input type="checkbox"/> (B960550) (B960552)
	Elsewhere <input type="checkbox"/>	<b>Please say where</b>	Hospital in-patient <input type="checkbox"/> (B960551)
	(B960554)		
Q40C1-Q40C4 See List of Open-coded Variables	At home <input type="checkbox"/>	On the road <input type="checkbox"/>	GP <input type="checkbox"/> (B960555)
	At work <input type="checkbox"/>	Playing sport <input type="checkbox"/>	Hospital casualty dept <input type="checkbox"/> (B960556) (B960558)
	Elsewhere <input type="checkbox"/>	<b>Please say where</b>	Hospital in-patient <input type="checkbox"/> (B960557)
	(B960560)		
Q40D1-Q40D4 See List of Open-coded Variables	At home <input type="checkbox"/>	On the road <input type="checkbox"/>	GP <input type="checkbox"/> (B960561)
	At work <input type="checkbox"/>	Playing sport <input type="checkbox"/>	Hospital casualty dept <input type="checkbox"/> (B960562) (B960564)
	Elsewhere <input type="checkbox"/>	<b>Please say where</b>	Hospital in-patient <input type="checkbox"/> (B960563)

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**

Q410TH1-Q410TH6 - 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**

- |                      |                          |                           |                          |
|----------------------|--------------------------|---------------------------|--------------------------|
|                      | (B960567)                |                           |                          |
| Most days            | <input type="checkbox"/> | Less often/occasionally   | <input type="checkbox"/> |
| 3 or 4 times a week  | <input type="checkbox"/> | Only on special occasions | <input type="checkbox"/> |
| Once or twice a week | <input type="checkbox"/> | Never drink alcohol       | <input type="checkbox"/> |

43. In the last week I have drunk:

**Please tick box or write in amount for each**

No alcohol at all  (B960612)

**Amount**

Shandy (B960619) \_\_\_\_\_ pints

Beer/lager (B960615) \_\_\_\_\_ pints

Low alcohol beers/lagers (B960617) \_\_\_\_\_ pints

Cider (B960619) \_\_\_\_\_ pints

Low alcohol cider (B960621) \_\_\_\_\_ pints

Wine (B960623) \_\_\_\_\_ glasses

Low alcohol wine (B960625) \_\_\_\_\_ glasses

Spirits (Gin, Whisky, Vodka, Rum, Brandy) (B960627) \_\_\_\_\_ single measures

Martini/Cinzano/Sherry (B960629) \_\_\_\_\_ small glasses

Other alcoholic drink (B960631)  **Please give details below**

\_\_\_\_\_  
**Name of other alcoholic drink**

\_\_\_\_\_  
**Amount**

Q430TH01-Q430TH13 - See List of Open-coded Variables

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

44. Which of the following describes your smoking habit?

**Please tick one box only**

- |  |                          |  |
|--|--------------------------|--|
|  | (B960632)                |  |
| I've never smoked                          | <input type="checkbox"/> |  |
| I used to smoke but don't at all now       | <input type="checkbox"/> |  |
| I now smoke occasionally but not every day | <input type="checkbox"/> |  |
| I smoke every day                          | <input type="checkbox"/> |  |

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

**Please write in**

Number of cigarettes: \_\_\_\_\_ (B960633)

Number of cigars: \_\_\_\_\_ (B960635)

## 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.

	Yes	No
Do you often have backache?	<input type="checkbox"/>	<input type="checkbox"/> (B960637)
Do you feel tired most of the time?	<input type="checkbox"/>	<input type="checkbox"/> (B960638)
Do you often feel miserable or depressed?	<input type="checkbox"/>	<input type="checkbox"/> (B960639)
Do you often have bad headaches?	<input type="checkbox"/>	<input type="checkbox"/> (B960640)
Do you often get worried about things? (B960641)	<input type="checkbox"/>	<input type="checkbox"/>
Do you usually have great difficulty in falling or staying asleep? (B960642)	<input type="checkbox"/>	<input type="checkbox"/>
Do you usually wake unnecessarily early in the morning?	<input type="checkbox"/>	<input type="checkbox"/> (B960643)
Do you wear yourself out worrying about your health?	<input type="checkbox"/>	<input type="checkbox"/> (B960644)
Do you often get into a violent rage?	<input type="checkbox"/>	<input type="checkbox"/> (B960645)
Do people often annoy and irritate you?	<input type="checkbox"/>	<input type="checkbox"/> (B960646)
Have you at times had twitching of the face, head or shoulders? (B960647)	<input type="checkbox"/>	<input type="checkbox"/>
Do you often suddenly become scared for no good reason?	<input type="checkbox"/>	<input type="checkbox"/> (B960648)
Are you scared to be alone when there are no friends near you? (B960649)	<input type="checkbox"/>	<input type="checkbox"/>
Are you easily upset or irritated?	<input type="checkbox"/>	<input type="checkbox"/> (B960650)
Are you frightened of going out alone or of meeting people?	<input type="checkbox"/>	<input type="checkbox"/> (B960651)
Are you constantly keyed up and jittery?	<input type="checkbox"/>	<input type="checkbox"/> (B960652)
Do you suffer from indigestion?	<input type="checkbox"/>	<input type="checkbox"/> (B960653)
Do you suffer from an upset stomach? (B960654)	<input type="checkbox"/>	<input type="checkbox"/>
Is your appetite poor? (B960655)	<input type="checkbox"/>	<input type="checkbox"/>
Does every little thing get on your nerves and wear you out?	<input type="checkbox"/>	<input type="checkbox"/> (B960656)
Does your heart often race like mad?	<input type="checkbox"/>	<input type="checkbox"/> (B960657)
Do you often have bad pains in your eyes?	<input type="checkbox"/>	<input type="checkbox"/> (B960658)
Are you troubled with rheumatism or fibrositis? (B960659)	<input type="checkbox"/>	<input type="checkbox"/>
Have you ever had a nervous breakdown?	<input type="checkbox"/>	<input type="checkbox"/> (B960660)



**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.

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(B960668)

***Please continue on a separate sheet of paper if necessary.***

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**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**

SOC CASOC CURRENT JOB: SOC-Stand Occ Classifcn  
CAMSUB CASOC CURRENT JOB: Cambridge Sub-Group, etc  
EMPIN CASOC CURRENT JOB: Employment Status-input  
EMPCHK CASOC CURRENT JOB: Employment Status-check  
CAMSCALM CASOC CURRENT JOB: Cambridge Score-MALES  
CAMSCALF CASOC CURRENT JOB: Cambridge Score-FEMALES  
SEG91 CASOC CURRENT JOB: Socio-Economic Group '91  
RGSC91 CASOC CURRENT JOB: RGs Social Class 1991  
ISCO CASOC CURRENT JOB: ISCO '88-Int Occ Classfn  
KOS CASOC CURRENT JOB: KOS-Key Occs for Stats  
CODOT CASOC CURRENT JOB: CODOT - 3 digit  
OPCOD81 CASOC CURRENT JOB: OPCS '81-Operatnl Code  
OUG81 CASOC CURRENT JOB: OPCS '81-Occupn Unit Grp  
SEG81 CASOC CURRENT JOB: Socio-Economic Group '81  
RGSC81 CASOC CURRENT JOB: RGs Social Class 1981  
OUG71 CASOC CURRENT JOB: OPCS '71-Occupn Unit Grp  
SEG71 CASOC CURRENT JOB: Socio-Economic Group '71  
RGSC71 CASOC CURRENT JOB: RGs Social Class 1971  
OUG66 CASOC CURRENT JOB: RGs '66-Occupn Unit Grp  
SEG66 CASOC CURRENT JOB: Socio-Economic Group '66  
RGSC66 CASOC CURRENT JOB: RGs Social Class 1966  
OUG61 CASOC CURRENT JOB: RGs '61-Occupn Unit Grp  
SEG61 CASOC CURRENT JOB: Socio-Economic Group '61  
RGSC61 CASOC CURRENT JOB: RGs Social Class 1961  
GOLDTH90 CASOC CURRENT JOB: Goldthorpe Soc Class '90  
GOLDTH80 CASOC CURRENT JOB: Goldthorpe Soc Class '80  
GOLDTH70 CASOC CURRENT JOB: Goldthorpe Soc Class '70  
HGCOLPGP CASOC CURRENT JOB: Hope-Goldthorpe Group

### **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